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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
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. 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.

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC

Number and street (or P.O. box, if mail is not delivered to street address)

10866 BUTLER RD

Room/suite

City or town, state or country, and ZIP + 4

NEWARK, OH 43055-8852

D Employer identification number

58-1584857

E Telephone number

740-345-0828

F Group Exemption

Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify)

I Website: WWW.YORKRITE.COM

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(10) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).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

\$ 98,304.

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

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

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	73,815.
	4	Investment income	4	1,220.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (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	23,269.	
b	Less: cost of goods sold	7b	11,489.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	11,780.	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	86,815.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	10,000.
	13	Professional fees and other payments to independent contractors	13	6,199.
	14	Occupancy, rent, utilities, and maintenance	14	5,295.
	15	Printing, publications, postage, and shipping	15	25,211.
	16	Other expenses (describe in Schedule O)	16	15,861.
	17	Total expenses. Add lines 10 through 16	17	68,566.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,249.
	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	217,061.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	235,310.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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 ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	215,607.	22 233,354.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,454.	24 1,956.
25 Total assets	217,061.	25 235,310.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	217,061.	27 235,310.

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 ☒

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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 SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	56,715.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	56,715.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions 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 (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
C MICHAEL WATSON, 257 COUNTRYSIDE DR N, TROY, OH 45373-4584	PAST SOVEREIGN GRAND MASTER	5.00	0.	0.
DOUGLAS L JORDAN, 13101 MOSS RANCH LANE, FAIRFAX, VA 22033-3535	SOVEREIGN GRAND MASTER	10.00	0.	0.
JOE R MANNING JR P.O. BOX 8, CUSHING, OK 74023-0008	DEP GRAND WARDEN	10.00	0.	0.
MATTHEW D DUPREE, P.O. BOX 768, GWYNEDD VALLEY, PA 19437-0768	SENIOR GRAND WARDEN	10.00	0.	0.
J M (JIMMY) WILLSON P.O. BOX 666, FLOYDADA, TX 79235-0666	GRAND TREASURER	20.00	1,500.	0.
FRANKLIN C BONER, 10866 BUTLER RD, NEWARK, OH 43055-8852	GRAND SECRETARY	20.00	8,500.	0.
WILLIAM H KOON II, 7200 SLABTOWN ROAD, COLUMBUS GROVE, OH 45830-9484	JR GRAND WARDEN	5.00	0.	0.
ROBERT G DAVIS P. O. BOX 70, GUTHRIE, OK 73044-0070	SENIOR GRAND DEACON	5.00	0.	0.
DOUGLAS S MOORE 420 CHAMBERWOOD RD, MONROE, NC 28112	JR GRAND DEACON	5.00	0.	0.
LAWRENCE E TUCKER, 5509 WEST LOOP SOUTH, SUITE 495, BELLAIRE, TX	GRAND CHAPLAIN	5.00	0.	0.
GARY B HINSON, 4 BOLIN COURT, NORTH AUGUSTA, SC 29841	GRAND DIR OF CEREMONIES	5.00	0.	0.
JEFFREY L. COOK, 149 RIO VERDE DR., BELLEVILLE, IL 62221-3185	GRAND LECTURER	5.00	0.	0.

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 Sch. 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		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)		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)?		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	N/A	
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 N/A	
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 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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. ▶ NONE		
42a The organization's books are in care of ▶ FRANKLIN C BONER Telephone no. ▶ 740-345-0828 Located at ▶ 10866 BUTLER RD, NEWARK, OH ZIP + 4 ▶ 43055		
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 of 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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
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? ☐ Yes ☒ No
If "Yes," complete Schedule C, Part I

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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II ☐ Yes ☐ No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ☐ Yes ☐ No
49a Did the organization make any transfers to an exempt non-charitable related organization? ☐ Yes ☐ No
b If "Yes," was the related organization a section 527 organization? ☐ Yes ☐ No

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 address 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
N/A				

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Signature of officer Franklin Boner Date 2-16-12
Type or print name and title FRANKLIN BONER, GRAND SECRETARY

Paid Preparer Use Only Print/Type preparer's name TIMOTHY S SOLT CPA Preparer's signature [Signature] Date 2-10-12 Check ☐ if self-employed PTIN P00055832
Firm's name WILSON, SHANNON & SNOW, INC. Firm's EIN [Blank]
Firm's address TEN WEST LOCUST STREET NEWARK, OH 43055 Phone no. 740-345-6611

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
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Name of the organization

**THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC**

Employer identification number
58-1584857

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

1,220.

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS

23,269.

2. RETURNS AND ALLOWANCES

0.

3. LINE 1 LESS LINE 2

23,269.

4. COST OF GOODS SOLD (LINE 13)

11,489.

5. GROSS PROFIT (LINE 3 LESS LINE 4)

11,780.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR

0.

7. MERCHANDISE PURCHASED

11,489.

8. COST OF LABOR

0.

9. MATERIALS AND SUPPLIES

0.

10. OTHER COSTS

0.

11. ADD LINES 6 THROUGH 10

11,489.

12. INVENTORY AT END OF YEAR

0.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)

11,489.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: DE MOLAY INTERNATIONAL

AMOUNT GIVEN:

1,500.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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58-1584857

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: INTERNATIONAL ORDER OF RAINBOW

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: GEORGE WASHINGTON MASONIC MEMORIAL

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: INTERNATIONAL ORDER OF JOB'S DAUGHTERS

AMOUNT GIVEN: 1,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

BANK CHARGES 114.

DEPRECIATION 1,063.

GRAND MASTER EXPENSE 5,311.

TRAVEL & GUEST EXPENSE 2,220.

MISCELLANEOUS 278.

OFFICE EXPENSE 2,231.

PROGRAM COMMITTEE 100.

WEB PAGE 300.

EQUIPMENT MAINTENANCE 244.

GRAND SECRETARY EXPENSE 4,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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.

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TOTAL TO FORM 990-EZ, LINE 16

15,861.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

OTHER DEPRECIABLE ASSETS

1,454.

1,956.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NATIONAL ORGANIZATION FOR
THE VARIOUS ALLIED MASONIC DEGREES IN THE UNITED STATES OF AMERICA**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ASSUME, HOLD AND EXERCISE JURISDICTION AND CONTROL OVER

SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND

CONTROL OF SOME OTHER RECOGNIZED AND REGULARITY

CONSTITUTED BODY OF FREEMASONRY; TO PRESERVE THESE DEGREES, AND TO

ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH; TO

ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND

BODIES ATTACHED THERE TO, SUBORDINATE TO THE GRAND COUNCIL, AND TO

ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEREOF.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Employer identification number
58-1584857

[illegible]