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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)

2015

Department 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](http://www.irs.gov/form990).

Open to Public  
Inspection**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

**B** Check if applicable

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

<b>C</b> Name of organization ANCIENT & ACCEPTED SCOTTISH RITE OF FREE FREEMASONRY	<b>D</b> Employer identification number 63-0323539
Number and street (or P O box, if mail is not delivered to street address) PO BOX 210956	<b>E</b> Telephone number (334) 277-8109
<b>F</b> 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  527**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 ► \$ 92,034**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 . . . . . 

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory . . . . . 5b Less cost or other basis and sales expenses . . . . . 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 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) . . . . . c Less direct expenses from gaming and fundraising events . . . . . d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 7a Gross sales of inventory, less returns and allowances . . . . . 7b Less cost of goods sold . . . . . 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe in Schedule O) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► . . . . .  <b>Expenses</b> 10 Grants and similar amounts paid (list in Schedule O) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe in Schedule O) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 ► . . . . .  <b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 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) . . . . . 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . 21 Net assets or fund balances at end of year Combine lines 18 through 20 ► . . . . .	1 7,477 2 3 56,362 4 11,677  5a 16,518 5b 18,534 5c -2,016  6a 6b 6c 6d  7a 7b 7c 8 9 73,500  10 11 12 7,250 13 4,000 14 15 1,432 16 66,018 17 78,700  18 -5,200 19 332,809 20 -10,750 21 316,859
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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	59,746	22	43,294
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	274,224	24	275,040
25 Total assets	333,970	25	318,334
26 Total liabilities (describe in Schedule O)	1,161	26	1,475
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	332,809	27	316,859

**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

FRATERNAL ORGANIZATION WHICH ALSO PROVIDES ASSISTANCE TO CHILDREN WITH LANGUAGE 28 DISORDERS (Grants \$ 0)	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	0
29		29a	
(Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	
30		30a	
(Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ )	If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	<input checked="" type="checkbox"/>	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	1 00	0	0	0
LEE S DOLIHITE TILER	1 00	0	0	0
ELMER SMITH MASTER OF CEREMONIES	1 00	0	0	0
WILLIAM J LOERCH GENERAL SECRETARY	40 00	7,250	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		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39		
39a		
39b		
40a		
40b		
40c		
40d		
40e		No
41		
42a	Telephone no (334) 277-8109	
	Located at 565 N EASTERN BLVD MONTGOMERY, AL	ZIP + 4 36117
42b		No
42c		No
43		
44a		
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 ► **39a**

b Gross receipts, included on line 9, for public use of club facilities ► **39b**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ► **40e** No

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► **WILLIAM J LOERCH** Telephone no (334) 277-8109  
Located at 565 N EASTERN BLVD MONTGOMERY, AL ZIP + 4 36117

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)**

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 ►

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

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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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

	Yes	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.**

<b>Sign Here</b>	***** Signature of officer <u>WILLIAM J LOERCH GENERAL SECRETARY</u> Type or print name and title	2016-02-15 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT C HUNER CPA	Preparer's signature	Date 2016-02-15	Check <input type="checkbox"/> if self-employed	PTIN P00127181
	Firm's name ► HUNER & CYR PC	Firm's EIN ► 63-1238286			
	Firm's address ► 100 WILLIAMSBURG OFC PARK STE 200 VESTAVIA HILLS, AL 352163686	Phone no (205) 823-7723			

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

## TY 2015 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.

**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**

Name of the organization ANCIENT & ACCEPTED SCOTTISH RITE OF FREE FREEMASONRY	Employer identification number 63-0323539
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**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 KIND AND LOCATION OF PROPERTY
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS, INTEREST, & OTHER INVEST AMOUNT 10,427
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK AND BROKER FEES AMOUNT 3,318 DESCRIPTION BUILDING REPAIRS & MAINTENA NCE AMOUNT 8,589 DESCRIPTION CEREMONIAL EXPENSES AMOUNT 13,356 DESCRIPTION CONTRIB UTIONS AMOUNT 3,025 DESCRIPTION INSURANCE AMOUNT 3,586 DESCRIPTION PERPETUAL MEMBE RSHIP DUES AMOUNT 2,000 DESCRIPTION SUPPLIES AMOUNT 3,212 DESCRIPTION SUPREME COUN CIL AMOUNT 15,571 DESCRIPTION UTILITIES AMOUNT 10,368 DESCRIPTION PAYROLL TAXES A MOUNT 666 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 827 DESCRIPTION SCHOLARSHIPS AMO UNT 1,500 TOTAL TO FORM 990-EZ, LINE 16 66,018
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION INVESTMENTS-UNREALIZED GAIN/(LOSS) AMOUNT -10,750
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENTS - MARKETABLE SECURITIES BEG OF YEAR AMOUNT 255,712 END OF YE AR AMOUNT 248,855 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 18,512 EN D OF YEAR AMOUNT 26,185
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 61 END OF YEAR AMOUNT 375 DESC RIPTION OTHER LIABILITIES-EZ BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 0