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

OMB No. 1545-1150

2014

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

▶ 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.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014**B** Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Knights Templar of the United 1 Nashville Commandery**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

111 Black Oak Drive

City or town, state or province, country, and ZIP or foreign postal code

Dickson, Tennessee 37055-1181**D** Employer identification number**23-7207160****E** Telephone number**(615) 848-8264****F** Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 **Masonic****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. ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,744
	4	Investment income	4	10,960
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	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 \$ 1,790.50 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		
c	Less: direct expenses from gaming and fundraising events	6c	346.53	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,444	
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		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	25,148	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4,800
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	1,860
	15	Printing, publications, postage, and shipping	15	2,368
	16	Other expenses (describe in Schedule O)	16	12,907
17	Total expenses. Add lines 10 through 16	17	22,511.24	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,636
	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	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2014)

SCANNED BY 20 2015

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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	390,863	22 409,226
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	390,863	25 409,226
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	390,863	27 409,226

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

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		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	

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 ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
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 ►		
42a The organization's books are in care of ► <u>Ralph Burks Taylor</u> Telephone no. ► <u>(615) 848 - 8264</u> Located at ► <u>111 Black Oak Drive, Dickson, Tennessee</u> ZIP + 4 ► <u>37055-1181</u>		
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 U.S.? 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 <i>Burks Taylor</i>	Date <i>3/18/2015</i>
	Burks Taylor, Recorder Type or print name and title	

Paid Preparer Use Only	Pnn/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

2014

**Open to Public
Inspection**

Name of the organization

Knights Templar of the United 1 Nashville Commandery

Employer identification number

23-7207160

Social Security on Paid Employee	\$297.60
Medicare Taxes on Paid Employee	\$ 69.60
Unemployment Taxes to State of Tennessee	\$ 3.84
Per Capita to Grand Commandery of Tennessee	\$8585.43
Donations to Knight Templar Eye Foundation (Charity)	\$1930.00
Transfer of dues to Royal Arch Chapters	\$ 82.50
Dinner Expenses Reimbursements to Members for Providing Meals	\$ 723.03
Reimbursement for Expenses (Candles, Ceremonial Wine, Paper Products)	\$ 120.74
Miscellaneous Expenses (Degree Fees, Plaque Tags)	\$ 70.00
Guest Speaker for Veterans Day Program	\$ 50.00
Purchase of Regalia	\$ 974.50
Total Expenses	\$12,907.24

NASHVILLE COMMANDERY NO. 1 KNIGHTS TEMPLAR

Treasurer's Report --- 2014

SUN TRUST CHECKING

Balance on January 1, 2014 -----	\$ 1,021.63
Total deposits during 2014 (interest) -----	.01
Account closed on 1-17-2014 -----	1,021.64
Balance on January 31, 2014 -----	\$.00

BANK OF DICKSON CHECKING

Account No. 42925750 opened on 12-17-13

Balance on January 1, 2014 -----	\$ 7,703.20
Deposit on 1-27-14 (Transfer from Sun Trust Checking Account) -----	1,021.64
Deposit on 1-27-14 (Transfer from Sun Trust Money Market Acct.) -----	5,500.00
Other deposits -----	16,394.63
Check order (R R Donnelley) -----	63.78
Service Charge (Returned next month-included in deposits) -----	12.00
Total checks written -----	24,152.10
Balance on December 31, 2014 -----	\$ 6,391.59

SAVINGS REPORT

SUNTRUST BANK

Money Market Acct. No. 1000047084743 – Balance on 1-01-2014 -----	\$ 16,480.58
Interest from Money Market during 2014 -----	3.39
Transfer to checking (check no. 1035 on 1-23-14 -----	(5,500.00)
Check no. 1036 on 3-20-14 to KT Eye Foundation-GM Club -----	(2,000.00)
Check no. 1034 on 8-20-13 to Grand Encampment(cleared 2-10-2014)--	(100.00)
Money Market balance on 12-31-14 -----	\$ 10,883.97

EDWARD JONES

General Reserve Account No. 385-12611-1-9 (opened on 6-20-11) -----	\$ 7,500.00
Balance on 1-1-14 -----	263,877.70
Interest & Dividends during 2014 -----	6,951.75
Market increase/decrease -----	9,653.00
Balance on 12-31-14 -----	\$280,482.45

EDWARD JONES

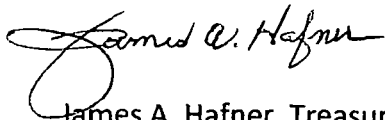
Eye F. E. Fund Acct. No. 385-13649-1-3 (opened on 5-24-13) -----	\$102,323.84
Balance on January 1, 2014 -----	110,505.03
Interest & Dividends during 2014 -----	4,004.52
Market increase/decrease -----	5,349.84
Debit on 3-11-2014 (deposited in Money Mkt. Ck'ing for Eye Found. ----	(2,000.00)
Balance on 12-31-14 -----	\$ 117,859.39

Total in Savings (1-01-14)--(includes Endowment Fund)----- \$ 390,863.31

Total in Savings (12-31-14—(includes Endowment Fund) ----- \$ 409,225.81

Total Savings Change During 2014(includes Endowment Fund) ----- \$ 18,362.50

Fraternally,



James A. Hafner, Treasurer