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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

- 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 01-01-2014, and ending 12-31-2014

B Check if applicable

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

C Name of organization ANCIENT & ACCEPTED SCOTTISH RITE OF FREE FREEMASONRY	D Employer identification number 63-0323539
Number and street (or P O box, if mail is not delivered to street address) PO BOX 210956	E Telephone number (334) 277-8109
City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36121	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(10) (insert no) 4947(a)(1) or 527K 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 ► \$ 131,258

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	<table border="1"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>13,830</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>44,574</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>16,095</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td>56,759</td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td>51,792</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td>4,967</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td></td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>79,466</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	13,830	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3	44,574	4	Investment income	4	16,095	5a	Gross amount from sale of assets other than inventory	5a	56,759	b	Less cost or other basis and sales expenses	5b	51,792	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,967	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 \$ _____ 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		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		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,466
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Net Assets	<table border="1"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>10,252</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>323,211</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>-654</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td>21</td><td>332,809</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,252	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	323,211	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-654	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	332,809																																																				
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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	36,725	22	59,746
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	288,121	24	274,224
25 Total assets	324,846	25	333,970
26 Total liabilities (describe in Schedule O)	1,635	26	1,161
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	323,211	27	332,809

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?

FRATERNAL ACTIVITIES FOR MEMBERS AND PROVIDES ASSISTANCE TO CHILDREN WITH DYSLEXIA AND LANGUAGE DISORDERS AND PROVIDES ASSISTANCE FOR TEACHING CHILDREN WITH THESE COMMUNICATION PROBLEMS

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

28 FRATERNAL ORGANIZATION WHICH ALSO PROVIDES ASSISTANCE TO CHILDREN WITH LANGUAGE DISORDERS (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BUDDY M WILSON PERSONAL REPRESENTATIVE	1 00	0	0	0
JIMMY A FLOYD TREASURER	1 00	0	0	0
PAUL ST JOHN ALMONER / COMMANDER	1 00	0	0	0
RANI P CHRISTIE DIRECTOR OF EDUCATION	1 00	0	0	0
JAMES H PILSON DIR OF WORK / MEMBERSHIP CHAIRMAN	1 00	0	0	0
HENRY F POE TILER	1 00	0	0	0
GARY T SULLIVAN MASTER OF CEREMONIES	1 00	0	0	0
WILLIAM J LOERCH GENERAL SECRETARY	40 00	10,310	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
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	No
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	0
b Did the organization file Form 1120-POL for this year?	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	No
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	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 ►	40b	
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 ►	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
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	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>WILLIAM J LOERCH</u> Telephone no ► <u>(334) 277-8109</u> Located at ► <u>565 N EASTERN BLVD MONTGOMERY, AL</u> ZIP + 4 ► <u>36117</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 ►	42b	No
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	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input checked="" type="checkbox"/> 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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		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

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"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 WILLIAM J LOERCH GENERAL SECRETARY Type or print name and title	2015-03-23 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name SCOTT C HUNER CPA	Preparer's signature	Date 2015-03-23	Check <input type="checkbox"/> if self-employed	PTIN P00127181
	Firm's name <input type="checkbox"/> HUNER & CYR PC			Firm's EIN <input type="checkbox"/> 63-1238286	
	Firm's address <input type="checkbox"/> 100 WILLIAMSBURG OFC PARK STE 200 VESTAVIA HILLS, AL 352163631			Phone no (205) 823-7723	

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.**2014****Open to Public
Inspection**

Name of the organization

ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
FREEMASONRY**Employer identification number**

63-0323539

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - RENTAL INCOME	KIND AND LOCATION OF PROPERTY SIGN RENTAL AMOUNT 1,250 KIND AND LOCATION OF PROPERTY
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS, INTEREST, & OTHER INVEST AMOUNT 14,845
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK AND BROKER FEES AMOUNT 3,074 DESCRIPTION BUILDING REPAIRS & MAINTENA NCE AMOUNT 2,509 DESCRIPTION CEREMONIAL EXPENSES AMOUNT 8,405 DESCRIPTION CONTRIBU TIONS AMOUNT 3,440 DESCRIPTION INSURANCE AMOUNT 3,573 DESCRIPTION PERPETUAL MEMBER SHIP DUES AMOUNT 2,000 DESCRIPTION SUPPLIES AMOUNT 2,318 DESCRIPTION SUPREME COUNC IL AMOUNT 14,341 DESCRIPTION UTILITIES AMOUNT 10,600 DESCRIPTION PAYROLL TAXES AM OUNT 907 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 901 DESCRIPTION SCHOLARSHIPS AMOU NT 1,500 TOTAL TO FORM 990-EZ, LINE 16 53,568
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION INVESTMENTS-UNREALIZED GAIN/(LOSS) AMOUNT -654
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENTS - MARKETABLE SECURITIES BEG OF YEAR AMOUNT 268,708 END OF YE AR AMOUNT 255,712 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 19,413 EN D OF YEAR AMOUNT 18,512
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION BOOK AND DVD DEPOSITS BEG OF YEAR AMOUNT 1,100 END OF YEAR AMOUNT 1,100 DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 535 END OF YEAR AMOUNT 61

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
FREEMASONRY

EIN: 63-0323539

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.