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**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

**Open to Public  
Inspection**

**A For the 2011 calendar year, or tax year beginning**

, 2011, and ending

20

<b>B</b>	<b>Check if applicable</b>		
<input type="checkbox"/>	Address change		
<input type="checkbox"/>	Name change		
<input type="checkbox"/>	Initial return		
<input type="checkbox"/>	Terminated		
<input type="checkbox"/>	Amended return		
<input type="checkbox"/>	Application pending		
<b>C</b> Name of organization		<b>D</b> Employer identification number	
Ancient & Accepted Scottish Rite of Free Masons		55-0113703	
Number & street (or P O. box, if mail is not delivered to street addr.)		Room/ suite	<b>E</b> Telephone number
P O BOX 6542			(304) 233-3747
City or town, state or country, and ZIP + 4		<b>F</b> Group Exemption	
Wheeling WV 26003		Number ► 0095	

**G Accounting Method:**  Cash  Accrual  Other (specify) ►

| Website: ► N/A

**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

<b>J</b> <b>Tax-exempt status</b> (check only one) --	501(c)(3)	<input checked="" type="checkbox"/> 501(c)(10) ◀ (insert no.)	4947(a)(1) or	527	(Form 990, 990-EZ, or 990-PF).
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**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 72 155

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule Q to respond to any question in this Part I.

REVENUE		1	1
1	Contributions, gifts, grants, and similar amounts received	.....	.....
2	Program service revenue including government fees and contracts	.....	.....
3	Membership dues and assessments	.....	.....
4	Investment income	.....	.....
5a	Gross amount from sale of assets other than inventory	.....	5a
b	Less: cost or other basis and sales expenses	.....	5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	.....	.....
6	Gaming and fundraising events	.....	5c
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	.....	6a
b	Gross income from <del>fundraising events</del> (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	.....	6b
c	Less: direct expenses from gaming and fundraising events	.....	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	.....	6d
7a	Gross sales of inventory, less returns and allowances	.....	7a
b	Less cost of goods sold	.....	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	.....	7c
8	Other revenue (describe in Schedule O)	.....	.....
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.....	▶ 9
EXPENSES		10	10
10	Grants and similar amounts paid (list in Schedule O)	.....	.....
11	Benefits paid to or for members	.....	11
12	Salaries, other compensation, and employee benefits	.....	12
13	Professional fees and other payments to independent contractors	.....	13
14	Occupancy, rent, utilities, and maintenance	.....	14
15	Printing, publications, postage, and shipping	.....	15
16	Other expenses (describe in Schedule O)	.....	16
17	<b>Total expenses.</b> Add lines 10 through 16	.....	▶ 17
ASSETS		18	18
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	.....	.....
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	.....	19
20	Other changes in net assets or fund balances (explain in Schedule O)	.....	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	.....	▶ 21

**For Paperwork Reduction Act Notice, see the separate Instructions.**

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**Form 990-EZ (2011)**

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22 Cash, savings, and investments . . . . .</b>	<b>143,556</b>	<b>22 100,004</b>
<b>23 Land and buildings . . . . .</b>	<b>79,504</b>	<b>23 79,504</b>
<b>24 Other assets (describe in Schedule O) . . . . .</b>	<b>161,356</b>	<b>24 161,356</b>
<b>25 Total assets . . . . .</b>	<b>384,416</b>	<b>25 340,864</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>384,416</b>	<b>27 340,864</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

**Check if the organization used Schedule O to respond to any question in this Part III . . . . .**

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#### What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title \_\_\_\_\_

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28** See attachment #1

(Grants \$  ) If this amount includes foreign grants, check here . . . . . ► 28a 6,652

29

(Grants \$  If this amount includes foreign grants, check here . . . . . ► 29a

30 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  **30a**

**31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► 31a

32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 6,652

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ....

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #2				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	2,732
a Initiation fees and capital contributions included on line 9	39b	18,181
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ►	40a	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The organization's books are in care of ► <u>See attachment #3</u> Telephone no ► Located at ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		X	5/14/12
	Signature of officer	Date	
	X JOSEPH W. MYERS	SECRETARY	5/14/12
	Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>M A KLEMM</b>	Preparer's signature <i>M A Klemm</i>	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► <b>HR Block</b>	Firm's EIN ►			
	Firm's address ► <b>355 Wharton Circle Ste 125</b>	Phone no <b>304-233-1184</b>			

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Employer Identification number

55-0113703

Name of the organization

Ancient & Accepted Scottish Rite of Free Masonry Vall

PAGE 2 PART III QUESTIONS 28

PROGRAM SERVICE ACCOMPLISHMENTS

FRATERNAL ORGANIZATION

TOTAL EXPENSES \$6652

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization <u>Ancient &amp; Accepted Scottish Rite of Free Masonry Valley</u>		Employer Identification Number <u>55-0113703</u>
<b>Part III - Statement of Program Service Accomplishments</b>		
Grants and allocations	Amount includes foreign grants	Program service expenses
		6,652
Exempt Purpose Achievements		
FRATERNAL ORGANIZATION		

## 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending	Employer Identification Number	
Name of Organization <b>Ancient &amp; Accepted Scottish Rite of Free Masonry Valley</b>			55-0113703	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp.	(E) Expense account & other compensation
RICHARD S BROWN SR Wheeling, WV 26003	PERSONAL REP 33 DEG 10.00	0	0	0
HAROLD M HAYS JR Wheeling, WV 26003	TREASURER 10.00	0	0	0
JOSEPH W MYERS Moundsville, WV 26041	SECRETARY 10.00	0	0	0

## 990 BOOKS ARE IN CARE OF

### Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization <b>Ancient &amp; Accepted Scottish Rite of Free Masonry Valley</b>		Employer Identification Number <b>55-0113703</b>
<b>Part V - Line 42a</b>		
Individual Name ..... <u>VERA BLACK</u>		
or		
Business Name:		
Street Address ..... <u>83 14TH ST</u>		
U S. Address		
Zip code	<u>26003</u>	City <u>Wheeling</u>
or		
Foreign Address		
City	.....	
Province or State	.....	
Country	.....	
Postal code	.....	
Phone Number	..... <u>(304) 233-3747</u>	
Fax Number	.....	

## 2011 DETAIL STATEMENTS

Ancient & Accepted Scottish Ri  
55-0113703

Page 1

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### STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

DIVIDENDS.....	1,466
CD INTEREST.....	460
CHECKING INTEREST.....	69
OTHER INTEREST.....	20
 TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	2,015

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### STATEMENT #2 - Other revenue (990-EZ PG 1 Line 8)

BUILDING AND PARKING RENT.....	18,181
CREDIT CARD INCOME.....	726
FRONTIER TELEPHONE.....	12
MISCELLANEOUS.....	114
TAX REFUND BRICKSTREET AND 941.....	594
POP MACHINE.....	111
 TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	19,738

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### STATEMENT #3 - Other expenses (EOEZ Pg 1 Line 16)

PROGRAM SERVICE.....	6,652
CHARITABLE.....	1,284
BANK FEES.....	42
DUES.....	14,576
MISCELLANEOUS.....	3,667
OFFICE EXPENSES.....	9
POP MACHINE EX.....	447
BUS REGISTRATION.....	30
 TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	26,707

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