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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
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2012

Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning**

, 2012, and ending

, 20

B Check if applicable:

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

C Name of organization	Ancient & Accepted Scottish Rite of Free Masons			D Employer identification number	55-0113703	
Number & street (or P.O. box, if mail is not delivered to street addr.)			Room/ suite	E Telephone number	(304) 233-3747	
P O BOX 6542				F Group Exemption Number	► 0095	
City or town, state or country, and ZIP + 4						
Wheeling WV 26003						

G Accounting Method. Cash Accrual Other (specify) ► _____**H Check** ► if the organization is **not**required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**I Website:** ► N/A**J Tax-exempt status** (check only one) -- 501(c)(3) 501(c)(10) (insert no.) 4947(a)(1) or 527**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 ► \$ 77,361****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 13,063
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 42,827
	4 Investment income	4 287
	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)	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 253
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 253
	8 Other revenue (describe in Schedule O)	8 20,931
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 ► 77,361
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 30,811
	13 Professional fees and other payments to independent contractors	13 385
	14 Occupancy, rent, utilities, and maintenance	14 189,720
	15 Printing, publications, postage, and shipping	15 3,190
	16 Other expenses (describe in Schedule O)	16 47,458
	17 Total expenses. Add lines 10 through 16	17 ► 271,564
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -194,203
	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)	19 340,864
	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	21 146,661

For Paperwork Reduction Act Notice, see the separate Instructions.

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		
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:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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 ► See attachment #3 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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 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		N/A
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

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 \$125,000 of compensation from the organization. If there is more than "No." in the "No." column, enter the number in the "No." column for this question.		

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) 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 . . . ►

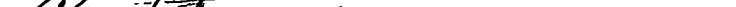
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) 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	 Signature of officer	Date
	 Roger C. Frame, SECRETARY	May 15, 2023
	 Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Marjorie Klemm	Preparer's signature <i>Marjorie Klemm</i>	Date 5/14/13	Check <input type="checkbox"/> if self-employed	PTIN P00048703
	Firm's name ► HRB TAX GROUP INC	Firm's EIN ► 431871840			
	Firm's address ► THE HIGHLANDS	Phone no. 304-233-1184			

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

2012

Open to Public
Inspection

Name of the organization

Ancient & Accepted Scottish Rite of Free Masonry Vall155-0113703

Employer identification number

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 2012 or tax period beginning	, and ending	Employer Identification Number	
Name of Organization			Ancient & Accepted Scottish Rite of Free Masonry Valley	55-0113703
Part III - Statement of Program Service Accomplishments				
Grants and allocations	Amount includes foreign grants	<input type="checkbox"/>	Program service expenses	
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 2012 or tax period beginning	, and ending		
Name of Organization			Employer Identification Number	
Ancient & Accepted Scottish Rite of Free Masonry Valley			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 PERSONAL REP 33 DEG				
HAROLD M HAYS JR TREASURER				
JOSEPH W MYERS SECRETARY				

990 BOOKS ARE IN CARE OF

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

Open to Public	Inspection	For calendar year 2012 or tax period beginning	, and ending	Employer Identification Number
Name of Organization			Ancient & Accepted Scottish Rite of Free Masonry Valley	
			55-0113703	
Part V - Line 42a				

Individual Name VERA BLACK

or

Business Name

Street Address 83 14TH ST

U S. Address:

Zip code 26003

City Wheeling

State WV

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (304)233-3747

Fax Number

2012 DETAIL STATEMENTS

Ancient & Accepted Scottish Rite
55-0113703

Page 1

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

DIVIDENDS.....	126
CD INTEREST.....	154
CHECKING INTEREST.....	7
 TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	287

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

BUILDING AND PARKING RENT.....	17,731
CREDIT CARD INCOME.....	264
TAX REFUND BRICKSTREET.....	285
RECYCLING.....	55
POP MACHINE.....	139
LIBRARY.....	106
OTHER.....	2,351
 TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	20,931

STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

UTILITIES.....	18,074
REPAIR AND MAINTENANCE.....	141,938
BUILDING EXPENSES.....	15,506
ENGINEERING EXPENSES.....	13,272
INSURANCE.....	930
 TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	189,720

STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

PROGRAM SERVICE.....	8,075
CHARITABLE.....	173
DUES.....	15,027
MISCELLANEOUS.....	6,844
POP MACHINE EX.....	34
BUS REGISTRATION	
FEES.....	336
PAYROLL TAXES.....	2,446
TRAVEL.....	14,523
 TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	47,458

STATEMENT #5 - Gross amt from sales of assets (990-EZ PG 1 Line 5a)

2012 DETAIL STATEMENTS

Ancient & Accepted Scottish Ri
55-0113703

Page 2

PFIZER

TOTAL CARRIED TO 990-EZ PG 1 Line 5a

STATEMENT #6 - Gross income from fundraising (990-EZ PG 1 Line 6b)

TOTAL CARRIED TO 990-EZ PG 1 Line 6b

STATEMENT #7 - Gross sale of inventory (EZ1 Line 7a)

LOBBY STORE..... 253

TOTAL CARRIED TO EZ1 Line 7a..... 253

STATEMENT #8 - Other assets beg yr (EOEZ PG 2 Line 24)

TRUSTEE INVESTMENTS..... 72,539
LIFE MEMBER INVESTMENTS..... 88,817

TOTAL CARRIED TO EOEZ PG 2 Line 24..... 161,356

STATEMENT #9 - Other assets end yr (EOEZ PG 2 Line 24)

TRUSTEES INVESTMENT..... 28,670
LIFE MEMBERSHIP INVESTMENT..... 12,730

TOTAL CARRIED TO EOEZ PG 2 Line 24..... 41,400