

Form 8809 Filed & Approved

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

2017

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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Ancient & Accepted Scottish Rite of the Valley of Spokane and Coordinated Bodies
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
506 W 2nd Avenue
 City or town, state or province, country, and ZIP or foreign postal code
Spokane, WA 99201

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: ▶ **NA**

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 ▶ \$ **74341**

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 ☒

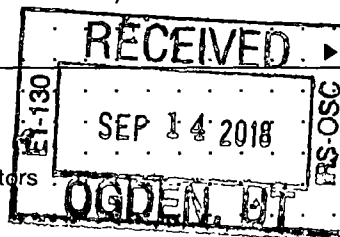
1	Contributions, gifts, grants, and similar amounts received	1	5,001
2	Program service revenue including government fees and contracts	2	4,400
3	Membership dues and assessments	3	21,705
4	Investment income	4	41,703
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
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	0
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	0
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	442
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,341
10	Grants and similar amounts paid (list in Schedule O)	10	9,338
11	Benefits paid to or for members	11	20,218
12	Salaries, other compensation, and employee benefits	12	37,450
13	Professional fees and other payments to independent contractors	13	3,853
14	Occupancy, rent, utilities, and maintenance	14	34,285
15	Printing, publications, postage, and shipping	15	3,945
16	Other expenses (describe in Schedule O)	16	8,639
17	Total expenses. Add lines 10 through 16	17	117,728
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-43,387
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	500,852
20	Other changes in net assets or fund balances (explain in Schedule O)	20	27,488
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	484,953

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2017)

SCANNED OCT 25 2018 Revenue



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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	1,516	22 412,215
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	511,225	24 73,757
25 Total assets	512,771	25 485,972
26 Total liabilities (describe in Schedule O)	11,919	26 1,019
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	500,852	27 484,953

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? **Masonic Fraternal Organization (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, optional for others.)
28 <u>Benefits to Or For Members: These include mandatory National & State Dues/Assessments and contributions to various 501 c(3) groups such as Early Life Speech & Language, Jobs Daughters and amenities provided at Mandatory and Special meeting, together with Stated Business meetings</u> (Grants \$) If this amount includes foreign grants, check here ☐	28a 20,218
29 <u>Rent paid to maintain almoner office and medical equipment storage areas, together with the Administrative Office to maintain 40 hours per week communications with members</u> (Grants \$) If this amount includes foreign grants, check here ☐	29a 27,453
30 <u>Almoner Donations for such items as Housing, Medical help, Transportation and Utilities to those in need. These donations are made to any who need help as well as to members</u> (Grants \$) If this amount includes foreign grants, check here ☐	30a 9,338
31 <u>Other program services (describe in Schedule O)</u> (Grants \$) If this amount includes foreign grants, check here ☐	31a 23,210
32 Total program service expenses (add lines 28a through 31a)	32 80,219

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
Roger B Nelson, Jr Personal Representative SGIG in Washington	7	0	0	0
Randy W Guegel General Secretary	20	2,400	0	0
Richard A Hentz Treasurer	5	0	0	0
Merle Iverson Asst Treasurer/Ven Master	5	0	0	0
Gerald L Gendreau Almoner	3	0	0	0
RT Werner Asst Almoner	3	0	0	0
JM Boggs Tyler	2	0	0	0
Ryan K Leonard Prelate	2	0	0	0
Robert H Lambeth Senior Warden	2	0	0	0
John T Robertson Junior Warden	2	0	0	0
Frederick L Grubb Orator	2	0	0	0
W Robert King Expert	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 0		
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	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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	☒
41 List the states with which a copy of this return is filed ▶ None		
42a The organization's books are in care of ▶ Organization Telephone no. ▶ 509.624.5491 Located at ▶ 506 W 2nd Ave Spokane, WA ZIP + 4 ▶ 99201		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	☒
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	☒
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	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	☒
b 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	(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 business address of each independent contractor	(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 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

Ivan M Iverson, Treasurer

Type or print name and title

Paid Preparer Use Only

PnnT/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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

91-0401450

Part I, Line, Line 8: Represents rental income for use of projector and pass reimbursement for Honors program and Fraternal Supplies

Part I, Line 10: Represents grants by Almoner to needy plus Early Life Speech & Language for start up in Walla Walla plus Jobs Daughters
the Grand Master of Washington for his Charity

Part I, Line 16: Represents Computer expenses, Bank Charges (credit card charges) and misappropriation of funds by a deceased member

Part I, Line 20: Represents Unrealized Gain on Investments

Part II, Line 24 Represents Fixed Assets such donated cemetry Lots (1,180), Furniture and Equipment (34933) and Cermonial Robes
(37635)

Part II, Line 26. Represent prepaid Dues and Fee and small payroll liabilities

Part III: The Ancient & Accepte Scottish Rite of the Valley of Spokane and Coordinated Bodies (Scottish Rite) is a Masonic Fraternal
Association. It is the mission of the Scottish Rite to improve its members and enhance the community by teaching and emulating the
principals of brotherly love, tolerance, charity and truth while actively embracing high social,moral and spirtual values including fellowship
compassion and dedication to God, Family and Country.

Part III, Line 31 This is the remainder of the expenses of the Valley of Spokane, less a small portion of the payroll to the full time Office
manager and a small amount misappropriated by a deceased member

Part IV: This represents a small monthly stipend paid to a member. He is treated as an independent contractor and appropriat 1099(MISC)
was submitted.

Part V: Line 41 c/d: This organization is not involved in Tanning Operations