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RINCES 09/23/2013 11 24 AM

Department of the Treasury

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2012

Open to Public

Check if applicable Cheme of organization ANCIENT ACCEPTED SCOTTISH RITE OF Demptoyer identification number Address change Address change Andrew change Demptoyer identification number PREZEMASONRY NMJ	B Che		alendar year, or tax year beginning $08/01/12$, and ending $07/31/13$			
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Number and street (of P C box if mails an ordinary address) PO BOX 310198 PO BOX 310198 Cry, town or post office state, and 2IP code NEWINGTON CT 06131 Foreign and ordinary address of principal officer DAVID R. BLYTHE, SR. H(a) is this a group return for affiliates? Yes Xeven post address of principal officer PO BOX 310198 NEWINGTON CT 06131 Foreign address of principal officer PO BOX 310198 NEWINGTON CT 06131 Foreign and ordinary Yes NEWINGTON CT 06131 Foreign and state in the following post of the potential ordinary Part Summary Strengthen the Masonic way of life by improving the individual character, leadership and spirit of its members through relevant programs. Promote family and community values. Serve mankind through charitable outreach. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3	Na	ime channe	Doing Business As PRINCES OF JERUSALEM		_06-	<u>6050664</u>
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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	Net Assets or During Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse art II Si	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) littles (Part X, line 26) ls or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare was I have examined this return, including accompanying schedules and statements,	58, 258, eginning of Current 2,917, 2,917,	407 294 Year 582 0 582	74,96 51,87 End of Year 3,213,65 3,213,65
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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 Signature of officer Signature of officer David R. BLYTHE Se. VALLEY SECRETARY	Net Assets or end Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse art II Si der penalties of correct, and e	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) lities (Part X, line 26) ls or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statements, omplete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer. DAVID R. BLYTHE SE. VALUE	58, 258, eginning of Current 2,917, 2,917, and to the best of my knowledge	407 294 Year 582 0 582 my know	74,96 51,87 End of Year 3,213,65 3,213,65 Viedge and belief, it is
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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 Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any 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 Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Complete Declaration of preparer (other than officer) Complete Declaration of preparer has any knowledge Complete Declaration of preparer	Net Assets or Loud Balances Page 1999 Page 1999 Paid Page 1999 Paid Paid Page 1999 Paid Paid Page 1999 Page 19	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse 11 Si ther penalties of experience, and experience Print/Typ Thomas	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) listies (Part X, line 26) ls or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statements, omplete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer DAVID R. BLYTHE SR. VALLE Preparer's name Preparer's signature Thomas D. Comer Thomas D. Comer	58, 258, eginning of Current 2,917, 2,917, and to the best of iny knowledge Date 09/23/13	407 294 Year 582 0 582 my know Date Check self-emp	74,96 51,87 End of Year 3,213,65 3,213,65 viedge and belief, it is 9/27/24/3
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 Company	Sign Here	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse art Ii Si der penalties of experiments, and experiments Print/Typ Thomas Firm's na	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) diffuse (Part X, line 26) is or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer DAVID R. BLYTHE SE VALLE yiege or print name and title a preparer's name Preparer's signature Thomas D. Comer Comer & Company, CPA's, LLC	58, 258, eginning of Current 2,917, 2,917, and to the best of iny knowledge Date 09/23/13	407 294 Year 582 0 582 my know Date Check self-emp	74,96 51,87 End of Year 3,213,65 3,213,65 Viedge and belief, it is 9/27/24/3
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 Signature of officer Signature of officer Print/Type or print name and title Print/Type preparer's name Thomas D. Comer Thomas D. Comer Firm's name Comer & Company, CPA's, LLC Firm's EIN > 52-243653 S60-346-21	Sign Here	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse 11 Si der penalties of 25 correct, and correct, and correct 26 Pnnt/Typ Thomas Firm's na	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) dilities (Part X, line 26) dis or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statements, omplete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer DAVID R. BLYTHE SE VALLE appearer's name preparer's signature Thomas D. Comer Thomas D. Comer Comer & Company, CPA's, LLC 61 Main Street	58, 258, eginning of Current 2,917, 2,917, and to the best of my knowledge Date 09/23/13 Firm's	407 294 Year 582 0 582 my know Date Check self-emp	74,96 51,87 End of Year 3,213,65 3,213,65 Viedge and belief, it is 9/27/2// PTIN PO0129178 52-2436535
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 Signature of officer	Paid Prepa Use C	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse 11 Si der penalties of 25 correct, and 65 correct, and 65 correct Print/Typ Thomas Firm's na Only Firm's ad	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) dilities (Part X, line 26) dis or fund balances Subtract line 21 from line 20 gnature Block eperjury, I declare that I have examined this return, including accompanying schedules and statements, complete Declaration of preparer (other than officer) is based on all information of which preparer has a signature of officer DAVID R. BLYTHE SR. VALLE Thomas D. Comer Thomas D. Comer Thomas D. Comer Middletown, CT 06457–3408	58, 258, eginning of Current 2,917, 2,917, and to the best of my knowledge Date 09/23/13 Firm's	407 294 Year 582 0 582 my know Date Check self-emp	74,96 51,87 End of Year 3,213,65 3,213,65 viedge and belief, it is 9/27/24/3

Form 990 (2012) ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1 Briefly describe the organization's mission	
Strengthen the Masonic way of life by improving the individual charac leadership and spirit of its members through relevant programs. Promo family and community values. Serve mankind through charitable outreac	te
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code) (Expenses \$ including grants of \$) (Revenue \$ Donations to charitable organizations.)
4b (Code) (Expenses \$ including grants of \$) (Revenue \$ Specific assistance to individuals in need.)
•	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ College scholarships to individuals.)
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses ▶	

Pí	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	''		
''	VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	1 1	х
h	·	110		
b		11b		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1110		
С		11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		<u> </u>
d	, , , , , , , , , , , , , , , , , , , ,	444		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Te	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
L	Schedule D, Parts XI and XII	12a		_
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406	İ	х
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		^
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		x
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4.5		x
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	\vdash	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			x
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19	┝─┤	X
20a		20a	├──┤	
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1 1	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	Ť	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a	-	- 22
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		X
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions. If res, complete our contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

the Enter the number reported in Box 3 of Form 1996 Enter -0 -if not applicable □ Enter the number of Forms W-2G included in the 1a Enter -0 -if not applicable □ Did the organization comply, with backup withorbiding pulse for reportable gamma; gambling with mings to praze withors? □ Did the organization comply with backup withorbiding pulse for reportable gamma; gambling withorized to be supported to Form W-3. Transmittal of Wage and Tax Statisments, filed for the calendar year ending with or within the year covered by this return If at least one a reported on ince 2 of did the organization file all required feeder interplying that statisments are supported in Enter W-3D. You may be required to e-file (see instructions) 3a	Pe	ort V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	-		
be Enter the number of Forms W-2Cs included in line 1s Enter-0-if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with some provided provided to the payors. Enter the number of employees apported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within this year covered by this return. If all least one is reported on line 2a, did the arganization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 280, you may be required to e-file (see indiructions) 3 bit If Yes, 1 and filed a Form 190-17 for the year If You, Provide an explanation in Schedule O 4 A lary time during the calendar year, did the organization have an interest in, or a signature or other suthonly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of the organization have an interest in, or a signature or other suthonly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? See instructions for filing requirements for from TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for from TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization approach or provided tax sheller transaction? See If Yes 1 did not so of the payor and the filing of the payor accounts of the payor? To painsations that may receive deductible contributions under section 170(c). Did the organization neclude with every solicitation an express statement that such contributions or gifts were not lack deductible? To I will be organization serviced account of the value of the	4-	5-1	r	'es	No
country of the programzation comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) withholding rules for reportable payments for vendors and reportable gamming (gambling) withholding rules for reportable to the calendar year endoring with or within the year covered by this return I stal lead not a reported on the 2.6 did the organization file all required referred implicit that the rules of the calendar year endoring with or within the year covered by this return. Note. If the sum of times 1 and 2 as greater than 230, you may be required to e-file (see mitructions) 3 bd the organization have unreleded bisuness gross common of 31,000 or more during the year? 3 b If Yes, 1 has a filed a Firm 990-T for this year? If No. provide an explanation in Schodule O 3 b If Yes, 2 has the deal Firm 990-T for this year? If No. provide an explanation in Schodule O 3 b If Yes, 2 has the same of the foreign country level as a bank account, securities account, or other financial account in a foreign country level has a bank account, securities account, or other financial accounts 5 b Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 b Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 c If Yes, 2 did be party mority the organization file Form 8386-T? 6 c Des the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 c Des the organization and gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6 b Des the organization and party as a contribution and party for young and the party of the organization file or mass and the organization file or gross accounts of the payor? 7 c Organizations that may receive deductible contributions under section 170(c) 8 d Def t	_			I	
reportable gamming (gambing) winnings to prize winners? Statements, field for the calendar year ending with or within the year covered by this return I stall seat one is reported on fine within the year covered by this return Note. If the sum of times 1 a and 2 as greater han 250, you may be required to e file (see instructions) Note. If the sum of times 1 a and 2 as greater han 250, you may be required to e file (see instructions) 3 of the organization have united business gross in come of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O of the authority over, a financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country touch as a bank account, securities account, or other financial account in a foreign country to the organization set in the select transaction at any time during the tax year? 3 as If "Yes" to the name of the foreign country touch as a bank account, securities and financial account in a foreign country to the select transaction at any time during the tax year? 4 b If "Yes" identified proby the organization fine from TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 c				1	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life for the calendar year ending with or within the year covered by this richum 2a 0	·		10	\mathbf{x}^{\dagger}	
Silatements, filed for the calendary vear ending with or within the year covered by this return 1	2a		"		
It all least one is reported on line 2a, did the organization file all required feederal employment fax returns? 2b Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a X 3b If "Yes," has it filed a Form 950-T for this year? If "No," provide an explanation in Schedule 0 3b 3b 3b 3b 3b 3b 3b				I	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b			Ī	
3a Defence of the organization have unrelated business gross income of \$1,000 or more during the year? 140° 20°				_	
b If "Yes," and a filled a Form 990-T for this year? If "No," provide an explanation in Schedule O All any time during the calendary year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization in a provide by a prohibeted tax shelter transaction at any time during the tax year? \$a	3a		3a	Ī	X
4a Alary 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)? 4a X If "Yes," enter the name of the foreign country ► See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions are part to a prohibited tax shelter fransaction? 5b X X Did any taxable party norify the organization file Form 8886-77 5c If "Yes" to line 5a of 5b, did the organization file Form 8886-77 5c Does the organization solid any contributions that were not tax deductible as charitable contributions? 5c Does the organization enclose with a twere not tax deductible as charitable contributions? 5c Did the organization enclose with a twere not tax deductible as charitable contributions or gifts were not tax deductible? 6a X Y 7b Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization enclose and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Did the organization enclose and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Did the organization enclose and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c V 7d Did the organization enclose and payment in excess of \$75 made partly as a contribution of an additional payment pay	b		 		
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 11a 12b 12a 12a 13a 13a 13a 13b 13b 13b 13c	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c X	1	Section 501(c)(12) organizations. Enter		1	
against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X	а	Gross income from members or shareholders		1	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12b 13b 13a 13b 13b 13c	b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?				ŧ	
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year?	2a		12a	_	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13b 13c 14a X				1	
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year?					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 14a X	а		13a		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c X	L			1	
c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13c 14a X	D			1	
4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_			I	
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NO DESCRIPTION OF THE PROPERTY	_		<u> </u>	\dashv	

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organization >

Newington

and financial statements available to the public during the tax year

Anthony Keegan

State the name, physical address, and telephone number of the person who possesses the books and records of the

PO Box 310198

06131

Form 990 (2012	ANCIENT	ACCEPTED	SCOTTISH	RITE C	OF 06-0	6050664	P	age 7
Part VII	Compensation	n of Officers,	Directors, Tru	stees, Key	y Employees,	Highest Con	npensated Employees, and	
	Independent (Contractors						_
	Check if Sched	dule O contains	s a response to	any ques	tion in this Par	t VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a. Complete this table for all passages required to be listed. Report compensation for the calendar year ending with o

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

							_			
(A) Name and Title	(B) Average				C) sition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per			check	more	than o		compensation from	compensation from related	amount of other
	week (list any					s both r/truste		the	organizations	compensation
	hours for related	9 2]]	9	6	용품	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	direc	tituta	Officer	y em	hest	Former	(** 2 *********************************		and related
	below dotted	이 하	onal 1		Key employee	e 8				organizations
	,	Individual trustee or director	Institutional trustee		ě	Highest compensated employee				
		lacksquare	ă	<u> </u>	<u> </u>	藍				
(1)David R. Blythe,										
Ga area ta	12.00			x				o	o	o
Secretary (2) Anthony Keegan	0.00	 	⊢	^		 		0	0	
(2) Antinony Reegan	2.00	1								
Treasurer	0.00			x		1		o	0	0
(3) Richard V. Travi		 		 						<u>-</u>
(0,000000000000000000000000000000000000	2.00									
Active	0.00			X				0	0	0
(4) David L. Sharkis										
	2.00	1		1						
Deputy	0.00	<u> </u>		X	_			0	0	0
(5) Bruce T. Work										
	2.00	1								
Active	0.00	-		X		-		0	0	0
(6)										
(7)		T		 						
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DAA										E 990 (2040)

Pa	rt VII Section A. Officei	rs, Directors, Tru	stee	s, Ke	ey Er	npic	yees	s, ar	nd Hignest Compensated	Employees (continued)				
•	(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est am c comp	(F) timate nount o other pensa	of ition	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizati d relate inizatio	ion ed	
(12)		-								"-"				
(13)						-								
(14)														
(15)							ļ <u>-</u>							
(16)				-	ļ									
							ļ				<u>.</u>			
(17)														_
(18)														
(19)														
1b c	Sub-total Total from continuation sh	eets to Part VII, S	ecti	on A				>						
d2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			to th	nose	liste	d abo	ove)	who received more than \$1	00,000 in				
3	Did the organization list any f	" complete Sched	ule J	for s	uch	indiv	idual				3	T	Yes	No X
4	For any individual listed on lir organization and related orga individual	inizations greater	han	\$150	,000	? f "	Yes,	" coi	mplete Schedule J for such		_4			x
5 Sect	Did any person listed on line for services rendered to the colon B. Independent Contract	organization? If "Ye	ue co es," c	ompe omp	ensat lete	ion f Sche	rom : dule	any J fo	unrelated organization or in r such person	dividual	5	<u>.</u>		X
1	Complete this table for your f compensation from the organ	ive highest compe nization. Report co	nsate mper	ed in	depe	nde	nt cor	ntrac	r year ending with or within	the organization's tax year				
	Name a	(A) and business address						\vdash	Descri	(B) otion of services		Com	(C) npensati	ion
										 				
2	Total number of independent	contractors (inclu	ding	but r	not lir	nited	l to th	lose	listed above) who	0				
DAA	received more than \$100,000	of compensation	irom	ıne	orga	ıızal	1011		- <u>-</u>	U	E	Form	990) (201:

06-6050664 Form 990 (2012) ANCIENT ACCEPTED SCOTTISH RITE OF Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (C) (D) Revenue (A) Unrelated Total revenue exempt business excluded from tax under sections 512, 513, or 514 гечелие Program Service Revenue Contributions, Gifts, Grants 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d 8,421 d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 8,421 Busn Code 900099 4,026 4,026 2a Program Service Revenue b f All other program service revenue 4,026 ▶ Total Add lines 2a-2f Investment income (including dividends, interest, 62,676 62,676 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (ii) Other (i) Secunties sales of assets 486,288 33,304 other than inventory **b** Less cost or other 469,993 basis & sales exps 16,295 33,304 c Gain or (loss) 49,599 16,295 33,304 Þ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn Code 900099 2,115 2,115 11a Miscellaneous b Ç

2,115

20,321

126,837

0

d

All other revenue

Total, Add lines 11a-11d

Total revenue. See instructions

Form 990 (2012)

DAA

Page 10

Form 990 (2012)

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (C) (D) (A) Total expenses (B) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 6,238 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 1,500 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management b Legal 1,238 Accounting C d Lobbying Professional fundraising services See Part IV, line 17 8,864 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 520 Advertising and promotion 12 7,013 Office expenses 14 Information technology Royalties 15 26,400 Occupancy 16 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,338 Conferences, conventions, and meetings 19 20 Interest 963 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 15,864 Degrees Expense а 1,672 b Trips 355 Miscellaneous С All other expenses e 74,965 0 0 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 71,495 50,839 Cash-non-interest bearing 1 201,574 200,442 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 2,645,645 2,961,242 11 Investments-publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 3,213,655 2,917,582 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other trabilities not included on lines 17-24) Complete Part X 25 0 0 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,917,582 27 3,213,655 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,917,582 3,213,655 33 33 Total net assets or fund balances 3,213,655 2,917,582 Total liabilities and net assets/fund balances

	990 (2012) ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664				_ Pa	ge 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1_				837
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>965</u>
3	Revenue less expenses Subtract line 2 from line 1	3_				872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	2,9:	<u>17,</u>	582
5	Net unrealized gains (losses) on investments	5		24	4,3	347
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	l			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			- (1	46)
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,2	13,	<u>655</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
		-]	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-			
	Schedule O		1	Ì		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Į	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			- 1		
	reviewed on a separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		1	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		- 1	ł		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Į	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		į			
	Schedule O		ŀ		-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	:	
	required audit or guidate explain why in Schedule O and describe any stens taken to undergo such audits			3b		

Form **990** (2012)

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

2012 OMB No 1545-0047

Open to Public

Inspection

ŝ × Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer Identification number Yes 06-6050664 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable SCOTTISH RITE OF General Information on Grants and Assistance (p) EIN 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? ANCIENT ACCEPTED FREEMASONRY NMJ (a) Name and address of organization or government Name of the organization Part II Parti 9 8 8 6 Ξ 3 3 8 3

Schedule I (Form 990) (2012)

Page 2

06-6050664

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Schedule | (Form 990) (2012) ANCIENT ACCEPTED SCOTTISH RITE OF Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance information Part IV Part III S 9

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.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY NMJ

Employer Identification number 06-6050664

Form 990, Part VI, Line 7a - Election of Members and Their Rights Officers are elected by the membership annually.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by governing body before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Regular meetings are held where this issue can be discussed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

TRANSFERS BETWEEN BODIES

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