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 1545-0047 2020

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public.

Department of the Treasury		of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the latest information	on.	Inspection
			ar year, or tax year beginning , 2020, and ending		, 20
	Check if a			D Employer	dentification number
C	Address	change	Ancient & Accept Scottish Rite, Valley of Clarksburg, Lodge of Perfection		550384680
>⊡	Name ch	_		E Telephone	number
₹	Initial return		427 W Pike St , Suite 501	3	04-622-2361
- _	Final retu	m/terminated		F Group Exc	
	Amended return Application pending		Clarksburg, WV 26301-2774	Number	•
اطا					
زي	Accoun	ting Method ¹			if the organization is not
1	Website	e: -		•	tach Schedule B
-				Form 990, 95	0-EZ, or 990-PF)
			☐ Corporation ☐ Trust ☑ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	
			500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>
L	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		
			the organization used Schedule O to respond to any question in this Part I		<u> </u>
?	- 1	Contribution	ons, gifts, grants, and similar amounts received	1	1,467
5	2	Program se	ervice revenue including government fees and contracts	2	
?	I∣ 3	Membersh	ip dues and assessments	<u>3</u>	72,801
12	4	Investment	income	4	30,758
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b	Less: cost	or other basis and sales expenses		
	C	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6		d fundraising events:		
	а	Gross ince			
re		\$15,000) .			
Revenue	b	Gross inco	s		
ě		from fundr		•	
		sum of suc			
	c	Less: direc	t expenses from gaming and fundraising events 6c		
	d		tract		
		line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	6d	
	7a	Gross sales	s of inventory, less returns and allowances	<u> </u>	
	b		of goods sold		
	c		t or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	3		cus (describe in Cabadida O)	. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105.026
	10			ည္တြဲ . <u>10</u>	100,020
	11			တ္တုိ့ <u>10</u>	29,053
Ø	12	Colomos at	her compensation, and employee benefits 2	12	11,373
Se	13	Profession:	of fees and other navments to independent contractors	13	3,695
Expenses	14	Occupance	al fees and other payments to independent contractors 20GDEN; UT	13	
쏬		O O O O O O O O		33,748	
ш	15		blications, postage, and shipping	15	506
	16	•	nses (describe in Schedule O) 🛂		70.000
	17		nses. Add lines 10 through 16		78,375
ş	18		deficit) for the year (subtract line 17 from line 9)		26,651
SSe	19		or fund balances at beginning of year (from line 27, column (A)) (must agree verifigure reported on prior year's return)		
Net Assets	l	-		532,718	
et	20	Other chan		80,782	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. • 21	640,151

Cat No 10642I

Form **990-EZ** (2020)



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Pa	rt II		eets (see the instructions t	•				
		Check if the	organization used Schedule	O to respond to a	ny question in this			
	_					(A) Beginning of year	001	(B) End of year
22		-	investments			532,718	23	640,15
23 24			ribe in Schedule O)			532,718		640,15
25		•				- J	25	
26			escribe in Schedule O)			 	26	
27			balances (line 27 of column			532,718	27	640,151
Par	t III		f Program Service Accom			Part III)		
		Check if the	organization used Schedule	O to respond to a	ny question in this	Part III	/Das	Expenses
Wha	t is the	organization's	primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as n	neasure	ed by expense	's program service accompliss. In a clear and concise more relevant information for ea	anner, describe the			orga othe	inizations, optional fo
28								
-		······································					00-	
29 29) If this amount				28a	
30	(Grant) If this amount				29a	
		· · · · · · · · · · · · · · · · · · ·						
04	(Grant) If this amount				30a	<u> </u>
31	(Grant		es (describe in Schedule O)	includes foreign gra			31a	
32			ce expenses (add lines 28a t				32	<u> </u>
	t IV	List of Officers	s, Directors, Trustees, and Key organization used Schedule	Employees (list each	one even if not com	pensated-see the in		
		? (a) Nan	ne and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
		tknson, Office N St , Suite 501	lanager and Treasurer	20	6,00			
	 _	WV 26301			0,00	,		
	· · · · · · · · · · · ·	adcliff, Secretar	у					
		St ,Suite 501 WV 26301			3,00	,	+	
Wadi	e Micha	el Jones, Jr , Pr	esident				-	
		St , Suite 501						
Clark	sburg,	WV 26301						
							+	
							+	
							-	
					<u> </u>		+	
							-	
			•••••					

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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 Schedule O to respond to any question in this	s Pan			
	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	Yes	No 🗸	
2	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		\ \ \	12
	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		<u>ر</u>	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		<u>v</u>	
	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		· ·	<u> 2</u>
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a			2
	39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9				
	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		<u> </u>	Ø
•	С	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				
	е	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 ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶			`	
	b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1000-456	<u>/</u>	
		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).				
	С	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		<u> </u>	
	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	· ·	. ▶	No	
	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	22		
	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		ショ	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		マシン	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\neg	~	
		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		7	

Form 9	90-EZ (2020)					F	Page 4
			······			Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," of		, Part I	· · · · · · ·	. 46	<u> </u>	1
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que		·	he tables	for lin	es
	0.000.000.000.000.000	<u></u>				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election				~
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E	. 48		~
49a	Did the organization make any transfers t	o an exempt non-cha	aritable related organiz				V
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	er than officers, directive on the contraction. If there is no	tors, truste	es, an	
	(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 employed benefit plans, and deferred compensation	, , ,		
f 51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organization	s five highest compe	ensated independent	contractors who eac	ch received	more	thar
	(a) Name and business address of each independ	(b) Type of serv	ice ((c) Compensation			
					<u> </u>		
	Total number of other independent contra			<u> </u>		_	
52 	Did the organization complete Schedu completed Schedule A	ile A? Note: All se	ction 501(c)(3) organ	nizations must attac	ch a ▶ 🗌 Yes		10
	enalties of perjury, I declare that I have examined this right, and complete. Declaration of preparer (other than				knowledge and	belief,	ıt ıs
Sie-	Vanualy Prynson			4/26/20	21		
Sign Here	Signature of officer Denver D Atkinson, Office Manage	er and Treasurer		Date *			
	Type or print name and title						

Preparer's signature

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Firm's address ▶

Paid

Preparer Use Only Date

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN 🕨

Phone no

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SCHEDULE O (Form 990 or 990-EZ)

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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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection :

OMB No. 1545-0047

Name of the organization	Employer identification number					
Ancient & Accepted Scottish Rite, Valley of Clarksburg, Lodge of Perfection 55-0384680						
Balance Sheet as of December 31, 2020						
Cash						
BB&T Checking	\$ 48,758.76					
Merrill - Almoner Fund	\$ 1,844.59					
Merrili - Life Membership	\$ 703.73					
Merrill - Scottish Rite Inv	\$ 2,873.13					
Sub-Total	\$ 54,180.21					
CD's						
BB&T - Almoner	\$ 5,620.12					
Sub-Total	\$ 5,620 12					
Securites:						
Merrill - Almoner	\$ 13,456.77					
Merrill - Life Membership Fund	\$ 6,775.51					
Merrill - Scottish Rite Inv	\$ 129,140.71					
T. Rowe Price (Mutual Fund)	\$ 430,977.86					
Sub-Total .	\$ 580,350.85					
Total Assets	\$ 640,151.18					
Line 20.						
Changes in net assets both gains in operation and	stock market fluctuations during 2020 and					
market values as of December 31, 2020	,					
	·					