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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

OMB No 1545-1150

2011

Open to Public  
Inspection

► 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.

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC		58-1584857
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	10866 BUTLER RD		740-345-0828
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Amended return	NEWARK, OH 43055-8852		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<input type="checkbox"/> Application pending	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
I Website: ► <a href="http://WWW.YORKRITE.COM">WWW.YORKRITE.COM</a>	J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 10 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> 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	
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	SEE SCHEDULE O	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 11) (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)	SEE SCHEDULE O
11 Benefits paid to or for members	10 6,000.	
12 Salaries, other compensation, and employee benefits	11	
13 Professional fees and other payments to independent contractors	12 10,000.	
14 Occupancy, rent, utilities, and maintenance	13 6,199.	
15 Printing, publications, postage, and shipping	14 5,295.	
16 Other expenses (describe in Schedule O)	15 25,211.	
17 Total expenses. Add lines 10 through 16	16 15,861.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 68,566.
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)	18 18,249.	
20 Other changes in net assets or fund balances (explain in Schedule O)	19 217,061.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20 0.	
	21 235,310.	

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

Form 990-EZ (2011)

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2011.02040 THE GRAND COUNCIL OF THE AL 409651

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

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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

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe in Schedule O)

SEE SCHEDULE O

25 Total assets

26 Total liabilities (describe in Schedule O)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

	(A) Beginning of year	(B) End of year
22	215,607.22	233,354.
23		23
24	1,454.24	1,956.
25	217,061.25	235,310.
26	0.26	0.
27	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 ►  28a 56,715.

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 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 MASTE 5.00	0.	0.	0.
DOUGLAS L JORDAN, 13101 MOSS RANCH LANE, FAIRFAX, VA 22033-3535	SOVEREIGN GRAND MASTER 10.00	0.	0.	0.
JOE R MANNING JR P.O. BOX 8, CUSHING, OK 74023-0008	DEP GRAND WARDEN 10.00	0.	0.	0.
MATTHEW D DUPREE, P.O. BOX 768, GWYNEDD VALLEY, PA 19437-0768	SENIOR GRAND WARDEN 10.00	0.	0.	0.
J M (JIMMY) WILLSON P.O. BOX 666, FLOYDADA, TX 79235-0666	GRAND TREASURER 20.00	1,500.	0.	0.
FRANKLIN C BONER, 10866 BUTLER RD, NEWARK, OH 43055-8852	GRAND SECRETARY 20.00	8,500.	0.	0.
WILLIAM H KOON II, 7200 SLABTOWN ROAD, COLUMBUS GROVE, OH 45830-9484	JR GRAND WARDEN 5.00	0.	0.	0.
ROBERT G DAVIS P. O. BOX 70, GUTHRIE, OK 73044-0070	SENIOR GRAND DEACON 5.00	0.	0.	0.
DOUGLAS S MOORE 420 CHAMBERWOOD RD, MONROE, NC 28112	JR GRAND DEACON 5.00	0.	0.	0.
LAWRENCE E TUCKER, 5509 WEST LOOP SOUTH, SUITE 495, BELLAIRE, TX	GRAND CHAPLAIN 5.00	0.	0.	0.
GARY B HINSON, 4 BOLIN COURT, NORTH AUGUSTA, SC 29841	GRAND DIR OF CEREMONIES 5.00	0.	0.	0.
JEFFREY L. COOK, 149 RIO VERDE DR., BELLEVILLE, IL 62221-3185	GRAND LECTURER 5.00	0.	0.	0.

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

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**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

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 Yes  No   
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) Yes  No   
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)?  
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 Yes  No   
35a  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 Yes  No   
35b  N/A

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 Yes  No   
36  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? Yes  No   
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? Yes  No   
38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
38b  N/A

39 Section 501(c)(7) organizations. Enter:  
a Initiation fees and capital contributions included on line 9 Yes  No   
39a  N/A

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
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 Yes  No   
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 Yes  No   
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 Yes  No   
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
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 Yes  No   
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.

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: ► \_\_\_\_\_

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 Yes  No   
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 Yes  No   
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 Yes  No   
44b  X

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
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 Yes  No   
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
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) Yes  No   
45b  X

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2011.02040 THE GRAND COUNCIL OF THE AL 409651

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	47	
48	48	
49a	49a	
49b	49b	

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

Date

►  Yes  No

► FRANKLIN BONER, GRAND SECRETARY

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TIMOTHY S SOLT CPA	Timothy Solt CPA	2-10-12		P00055832
	Firm's name ► WILSON, SHANNON & SNOW, INC.			Firm's EIN ►	
	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

Form 990-EZ (2011)

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:

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>INTEREST</u>	<u>1,220.</u>

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

<u>INCOME:</u>	
<u>1. GROSS RECEIPTS</u>	<u>23,269.</u>
<u>2. RETURNS AND ALLOWANCES</u>	<u>0.</u>
<u>3. LINE 1 LESS LINE 2</u>	<u>23,269.</u>
<u>4. COST OF GOODS SOLD (LINE 13)</u>	<u>11,489.</u>
<u>5. GROSS PROFIT (LINE 3 LESS LINE 4)</u>	<u>11,780.</u>

<u>COST OF GOODS SOLD:</u>	
<u>6. INVENTORY AT BEGINNING OF YEAR</u>	<u>0.</u>
<u>7. MERCHANDISE PURCHASED</u>	<u>11,489.</u>
<u>8. COST OF LABOR</u>	<u>0.</u>
<u>9. MATERIALS AND SUPPLIES</u>	<u>0.</u>
<u>10. OTHER COSTS</u>	<u>0.</u>
<u>11. ADD LINES 6 THROUGH 10</u>	<u>11,489.</u>
<u>12. INVENTORY AT END OF YEAR</u>	<u>0.</u>
<u>13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)</u>	<u>11,489.</u>

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

ACTIVITY CLASSIFICATION: DONATION

GRANTEE NAME: DE MOLAY INTERNATIONAL

AMOUNT GIVEN: 1,500.

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**

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Inspection

Name of the organization

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

Employer identification number  
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:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>BANK CHARGES</u>	114.
<u>DEPRECIATION</u>	1,063.
<u>GRAND MASTER EXPENSE</u>	5,311.
<u>TRAVEL &amp; GUEST EXPENSE</u>	2,220.
<u>MISCELLANEOUS</u>	278.
<u>OFFICE EXPENSE</u>	2,231.
<u>PROGRAM COMMITTEE</u>	100.
<u>WEB PAGE</u>	300.
<u>EQUIPMENT MAINTENANCE</u>	244.
<u>GRAND SECRETARY EXPENSE</u>	4,000.

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**

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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**

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.

Name of the organization THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC Employer identification number 58-1584857

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

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01-06-12