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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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 (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.

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20 12

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Ancient & Accepted Scottish Rite of the Valley of Spokane And Coord Bodies
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1108 W Riverside
 City or town, state or country, and ZIP + 4
Spokane, WA 99201-1106

D Employer identification number
91-0401450

E Telephone number
509.624.5491

F Group Exemption Number ▶

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: ▶ **www.spokanescottishrite.org**

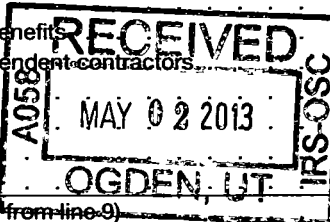
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ \$ **119,132**

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	1141
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	33,841
	4	Investment income	4	12,377
	5a	Gross amount from sale of assets other than inventory	5a	63,000
	b	Less: cost or other basis and sales expenses	5b	57,232
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,768
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
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	3,960	
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,960	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	4,813	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	61,900	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	13,300
	11	Benefits paid to or for members	11	2,847
	12	Salaries, other compensation, and employee benefits	12	31,703
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	40,133
	15	Printing, publications, postage, and shipping	15	4,180
	16	Other expenses (describe in Schedule O)	16	11,805
17	Total expenses. Add lines 10 through 16 ▶	17	103,998	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(42,098)
	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	492,342
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	25,317
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	475,561



For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2012)

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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	430,666	22 424,227
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	74,211	24 73,857
25 Total assets	521,444	25 498,084
26 Total liabilities (describe in Schedule O)	29,102	26 22,523
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	492,342	27 475,561

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 Building Rental to assure 24/7 access to Spokane Masonic Center which is a 501 c (3) organization and the center of most Fraternal Activities in Spokane WA		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	38,197
29 Salary and benefits on non-member Office Manager and Administrative Asst to the Personal Representative (CEO) and Secretary of the Organization. This individual does the bookkeeping and manages the administrative aspect of the Almoners program		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	31,703
30 Payment to National Headquarters to assist with National Programs and to Washington State Rite Care for Childhood Speech pathology and the Washington State Education Foundation		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	13,300
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	83,200

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 title	(b) 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
Brian Gilbert Personal Representative (CEO)	3	0	0	0
John Wyman Secretary	20	0	0	0
Merle Iverson Treasurer	4	0	0	0
Carlton Oaks Almoner	3	0	0	0
Joseph Baird Asst Almoner	3	0	0	0
Ron Cunningham Venerable Master Lodge of Perfection	2	0	0	0
Fred Grubb Senior Warden Lodge of Perfection	2	0	0	0
Andrew Rowley Junior Warden Lodge of Perfection	2	0	0	0
Michael Holland Wise Master Chapter Rose Croix	2	0	0	0
Ryan Sanders Senior Warden Chapter Rose Croix	2	0	0	0
Max Etter Junior Warden Chapter Rose Croix	2	0	0	0
Lawrence Coulson Commander Council of Kadosh	2	0	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 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
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	✓
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 ▶ 0		0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		0
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	✓
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Merle Iverson Telephone no. ▶ 509.979.5173		
Located at ▶ 1108 W Riverside Spokane WA ZIP + 4 ▶ 99201-1106		
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)?	42b	✓
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 the U.S.?	42c	✓
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 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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

- 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		☒

Part VI 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 ☐

- 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

	Yes	No
47		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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) 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 **0**

- 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

- d** Total number of other independent contractors each receiving over \$100,000 **0**

- 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 <i>Ivan Merle Iverson</i>		Date <i>4-29-2013</i>	
	Type or print name and title Ivan Merle Iverson, Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
	Firm's name	Firm's EIN		PTIN
	Firm's address	Phone no		
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 the Valley of Spokane and Coord Bodies

Employer identification number

91-0401450

Part I. Revenue Line 8

Reunion Activities \$2,459

Stated Meeting Meal 2,354

TOTAL \$4,813

Part I. Other Expenses Line 16

Copy/Bank Charges 714

Computer Ops 1,261

Insurance 1,025

Fraternal Supplies 758

Almoner Donations 5,026

Fraternal Events 3,021

TOTAL \$11,805

Part I. Line 20 \$25,317 Recognized Unrealized Gain on Investments

Part II, Line 24 Other Assets

Almoner Property (Wheel Chairs) 304

Cemetery Lot 1,188

Furniture and Equipment 34,934

Wardrobe and Equipment 37,735

TOTAL \$74,161

Part II Line 28 Liabilities

Payroll Liabilities 1,917

Prepaid Dues 14,282

Miscellaneous Current Liabilities 6,324

TOTAL 22,523

Name of the organization

Employer identification number

Ancient & Accepted Scottish Rite of the Valley of Spokane and Coord Bodies

91-0401450

Part VII (continued)

Ryan Leonard

1st Lt Council of Kadosh 2 No compensation, Health Benefits or Estimated other Compensation

Charles Callen

2d Lt Council of Kadosh 2 No compensation, Health Benefits or Estimated other Compensation

Mike Boggs

Master of Kadosh - Consistory 2 No compensation, Health Benefits or Estimated other Compensation

Jon Lind

Prior - Consistory 2 No compensation, Health Benefits or Estimated other Compensation

William Haedt

Preceptor - Consistory 2 No compensation, Health Benefits or Estimated other Compensation

Part I, Line 10 Grants and Similar Amounts paid

Rite Care of Washington 1,168

Scottish Rite Education Foundation 1,752

Supreme Council 10,410

TOTAL 13,300

Part III Statement of Program Service Accomplishments: In addition to Americanism, Education and Fraternal Activities, the Organization

operates a medical supply closet, supports children's speech pathology (without charge to patients or parents) and supports Education

Foundation efforts for college juniors, seniors and graduate students.