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Department of the Treasury

Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning and ending Check if applicable C Name of organization ANCIENT & ACCEPTED SCOTTISH RITE COORDINA D Employer identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 93-0326354 Name change 850 E 14TH AVENUE E Telephone number ZIP code Initial return City or town State (541) 344-1288 EUGENE OR 97401 Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 102,021 Amended return Gross receipts \$ Application pending F Name and address of principal officer X No H(a) is this a group return for subordinates? DALE VANDERPOOL 29720 JEANS ROAD, VENETA, OR 97487 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) ( 10 ) ◀ (insert no ) Tax-exempt status Website: ► N/A H(c) Group exemption number ► 0095 Trust X Association K Form of organization Corporation Other ▶ L Year of formation 1923 M State of legal domicile OR Part I Briefly describe the organization's mission or most significant activities: To improve it's members and enhance Activities & Governance communities by teaching and emulating the priciples of Brotherly Love, Tolerance, Charity, and Truth while actively embracing high social, moral and spiritual values including fellowship, compassion, and dedication to Check this box • I fithe organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 5,221 7,690 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .-156,904 94,331 Other revenue (Part VIII, column (A), lines 5, 6d; 8c; 9c; 10c, and 11e) 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII; column (A), line 12) 12 162,125 102.021 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 63,532 70,618 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 63,532 70,618 Revenue less expenses Subtract line 18 from line 12 19 98,593 31,403 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1.990.667 2,022,070 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 1,990,667 2,022,070 Signature Block 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 Sign Signature of officer Here RICHARD VARNER **TREASURER** Type or print name and title Pnnt/Type preparer's name Preparer's signature PTIN Check **Paid** self-employed JULIE KLUPENGER JULIE KLUPENGER 4/29/2015 P00844109 Preparer ► KLUPENGER TAX CONSULTING LLC Firm's EIN > 47-2242479 **Use Only** Firm's address ► 1650 W 11TH AVE STE 3, EUGENE, OR 97402 (541) 688-5275 May the IRS discuss this return with the preparer shown above? (see instructions). X Yes

No

SCANNED JUN 0

Form 99	90 (2014)	_ANCIENT & ACCEP	TED SCOTTISH RITE	COORDINATED BO	DDIES OF EUGENE	93-0	326354	Page 2
Par	t III	Statement of Progr						
	•	Check if Schedule O	contains a respons	e or note to any lir	ne in this Part III.			
1	Briefly de	escribe the organization's	mission					<del></del> _
•	-	ve it's members and enha		eaching and emulating	g the proples of			
		Love, Tolerance, Charity					******	
		ual values including fello	·					
	country							
2		rganization undertake an	y significant program s	ervices during the ye	ear which were not I	isted on		<del></del>
		Form 990 or 990-EZ?					Yes	X No
	If "Yes,"	describe these new service	ces on Schedule O				_	_
3	Did the o	rganization cease conduc	cting, or make significa	nt changes in how it	conducts, any prog	ram		
	services'						Yes	X No
	If "Yes,"	describe these changes of	n Schedule O				_	
4		the organization's progra		ments for each of its	three largest progra	ım services, as m	easured by	
		s Section 501(c)(3) and 5						
		expenses, and revenue, i			•		·	
		•		·				
4a	(Code	) (Expens	es \$ 57,760	including grants of	\$	) (Revenue \$	102.	021 )
	Provide 6	education & leadership in	the fraternity and expa	ind philanthropic acti	vities in the			/
	commun	ty						
		·····						
	**********							
								• • • • • • • • • • • • • • • • • • • •
				**				
4b	(Code	) (Expens	es\$	including grants of	\$	) (Revenue \$		)
			· • • • • • • • • • • • • • • •					
					*********			
						•••		
			·			- <b></b>		
							•••	<del></del>
4c	(Code	) (Expens	es\$	including grants of	\$ 	) (Revenue \$		)
			·	••••				
		· · · · · · · · · · · · · · · · · · ·						
			•					
			· • • • • • • • • • • • • • • • • •					
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			••					
							·	
					•••		- <b></b>	
	Other	ogram services (Describe	a in Schedula (C.)				<del></del>	
4d	(Expense	_	0 including grants of	\$	0)(Revenue \$		0)	
4e		gram service expenses	>	57,760	- Mirorounde A		<del>~ ,</del>	

		93-0326354	Pa	age 3
Part	V 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,"	1.		V
_	'complete Schedule A	1		X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	$\vdash$	
3	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,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ĺ		
	Part III	. 5		Х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	- 1	!	
40	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			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b>建筑</b> (*** ***	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	20.3	****	in .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	<del>2</del> 7 ~ *
a	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>  11a</u>		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ete		
	Schedule D, Parts XI and XII	12a	<u> </u>	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Year	s,"		
	and if 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ.,.		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		.,
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	<del>                                     </del>	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	. 16	<del>  -  </del>	X
17	on 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	''	_	_X_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
	, , and an entire extension of the first terms of the contract	,		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III.

19

20a

20b

Form 9	990 (2014)	ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE	93-0326354	P	age 4
Part	HV	Checklist of Required Schedules (continued)			
	•			Yes	No
21	Did the	organization report more than \$5,000 of grants or other assistance to any domestic organization or	-		
		c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22		organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23		organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
		ation's current and former officers, directors, trustees, key employees, and highest compensated			}
		ees? If "Yes," complete Schedule J	. 23		Х
24a		organization have a tax-exempt bond issue with an outstanding principal amount of more than			
		0 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١.,
		ough 24d and complete Schedule K. If "No," go to line 25a	24a		X
		organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		organization maintain an escrow account other than a refunding escrow at any time during the year			
-		se any tax-exempt bonds?	24c		
		organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
<b>2</b> 5a		ion with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
h		ganization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
U		ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
		P If "Yes," complete Schedule L, Part I	25b		
26		organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
		or former officers, directors, trustees, key employees, highest compensated employees, or		:	1
		fied persons? If "Yes," complete Schedule L, Part II	26		х
27		organization provide a grant or other assistance to an officer, director, trustee, key employee,	100		
		tial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28		organization a party to a business transaction with one of the following parties (see Schedule L,	र सम्बद्धिते । इ.स.च्या	i i	
		nstructions for applicable filing thresholds, conditions, and exceptions)	ت نا	at the	<u> -</u>
а	A currer	nt or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family	member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedul	e L, Part IV	28b		x
C	An entity	y of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29		organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30		organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		ation contributions? If "Yes," complete Schedule M	30		X
31		organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I		31		X
32		organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			İ
		complete Schedule N, Part II	32		X
33		organization own 100% of an entity disregarded as separate from the organization under Regulations			١
24		301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	. 33		Χ
34		organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
250		and Part V, line 1.	34		X
		organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D		to line 35a, did the organization receive any payment from or engage in any transaction with a controlled thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		1	
36		501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		$\vdash$
50		ation? If "Yes," complete Schedule R, Part V, line 2	36		İ
37	_	organization conduct more than 5% of its activities through an entity that is not a related organization	36	<del></del>	├─
01		is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

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. . .

Part V

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable			
	gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			:	!
_	Statements, filed for the calendar year ending with or within the year covered by this return.		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b		,
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction of the sum of lines 1a and 2a is greater than 250, you may be required to e-file.	ons)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth- over, a financial account in a foreign country (such as a bank account, securities account, or other	•			
	account)?	manciai	4.		
b	If "Yes," enter the name of the foreign country		4a		X
D	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financia	L Accounte		1	į
	(FBAR)	Accounts		:	i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year'	<b>)</b>	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran-		5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Saction	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	l the	30		<del></del>
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or	100		<u> </u>
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			
	and services provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
_	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a	_	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	امما			
a	Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10a		1	
ь 11	Section 501(c)(12) organizations. Enter	10b	-1		
'' a	Gross income from members or shareholders	11a	ĺ	)	!! !:
b	Gross income from other sources (Do not net amounts due or paid to other sources	III			
b	against amounts due or received from them )	116		,	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		i n	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	•	ı Ja		
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	13ь			
С	Enter the amount of reserves on hand .	13c		:	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u></u>	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	lule O	14b	<u> </u>	<del>  ^</del>

Part VI

ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE 93-0326354

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
_	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	_1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
_	any other officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets? .	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	_		
h	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	1			
			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertake the year by the following.	n during			
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	x	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	00		<del></del>
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	Sacricu	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		L	
000.	terr bit one to the cooler b requests information about poinces not required by the	internal Nevenue	Code	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	· ·			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,"			
	describe in Schedule O how this was done		12c		L
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and appro	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official .		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.	ement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	101		
0 - 4	the organization's exempt status with respect to such arrangements?	<del>.,</del> .	16b		<u> </u>
	ion C. Disclosure	<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 90	0 T /0achan 504/ \			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	U-1 (Section 501(c)(	s)s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply  Own website	inlain in Cahadida O			
19	Own website Another's website X Upon request Other (expressible in Schedule O whether (and if so, how) the organization made its governing documents,	plain in Schedule O)		v d	
17	financial statements available to the public during the tax year	commerción interest po	псу, аг	iu	
20	State the name, address, and telephone number of the person who possesses the organization's l	nonks and records	_		
20	DIGULADDAMANED		1		
	2999 BRETT LOOP, EUGENE, OR 97404	1011/1020 010			·

Part VII	ANCIENT & ACCEPTED SCOTTIS  Compensation of Officers, Dire			_						93-03263 ensated	54 Page 7
•	Employees, and Independent C Check if Schedule O contains a re	ontractors		-			_				🗀
Section A.	Officers, Directors, Trustees, Key E	<del></del>									
	his table for all persons required to be l									with or within the	
organization's									,		
of compensati  List all o  List the  who received organization a	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Fori ind any related organizations. of the organization's former officers, ke	F) if no compens yees, if any See npensated emplo m W-2 and/or Bo	ation e instr oyees ox 7 c	wa: ructi (otl of Fo	s pa ons her orm	for thar 109	defini n an c 19-MIS	tion office SC)	of "key employe er, director, trusto of more than \$1	ee " ee, or key emplo 00,000 from the	yee)
	eportable compensation from the organ										<b></b>
organization, i	of the organization's <b>former directors</b> on the organization of th	ensation from the	orga	anıza	atıor	n an	id any	rel	ated organizatio	ns	the
	the following order individual trustees	or directors, ins	titutic	nal	trus	tee	s, offic	cers	s; key employees	s, highest	
<b>—</b> `	employees, and former such persons										
Check thi	s box if neither the organization nor any	/ related organiz	ation	con	_		ted ar	ту с	urrent officer, dir	ector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any	box office	unles er and	Pos neck ss pe	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DALE \	/ANDERPOOL	20 00							<del></del>		
SECRETARY	PERSONAL REPRESENTATIVE	0 00			Х				0		12,200
(2) RICHA		10 00								-	
TREASURER		0 00		<u> </u>	X	<b> </b>			0		6,000
(3) ART M	144 OTED	2 00			l ,						
(4) PERRY		0 00 2 00		├	<u> </u>		<u> </u>		0		
	R OF KADOSH	0 00	ı		X				0		
(5) CHARL		2 00			<u></u>						
MASTER OF		0 00	ı		х				0		
(6) ALLEN	KRISTOF	2.00									
WISE MASTE	R	0 00	<u> </u>		Х				0		
_(7)											
(8)					_						-
(0)											
				ļ							
(10)											

Pa	ert VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	jH t	ghes	t C	ompensated En	ployees (conti	nued)
	(A) Name and title	(B) Average			Pos neck		than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	fill Individual trustee or director			Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)											
(16)									*		
(17)											
(18)		-									
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total  Total from continuation sheets to Part VII, S	Section A .	1 .					•	0	(	0
	Total (add lines 1b and 1c)  Total number of individuals (including but not line reportable compensation from the organization		sted a	abov	/e) v	vho	rece	vec	o more than \$100	1	18,200
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If "Yes," complete Sche</i>						or higi	hes	t compensated		Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "\)									vidual	5 X
Sec	tion B. Independent Contractors			•							
1	Complete this table for your five highest comp compensation from the organization Report c year.										tax
	(A) Name and business ad	dress							(B) Description of se	vices	(C) Compensation
								L			0
			<del></del>					$\vdash$			0
<del></del>								+			0
								$\vdash$			
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se	liste	d abo		who received	14-12-	

Form 990 (2014) ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE

Par	VIII	Statement of Revenue Check if Schedule O contains	a response or	note to any line in	this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
eq eq	1a	Federated campaigns	. 16	<del></del>				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. [1]	7,401				
2 E	С	Fundraising events	. 10	<del></del>				
를 를	d	Related organizations .	10	<del></del>		:		
ns, (	е	Government grants (contributions	_	9 0				
or S	f	All other contributions, gifts, grant	ľ					
를 원		similar amounts not included above						
Con	g	Noncash contributions included in lir	nes 1a-1f. \$	0				
	h	Total. Add lines 1a–1f	•	Business Code	7,690			ļ <u>-</u>
Program Service Revenue	2a				0	<del></del>		<del> </del>
9,6	b				0			<del>-</del>
9 R	C				0			+
کر	d				0			1
Š					0			
gra	f	All other program service revenue			0			<del> </del>
Pro	ď	Total. Add lines 2a–2f	•	<b>•</b>	0			1
	3	Investment income (including divident	dends, interes	t, and	_			1
	_	other similar amounts)		▶	94,331	94,331		
	4	Income from investment of tax-ex	empt bond pro	oceeds ▶	0	•		1
	5	Royalties .		▶	0			
		ĺ	(ı) Real	(II) Personal				
	6a	Gross rents						+
	b	Less rental expenses.						
	С	Rental income or (loss)		0 0				L
	d	Net rental income or (loss)	<u> </u>	. ▶	0			
	7a	Gross amount from sales of	(ı) Securities	(II) Other				1
		assets other than inventory		0 0				
	b	Less cost or other basis						
į	ĺ	and sales expenses .		0 0				
	С	Gain or (loss) .		0 0				
	d	Net gain or (loss)	•	<b>•</b>	0			<u> </u>
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18 .	c)	0				
the the	Ь	Less direct expenses						
Ò	С	Net income or (loss) from fundrais	sing events		0			
	9a	Gross income from gaming activit	ties					
		See Part IV, line 19	a	0				
	b	Less direct expenses .	. t	0				<u> </u>
	С	Net income or (loss) from gaming	activities	<b>&gt;</b>	0			
	10a	Gross sales of inventory, less						
		returns and allowances	. а	0				
	b	Less cost of goods sold .	t	0				
	С	Net income or (loss) from sales o	f inventory		0			
		Miscellaneous Revenue	<u> </u>	Business Code				T
	11a				0		1	
	ь				0			
	C				.0			
	d	All other revenue			0		l	
	e	Total. Add lines 11a-11d		<b>&gt;</b>	0			
	12	Total revenue. See instructions		•	102,021	94,331	1	0 (

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX .		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				-
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				-
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0			
7	Other salaries and wages	0			,
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	6,100	6,100		
b	Legal	0			
С	Accounting .	12,700	12,100	600	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees .	12,258		12,258	=
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
	(A) amount, list line 11g expenses on Schedule O.)	1,814	1,814		
12	Advertising and promotion .	0			
13	Office expenses	1,711	1,711		
14	Information technology	720	720		
15	Royalties	0			
16	Occupancy	11,514	11,514		
17	Travel	482	482		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,519	3,519		
20	Interest .	0			
21	Payments to affiliates	5,516	5,516		
22	Depreciation, depletion, and amortization	755	755	0	0
23	Insurance .	2,172	2,172		
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)				
а	SCOLARSHIPS	2,000	2,000		<u> </u>
b	CHARITABLE DONATION EXPENSES	4,350	4,350		
С	STORAGE	3,914	3,914	*	, <u>, , , , , , , , , , , , , , , , , , </u>
d	REGALIA	814	814		
e	All other expenses EDUCATION	279	279		
25	Total functional expenses. Add lines 1 through 24e	70,618	57,760	12,858	0
26	Joint costs. Complete this line only if the	1.5,5.0		,000	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				1
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

32 33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2014) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 2,349 Cash—non-interest-bearing . . . 1,535 2 Savings and temporary cash investments 228.986 2 231,878 3 Pledges and grants receivable, net 0 3 ol 4 Accounts receivable, net . 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net 7 0 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a 1.256 **b** Less accumulated depreciation. 10b 755 10c 501 11 Investments—publicly traded securities 1,760,146 11 1,787,342 12 Investments—other securities See Part IV, line 11 0 12 0 Investments-program-related See Part IV, line 11 13 ol 13 0 14 14 Intangible assets ol 0 15 Other assets See Part IV, line 11 ٥l 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,022,070 17 Accounts payable and accrued expenses 17 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ω o 24 Unsecured notes and loans payable to unrelated third parties 24 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 0 25 0 26 Total liabilities. Add lines 17 through 25. 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 27 1,904,796 27 1,929,870 Temporarily restricted net assets 28 85,871 92,200 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32

2,022,070

1,990,667

1.990.667

33

34

Form s	990 (2014) ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE	9.	<u>3-0326354                                    </u>	Page 1 Z
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .	
1	.Total revenue (must equal Part VIII, column (A), line 12)	1		102,021
2	Total expenses (must equal Part IX, column (A), line 25)	2		70,618
3	Revenue less expenses Subtract line 2 from line 1	3		31,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,990,667
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2	,022,070
Part				_
	Check if Schedule O contains a response or note to any line in this Part XII			· [
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			Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis		2a	X
b	Were the organization's financial statements audited by an independent accountant?  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		2b	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	f 	2c	X
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
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form S	90 (2014)

# SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990.

20**14** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE 93-0326354 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year а Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a). 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990. Part VIII, line 1 Assets included in Form 990, Part X

Sched	ule D (Form 990) 2014 ANCIENT & ACCEP	TED SCOTTISH	RITE COO	RDINATE	D BODIES C	F EUGEN	E 93-03263	354		age 2
Part	II Organizations Maintaining	Collections of	Art, Histo	orical Tr	easures, o	r Other S	imilar Asset	s (con	tinuec	<del></del>
3	Using the organization's acquisition, acc									
	use of its collection items (check all that		•	•		J	J			
а	Public exhibition	,	d $\square$	Loan	or exchange p	orograms				
_	=				on ontoniango ,	ug. uu				
b	Scholarly research		e	Other						
С	Preservation for future generation	S								
4	Provide a description of the organization	i's collections and	l explain h	ow they fu	irther the orga	anızatıon's	exempt purpos	se in		
	Part XIII.									
5	During the year, did the organization sol						imılar			
	assets to be sold to raise funds rather th	an to be maintair	ned as part	of the org	ganization's c	ollection?		Ye	s 💹	No
Part	V Escrow and Custodial Arran	ngements.	_							
	Complete if the organization a	answered "Yes"	to Form	990, Par	t IV. line 9.	or reporte	ed an amount	on Fo	rm	
	990, Part X, line 21				,					
1a	Is the organization an agent, trustee, cu	stodian or other in	ntermedian	for contr	ibutions or of	her assets	not			
	included on Form 990, Part X?		itorino di di	, 101 001111	iodiloris or ot	1101 033013	1100	☐ Ye	<u>.</u>	No
b	If "Yes," explain the arrangement in Part	XIII and complet	e the follow	ina tahle:			•	יי יי	• <u></u>	140
	in res, explain the arrangement in rail	Am and complet		ing table				mount		
С	Beginning balance .					1c		Hount		
d	Additions during the year					<del></del>				
	y ,	•				1d			<del></del>	
e	Distributions during the year .		•		•	1e	<del> </del>			
f	Ending balance		•		•	1f			_	0
2a	Did the organization include an amount	on Form 990, Pai	t X, line 21	, for escre	ow or custodi	al account	liability?	∐ Ye	s X	No
b	If "Yes," explain the arrangement in Part	XIII Check here	if the expla	anation ha	as been provi	ded in Par	XIII			
Part	V Endowment Funds.									
	Complete if the organization a	answered "Yes"	to Form	990 Par	t IV line 10					
		(a) Current year	(b) Pno	1	(c) Two years		Three years back	(e) Fo	ur years	hack
1a	Beginning of year balance .	(u) outrom you	(5)	,,,,,,	(o) the years	Duck (u)	Tinee years back	(6)10	ui years	Dack
b	Contributions .				<u>.</u>			-		
	<b>i</b> —					<del></del>		<del> </del>		
С	Net investment earnings, gains,									
_4	and losses									
d	Grants or scholarships		ļ					<del> </del> -		
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses		ļ							
g	End of year balance	0	<u> 1</u>	0		0	0			0
2	Provide the estimated percentage of the	current year end	balance (I	ine 1g, co	lumn (a)) hel	d as				
а	Board designated or quasi-endowment	<b>&gt;</b>	%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%	_							
	The percentages in lines 2a, 2b, and 2c	should equal 100	)%							
3a	Are there endowment funds not in the po	ossession of the o	organizatio	n that are	held and adr	nınıstered	for the			
	organization by							[	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	-	
b	If "Yes" to 3a(II), are the related organiza	itions listed as re	auired on S	Schedule I	R? .			3b		
4	Describe in Part XIII the intended uses of		•					L		
Part							<del></del>			
	Complete if the organization a		to Form	990 Par	t IV line 11:	See Fo	rm 990 Part	X line	10	
	Description of property	(a) Cost or o			st or other					
	possiption of property	(a) Cost of o		• •	st or other s (other)		umulated eciation	(a) BC	ok value	3
1a	Land	(	0		0					
_	Buildings	<del> </del>	0							0
b	_				0		0		-	0
C	Leasehold improvements .		<u> </u>		0		755			0
d	Equipment		0		1,256		755			501
e	Other	unt naval Franco	0 0		0					0
ıotal	. Add lines 1a through 1e (Column (d) mi	ust equal Horm 99	yu. Part X.	coiumn (E	3). IINE 1UC )		▶			501

Part VII	Investments—Other Securit			
_	Complete if the organization a	nswered "Yes" to Form 99	90, Part IV, line 11b. See Fo	rm 990, Part X, line 12
(a) [	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial d	lerivatives			
(2) Closely-he	ld equity interests			
(3) Other	••			
(A)				
		ļ		
(C)				
<u>(D)</u>		ļ	1	
(E)				
(F)		<del> </del>		
		<del> </del>		
(H)	and and Sam COO Bad V and (B) (and CO)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	nust equal Form 990, Part X, col (B) line 12)		0	<del></del>
Part VIII	Investments—Program Rela		00 Dort IV/ line 44e See Ee	000 Ded V line 41
	Complete if the organization a	nswered tes to Form 9:		
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)	<del></del>			
(2)				
(3)		-		
(4)				
(5)				···
(6)			1	
(7)			1	<del></del>
(8)	<del></del>			• •
(9)				
Total (Column (b) m	nust equal Form 990, Part X, col (B) line 13)		0	
Part IX	Other Assets.			
	Complete if the organization a	nswered "Yes" to Form 99	90, Part IV, line 11d. See Fo	rm 990, Part X, line 1
		(a) Description		(b) Book value
(1)	·			
(2)				
(3)	·····			
(4)				
(5)				
(6)				
(8)				
<u>(9)</u>	(1)	(5)		
	n (b) must equal Form 990, Part X, c	oi (B) line 15).		<u> </u>
Part X	Other Liabilities.		00 5 . 11	
	Complete if the organization a line 25.	nswered "Yes" to Form 99	90, Part IV, line 11e or 11f S	see Form 990, Part X,
1	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes		0	
(2)			]	
(3)				
(4)				
(5)		T	7	

1.	(a) Description of liability	(b)	Book value	
_ (1)	Federal income taxes			0
(2)				
(3)				
(4)				
(5)				]
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶		0

2. Liability for uncertain tax positions in Part XIII, provide the text	of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (AS	$SC_740$ ). Check here if the text of the footnote has been provided in Part X

Schedule D (Form		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE	93-0326354
Form 990, Part VI, Section B, Line 11 The 990 is reviewed by the personal representatives,	
and then filed It is then later reviewed with the entire governing body	
Form 990, Part VI, Section C, Line 19 The governing documents and financial statements are	
available to the public upon reguest.	
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Schedule O (Form 990 of 990-EZ) (2014)	<u>Page</u> <b>Z</b>
Name of the organization	Employer identification number
ANCIENT & ACCEPTED SCOTTISH RITE COORDINATED BODIES OF EUGENE	93-0326354
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AXPAYER IS	MAKING THE DE MINIMIS S	AFE HARBOR ELECTION	ON UNDER REGULATION	ON SECTION 1 263(A)-1(F
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## Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

20**14** 

Department of the Treasury Internal Revenue Service

(99)

► Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number ANCIENT & ACCEPTED SCOTTISH RITE COO 990 93-0326354 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions) . . . 2 1,258 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2.000.000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-... 4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 500,000 6 (a) Description of property (c) Elected cost (b) Cost (business use only) Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). 14 629 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction репод in service only-see instructions) 3-year property 629 200DB 5-year property 126 7-year property d 10-year property e 15-year property f 20-year property 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L i Nonresidential real 39 yrs MM S/L MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs. b 12-year S/L c 40-year MM 40 yrs. S/L Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions 755

23 For assets shown above and placed in service during the current year, enter the