



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, 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 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 province, country, and ZIP or foreign postal code
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: ▶

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **97,039**

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		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	2,054	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(44,520)
2	Program service revenue including government fees and contracts	2		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	475,561
3	Membership dues and assessments	3	28,239	20	Other changes in net assets or fund balances (explain in Schedule O)	20	64,582
4	Investment income	4	14,056	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	495,623
5a	Gross amount from sale of assets other than inventory	5a	44,795				
b	Less: cost or other basis and sales expenses	5b	40,010				
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,785				
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	1,457				
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	1,457				
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)	8	6,438				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,029				
10	Grants and similar amounts paid (list in Schedule O)	10	12,253				
11	Benefits paid to or for members	11	8063				
12	Salaries, other compensation, and employee benefits	12	32,585				
13	Professional fees and other payments to independent contractors	13	997				
14	Occupancy, rent, utilities, and maintenance	14	37,832				
15	Printing, publications, postage, and shipping	15	3,262				
16	Other expenses (describe in Schedule O)	16	6,557				
17	Total expenses. Add lines 10 through 16	17	101,520				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2013)

SCANNED JUN 18 2014

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	424,227	22 421,562
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	73,857	24 74,061
25 Total assets	498,084	25 495,623
26 Total liabilities (describe in Schedule O)	22,523	26 22,186
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	475,561	27 473,437

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 <u>Building Rental to secure 24/7 access to the Spokane Masonic Center which is a 501 c(3) organization and the center for most Masonic Activities in Spokane, WA</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	37,832
29 <u>Salary and Benefits to non-Masonic Office Manager and Administrative Assistant to the Personal Representative (CEO) and Secretary of the Organization. This individual does the bookkeeping and manages the administrative aspect of the Almoners Program</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	32,585
30 <u>Payment to National Headquarters to assist with National Programs, to Washington State Rite Care for Childhood Speech Pathology and the Orient of Washington Education Foundation for Scholarships</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	12,253
31 <u>Other program services (describe in Schedule O)</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	0
32 <u>Total program service expenses (add lines 28a through 31a)</u>	32	82,670

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	3	0	0	0
John Wyman				
Secretary	20	0	0	0
Merle Iverson				
Treasurer	4	0	0	0
Carlton Oakes				
Almoner	3	0	0	0
Joe 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 Perfecti	2	0	0	0
Michael Holland				
Wise Master Chapter of Rose Croix	2	0	0	0
Ryan Sanders				
Senior Warden Chapter of Rose Croix	2	0	0	0
Max Etter				
Junior Warden Chapter of Rose Croix	2	0	0	0
Laurence 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		✓
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)		✓
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		
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		✓
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		✓
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?		✓
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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		✓
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)? 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.? 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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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)		✓

- 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		
-----------	--	--

- 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	(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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

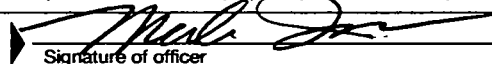
- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 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

5-9-14

Merle Iverson, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

Ancient & Accepted Rite of the Vallley of Spokane and Coord Bodies

91-0401450

Part I, Line 8

Miscel 800

Reunion Activities 2,495

Stated Meeting Meals 3,143

TOTAL 6,438

Part I, Line 16

Fraternal Supplies 487

Fraternal Events 565

Reunion Expenses 818

Special Events 1,778

Stated Meeting Meals 2,909

TOTAL 6,557

Part I, Line 10

Rite Care 1,126

SR Education 1,689

Supreme Council 9,438

TOTAL 12,253

Part I, Line 20: Unrecognized Gain on Investments

Part II, Line 24

Almoner Medical Supply Closet 304

Cemetery Lot 1,188

Furniture & Equipment 34,934

Fraternal Wardrobe & Equipment 37,636

TOTAL 73,757

Name of the organization	Employer identification number
Ancient & Accepted Rite of the Valley of Spokane and Coord Bodies	91-0401450

Part II, Line 26

Almoner	4,200
Fraternal Payables	2,341
Prepaid Dues/Assessment	13,556
Payroll Liabilities	2,089
TOTAL	22,188

Part III The Organization's Primray Exempt purpose is that a a Masonic Fraternal Orgaization. In addition to Americanism, Education Education and Fraternal Activities, the Organization operates a medical supply closed (available to all), supports Childhood Speech Pathology Clinic (without charge to parent or patient), and supports all Education Foundation objectives for College Juniors, Seniors and/or Graduate students.

Part IV Continued

Ryan Leonard	2	No Compensation, Health Benefits of Estimated Compensations
1st Lt Council of Kadosh		
Charles Callen	2	No Compensation, Health Benefits of Estimated Compensations
2d Lt Council of Kadosh		
Mike Boggs	2	No Compensation, Health Benefits of Estimated Compensations
Master of Kadosh		
Jon Lind	2	No Compensation, Health Benefits of Estimated Compensations
Prior -Consistory		
William Haedt	2	No Compensation, Health Benefits of Estimated Compensations
Preceptor - Consistory		

Part V, Line 44d The Organization does not operate a tanning salon and has no dealings with any tanning salon. This entry simply because requires a response for a yes or no answer on Line 44c