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Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

A For the 2014 calendar year, or tax year beginning

, 2014, and ending

, 20

B Check if applicable:

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

C Name of organization

AF/AM MT MORINN 116

D Employer identification number

✓ 2 022-6280

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

507 W. BLESPEAKE AVE

Room/suite

E Telephone number

410 821 8550

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

Towson, MD. 21204

F Group Exemption

Number ► 0025

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).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 ► \$

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	6035
	2 Program service revenue including government fees and contracts	2	30599
	3 Membership dues and assessments	3	244
	4 Investment income	4	
	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	6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b Gross income from fundraising events (not including \$ 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	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	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	17220
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54098
	AFFILIATED ORG. RECEIVED FEB 20 2015 AO49 OGDEN, UT Rounds		
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	110
	11 Benefits paid to or for members	11	6911
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	7656
	16 Other expenses (describe in Schedule O)	16	43518
	17 Total expenses. Add lines 10 through 16	17	58085
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3987)
	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	56640
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(2)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	52701

15

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	56690	52701
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	56690	52701

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?

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.)

29

(Grants \$) If this amount includes foreign grants, check here ▶ 28a

29

30

(Grants \$) If this amount includes foreign grants, check here 30a

31

Other program services (describe in Schedule C) _____ 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

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	X
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	X
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	X
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	X
37a. Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b. Did the organization file Form 1120-POL for this year?	37b	X
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	X
b. If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39. Section 501(c)(7) organizations. Enter:	39a	
a. Initiation fees and capital contributions included on line 9	39b	
b. Gross receipts, included on line 9, for public use of club facilities		
40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b. Section 501(c)(3), 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		
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		
41. List the states with which a copy of this return is filed ►		
42a. The organization's books are in care of ► T. M. KAHMAD Telephone no. ► 410-521-8550 Located at ► F. OAKHAMPTON DR. LUTHERVILLE 17D ZIP + 4 ► 21093		
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-F7 (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		<input type="checkbox"/> 46	<input type="checkbox"/> Yes	<input type="checkbox"/> No																														
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 <input type="checkbox"/>																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;">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</td> <td style="width: 10%; text-align: center; vertical-align: bottom;"><input type="checkbox"/> 47</td> </tr> <tr> <td>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/> 48</td> </tr> <tr> <td>49a Did the organization make any transfers to an exempt non-charitable related organization?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/> 49a</td> </tr> <tr> <td>b If "Yes," was the related organization a section 527 organization?</td> <td style="text-align: center; vertical-align: bottom;"><input type="checkbox"/> 49b</td> </tr> <tr> <td colspan="2">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."</td> </tr> </table>					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	<input type="checkbox"/> 47	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."																					
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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."																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">(a) Name and business address of each independent contractor</td> <td style="width: 20%; padding: 5px;">(b) Type of service</td> <td style="width: 50%; padding: 5px;">(c) Compensation</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																<input type="checkbox"/> d Total number of other independent contractors each receiving over \$100,000 ►														
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52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ► <input type="checkbox"/> Yes <input type="checkbox"/> 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 T. M. KAMMAR Type or print name and title			Date 2-14-15																														
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed																														
	Firm's name ►			Firm's EIN ►																														
	Firm's address ►			Phone no																														
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																		

AF/AM - MT. MORIAH

EIN 52-0226280

	Initials	Date
Prepared By		
Approved By		

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G7204 GREEN **7204 BUFF**

MADE IN U S A

1  2  3  4 

TAX YEAR 2014

OTHER EXPENSES - Line 1b of Form 990-ZE

GRAND LODGE DUES

Geography

LODGE SUPPLIES

LODGE ACTIVITIES

OTHON

13309

9081

2284

15859

298

100

100

43518

TOTAL