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#### DLN: 93493319038296

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service foundations) ▶ Do not enter social security numbers on this form as it may be made public

For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization ANCIENT & ACCEPTED SCOTTISH RITE OF D Employer identification number Address change FREE MASONRY/SOUTHERN JURISDICTION 91-0571990 Name change Doing business as Initial return Final E Telephone number lumber and street (or P O box if mail is not delivered to street address) return/terminated 878 5TH STREET (360) 874-0835 Amended return City or town, state or province, country, and ZIP or foreign postal code BREMERTON, WA  $\,$  98337  $\,$ Application pending G Gross receipts \$ 130,088 Name and address of principal officer **H(a)** Is this a group return for LANCE OTIS subordinates? Yes 🗸 878 5TH STREET Νo BREMERTON, WA 98337 H(b) Are all subordinates ΓYes Γ No Tax-exempt status included? 501(c)(3) **√** 501(c) (10) **◄** (insert no) 4947(a)(1) or T 527 If "No," attach a list (see instructions) Website: ► WWW BREMERTONVALLEYSR ORG H(c) Group exemption number 🕨 **L** Year of formation 1920 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION PROMOTES NEW MEMBERSHIPS AND PERFORMS ITS FRATERNAL GOALS UNDER THE DIRECTIVE OF THE SUPREME COUNCIL OF THE SCOTTISH RITE-SOUTHERN JURISDICTION WITH A FOCUS ON HUMAN PROGRESS, LIBERTY OF THOUGHT, FREEDOM OF CONSCIENCE, AND EOUAL RIGHTS TO ALL Activities & Governance 2 Check this box ► 🕝 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 O 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) O **6** Total number of volunteers (estimate if necessary) . . . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a O Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,814 9,155 Ravenue Program service revenue (Part VIII, line 2g) . 8,217 7,908 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60,882 62,379 124 -2,097 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 77,037 77,345 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 64,500 40,170 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 0 0 5 - 10)0 0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright$ 0 39,792 44,157 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 79.962 108,657 19 Revenue less expenses Subtract line 18 from line 12 . -2,925 -31,312 d Balances End of Year Beginning of Current Year

Signature Block

Total assets (Part X, line 16) .

Total liabilities (Part X, line 26) .

Net assets or fund balances Subtract line 21 from line 20

20

21

22

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	7	Signature of officer			Date				
Here		LANCE OTIS BOARD TREASURER Type or print name and title							
Paid	<u>,                                     </u>	Print/Type preparer's name DENNIS R TREGER CPA	Preparer's signature DENNIS R TREGER CPA	Date 2016-11-10	Check If self-employed	PTIN P00046914			
Preparer		Firm's name ► HEARTHSTONE C	Firm's EIN ▶ 91-1397083						
Use Onl		Firm's address ► 4312 KITSAP WAY	Phone no (360) 479-4611						
OSC OIII	y	BREMERTON, WA	BREMERTON, WA 98312						

1,300,915

1,300,915

2016-11-10

0

1,194,409

1,194,409

0

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Par	t IV 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," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	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, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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 negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	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	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

,	/		
t IV	Checklist of Re	equired Schedules	(continued)

Pai	rt IV	Checklist of Required Schedules (continued)
21	Didth	or organization report more than $\phi = 0.00$ of grants or other aggretan

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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24a

24b

24c

24d

25a

25b

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28a

28b

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35a

35h

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Yes

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Νo

22 Yes

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Νo

Νo

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part V	Statements	Regarding	Other TRS	Filings and	l Tay Compli	anc
	Statements	reuai uillu	Office TV2	i illiius allu	ı lax Cullibli	ant

Pai	Tt 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			. —
	officers in believation of containing a response of floce to any fine in this rate v. 1. 1. 1.		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 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c		
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 returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	gifts <b>6b</b>		
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 goods an services provided to the payor?	nd <b>7a</b>		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to <b>7c</b>		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	9 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne <b>8</b>		
9a	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	for <b>13a</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			
C	Enter the amount of reserves on hand	!		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,	
	Check if Schedule O contains a response or note to any line in this Part VI					[	
Se	ction A. Governing Body and Management						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		Yes	No	
	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	8					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No	
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active by the following	ons ur	dertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No	
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)	

Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? . . . . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **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 . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . 15a Nο 15b Nο 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 arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

Section	C. Dis	sclosure

List the States with which a copy of this Form 990 is required to be filed▶ 17

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►LANCE OTIS 878 5TH STREET BREMERTON, WA 98337 (360) 874-0835

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar or/tr	chec k, unle n offic rustee	ess er	(D)  Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee Individual trustee Indirector		Key employee	Former Highest compensated emptoxiee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JAMES N REID JR	10 00	×						0	0	(	
IGH PERSONAL REP OF DSC IN		_ ^						0	0	•	
(2) BERNARD N CURLEY	10 00	V						0	0		
igh almoner		×						0	U	(	
(3) SCOT P SAGESER	10 00	,									
VENERABLE MASTER-LODGE OF		×						0	0	(	
(4) ROBERT E GUNTHER	5 00								_		
1ST LIEUTENANT COMMANDER-K		×						0	0	(	
(5) CHARLES C COMPTON JR	25 00										
SECRETARY		×						0	0	(	
(6) JAMES D HANSEN KCCH MASTER OF KADOSH	5 00	x						0	0	(	
(7) LANCE OTIS	20 00										
TREASURER		×						0	0	(	
(8) DAN ADRIATICO	5 00	l ,						0	0		
WISE MASTER		×						0	0	(	

art VII	Section A. Officers,	Directors,	Trustees, Ke	y Employees,	and Highest	Compensated Employees	(continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						. •				
d	Total (add lines 1b and 1c) .						<b>&gt;</b>		0	0	0
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

## Section B. Independent Contractors

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than
  - \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

Form 99								Page <b>9</b>
Part V	1111	Statement o						_
		Check If Schedu	ule O contains a respor	se or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
50 SQ	<b>1</b> a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es <b>1b</b>	8,003				
	С	Fundraising eve	ents <b>1c</b>					
fts.	d	Related organiz	rations 1d					
⊒. ⊆	e	Government grants	s (contributions) <b>1e</b>					
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	1,152				
uti her	'	similar amounts no						
를	g	Noncash contribution 1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f		9,155			
				Business Code				
Program Service Revenue	2a	SCHOLARSHIPS		900099	6,958	6,958		
34 ₹	ь	ALMONER		900099	645	645		
э. Н	с	RITECARE		900099	305	305		
E K	d							
S	e							
grai	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	>	7,908			
	3		ome (including dividend		·			F1 020
			ar amounts) stment of tax-exempt bond ;		51,828			51,828
	4 5	Royalties		bioceeds .				
		Noyuntes !	(ı) Real	(II) Personal				
	6a	Gross rents	. ,	. ,				
	ь	Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental incor		· · · •				
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	61,099					
	ь	Less cost or other basis and	50,548					
		sales expenses	·					
	c d	Gain or (loss)  Net gain or (los	10,551		10,551			10,551
nne		Gross income fi	rom fundraising					
Other Revenue		\$ of contributions See Part IV, lin	reported on line 1c)					
ŧ,	b	Less direct ex	penses b					
0	с	Net income or (	ا loss) from fundraising (	events >				
	9a	Gross income fi See Part IV, lin	rom gaming activities lee 19 a					
	b c		penses b	vities				
	10a	Gross sales of returns and allo		<b>&gt;</b>				
			a	98				
	b	_	oods sold <b>b</b>	2,195	-2,097			-2,097
	С	Miscellaneous	(loss) from sales of inve	Business Code	-2,097			-2,037
	11a	riscendicous	2 Nevellue	Dasiness Code				
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	ا s 11a-11d	•				
	12	Total revenue.	See Instructions		_			_
					77,345	7,908	0	60,282

Forn	n 990 (2015)				Page <b>10</b>
Pa	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must con	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	Γ	1			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	64,500			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a					
b					
c	3	9,946			
d	, 3				
e	,				
f					
g	amount, list line 11g expenses on Schedule O)	72			
12	Advertising and promotion				
13	Office expenses	1,554			
14	Information technology				
15	Royalties				
16	Occupancy	8,028			
17 18	Payments of travel or entertainment expenses for any federal,				
19	state, or local public officials				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,400			
23	Insurance	2,181			
24	Other expenses Itemize expenses not covered above (List	2,131			
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a SUPREME COUNCIL	7,914			
1	CONTRIBUTIONS - GENERAL	4,565			
	SECRETARY	2,700			
	BANQUETS	2,626			
	All other expenses	3,171			

108,657

25

26

Total functional expenses. Add lines 1 through 24e

 $\textbf{\textbf{Joint costs.}} \textbf{Complete this line only if the organization}$ 

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Form	990 (2	2015)					Page <b>11</b>
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	ın thıs	Part X			· · · ·   🗸
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,262	1	6,111
	2	Savings and temporary cash investments			3,503	2	2,003
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Cor Schedule L				5	
Assets	6	Loans and other receivables from other disqualified persor section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruII of Schedule L		-			
	l _					6 7	
	7	Notes and loans receivable, net			4,274		3,887
	8	Inventories for sale or use			4,274	8	3,007
	-	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,791			
	b	Less accumulated depreciation	<b>10</b> b	18,406	3,785	<b>10</b> c	2,385
	11	Investments—publicly traded securities	٠		229,143	11	197,613
	12	Investments—other securities See Part IV, line 11			69,780	12	69,780
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	978,168	15	912,630		
	16	Total assets.Add lines 1 through 15 (must equal line 34)			1,300,915	16	1,194,409
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	Tax-exempt bond liabilities				
	21	Escrow or custodial account liability Complete Part IV of	Schedi	ule D		21	
Liabilities	22	Loans and other payables to current and former officers, do key employees, highest compensated employees, and disc		,			
ide		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third p	arties			23	
	24	The convert water and leave nevel at the constant three ways			l	24	

lles

32 33

34

	-5	Investments program related See Fure IV, mile II			
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	978,168	15	912,630
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,300,915	16	1,194,409
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_labilities	22	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	
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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			
		· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
) )		Organizations that follow SFAS 117 (ASC 958), check here ▶			
	27	Unrestricted net assets	446,826	27	407,584
í	28	Temporarily restricted net assets	432,373	28	365,109
;	l		10. 710		101 710

#### Net Assets or Fund Balances 421,716 29 Permanently restricted net assets . 421,716 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . 30 30 Paid-in or capital surplus, or land, building or equipment fund . . . 31 31

32

33

34

1,194,409

1,194,409

Form 990 (2015)

1,300,915

1,300,915

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances . .

Total liabilities and net assets/fund balances .

'	nvestment expenses	7		
<b>8</b> F	Prior period adjustments	8		
9 (	Other changes in net assets or fund balances (explain in Schedule O)	9		0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,1	.94,409
Part	XII Financial Statements and Reporting			
j	Check if Schedule O contains a response or note to any line in this Part XII		 	. 🗸
i			Yes	No
1 /	Accounting method used to prepare the Form 990	_		

**b** Were the organization's financial statements audited by an independent accountant? 2b Νo 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 ☐ Both consolidated and separate basis Separate basis Consolidated basis c 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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** 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

Single Audit Act and OMB Circular A-133?

Nο

3a

3b

### **Additional Data**

Software ID: Software Version:

**EIN:** 91-0571990

Name: ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASONRY/SOUTHERN JURISDICTION

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 700 including grants of \$ ) (Revenue \$ 645)

ALMONER - SEEKS OUT WORTHY OBJECTS FOR THE CHARITY OF THE FOUR BODIES AND SHOULD VISIT THE HOMES OF THE SICK, WIDOW, AND ORPHAN, AND MINISTER COMFORT TO THEM

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE D** 

(Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493319038296

2015

	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	).   <b>20</b>	_
Department of the Treasury Internal Revenue Service	► Attach to Form 990.  Information about Schedule D (Form 990) and its instructions is at <u>www.irs.c</u>	Open to gov/form990. Inspe	
Name of the organization Employer ident			nber

	IENT & ACCEPTED SCOTTISH RITE OF E MASONRY/SOUTHERN JURISDICTION			01.0	F71000
	rt I Organizations Maintaining Donor	Advised Funds or Other Si			571990 r Accounts.
	Complete if the organization answere				
		(a) Donor advised funds		(b)	unds and other accounts
1	Total number at end of year				
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 a funds are the organization's property, subject to t	_		advis	ed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	penefit of the donor or donor adviso	r, or for any	other	Yes No
Pai	t II Conservation Easements. Comple	te if the organization answered	d "Yes" on	Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply	)		
	Preservation of land for public use (e.g., recreeducation)		ation of an h		cally important land area
	Protection of natural habitat	<u>'</u>			d historic structure
	Preservation of open space	Fieselv	acion or a ce	Hiller	a mistoric structure
2	Complete lines 2a through 2d if the organization	oold a gualified concervation contrib	hutian in tha	form	of a conservation
2	easement on the last day of the tax year	ield a qualified conservation contrib	bution in the	101111	or a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	nts		2b	
c	Number of conservation easements on a certified	historic structure included in (a)		2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	) acquired after 8/17/06, and not o		2d	
3	Number of conservation easements modified, tran	sferred, released, extinguished, or	terminated I	by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>			
5	Does the organization have a written policy regar	ding the periodic monitoring, inspec		_	
6	violations, and enforcement of the conservation e Staff and volunteer hours devoted to monitoring,		nd enforcing	cons	Yes No ervation easements during the
•	year ▶				
_	A mount of expenses incurred in monitoring, inspe	cting, handling of violations, and er	nforcina cons	serva	tion easements during the year
7	► \$	ethig, handling of violations, and er	moreting cont	50,14	tion casements daming the year
8	Does each conservation easement reported on lin (B)(I) and section $170(h)(4)(B)(II)$ ?	e 2(d) above satisfy the requireme	nts of section	on 17	0(h)(4) <b>Yes No</b>
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's			
Par	the organization's accounting for conservation ea  TIII Organizations Maintaining Collect	tions of Art, Historical Trea		Oth	er Similar Assets.
4	Complete if the organization answere If the organization elected, as permitted under SF	· · · · · · · · · · · · · · · · · · ·		a c+s+	ement and halance cheet
1a	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	assets held for public exhibition, ed	ducation, or	resea	rch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, ed			
(	i) Revenue included on Form 990, Part VIII, line 1		•	\$	
(i	i) Assets included in Form 990, Part X		<b>&gt;</b> \$	\$	
2	If the organization received or held works of art, he following amounts required to be reported under S	•		financ	ıal gaın, provide the
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$
b	Assets included in Form 990, Part X				<b>▶</b> \$

Cat No 52283D

Schedule D (Form 990) 2015

Par	t III	Organizations Maintaining (continued)	Collections of Art,	Historical <sup>-</sup>	Freasur	es, or C	ther Simila	r Ass	ets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other record	s, check any o	f the follo	wing that a	are a significan	t use o	fits	
а		Public exhibition		d  Loa	ın or exch	ange prog	ırams			
b	Scholarly research e Other									
c		Preservation for future generations								
4	Provi Part >	de a description of the organization's (III	s collections and explai	n how they furtl	her the or	ganızatıor	ı's exempt purp	ose in		
5		g the year, did the organization solic s to be sold to raise funds rather tha						Yes	┌ No	)
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm 990, Part	IV, line	9, or rep	oorted an am	ount o	n Forr	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intermed	diary for contrib	outions or	other ass	_	Yes	┌ No	•
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete th	ne following tab	le			A mour	 nt	
c		ginning balance				1c				
d		ditions during the year				1d				
e		tributions during the year				1e				
f		ding balance				1f				
<b>2</b> a		ne organization include an amount oi	n Form 990, Part X, line	21, for escrow	or custod	Iıal accou	nt liability?	Yes		)
b	If"Ye	s," explain the arrangement in Part	XIII Check here if the	explanation ha	s been pro	ovided in F	· Part XIII			
Pa	rt V	Endowment Funds. Comple								
		·		(b)Pnor year		years back	(d)Three years b		Four ye	ars back
<b>1</b> a	Begir	nning of year balance	738,216	688,473						
b	Cont	ributions · · · · · · · ·	2,350	2,400						
c	Net II Iosse	nvestment earnings, gains, and s	-7,899	48,046						
d	Gran	ts or scholarships								
e		r expenditures for facilities irograms		703						
f	• A dmi	nistrative expenses								
g	End o	of year balance	732,662	738,216						
2		· · · · · · · · · · · · · · · · · · ·	current vear end balance	e (line 1a. colu	mn (a)) he	eld as				
а		designated or quasi-endowment	15 750 %	- ( 3,	(,,					
ь		anent endowment > 26 690 %								
		anent endowment >	57 560 %							
С		orarily restricted endowment > 5 ercentages on lines 2a, 2b, and 2c								
3a		nere endowment funds not in the pos ization by	session of the organiza	tion that are he	eld and ad	ministere	d for the		Yes	No
	_	related organizations						3a(i)	_	No
	(ii) re	lated organizations						3a(ii)	_	No
b	If"Ye	s" on 3a(II), are the related organiza	ations listed as required	l on Schedule R				3b		
4		ribe in Part XIII the intended uses o		owment funds						
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		m 990 Part 1	V line 1	1a See I	Form 990 Pa	rt X li	ne 10	
		Description of property	miswered res to ror	Cost or other	er basıs	(b) t or other b	Accumi	lated		ok value
12	Land					(other)				
		gs							<del>                                     </del>	
		old improvements		•	-				<del>                                     </del>	
		nent				20,7	791	18,406		2,385
	Other					20,7		10,700	<del>                                     </del>	2,303

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	nplete if the organi	zation answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category		( <b>b)</b> Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) MASONIC TEMPLE STOCKS		69,780	С
(A) MASONIC TEMPLE STOCKS		05,700	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•	69,780	
Complete if the organization answered	'Yes' on Form 990,	Part IV, line 11c. See	Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization (a) Descri		orm 990, Part IV, line 1:	(b) Book value
(1) PARAPHERNALIA (NET OF DEPRECIATION AT END	•		10,437
(2) RESTRICTED CASH (3) INVESTMENT - ENDOWMENT (LIFE AND EDUCATION)	NVOUTH		732,663
(4) INVESTMENT - SCHOLARSHIP	717700111)		168,968
(5) OTHER CASH - RITE CARE			305
Total. (Column (b) must equal Form 990, Part X, col (B) line 15			▶ 912,630
<b>Part X Other Liabilities.</b> Complete if the orga See Form 990, Part X, line 25.	nization answered	'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
		_	
		-	
	1	7	
		$\dashv$	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provide			financial statements that reports the
organization's liability for uncertain tax positions under FII			
XIII 🔼			

1

2

1

а	Net unrealized gains (losses	) on investments	2a			
b	Donated services and use of	f facilities	2b			
c	Recoveries of prior year gran	nts	<b>2</b> c			
d	Other (Describe in Part XIII	:)	. 2d		1	
e	Add lines 2a through 2d .				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 9	990, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	:)	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, line			5	
Pari		<b>Expenses per Audited Financial St</b> anization answered 'Yes' on Form 990,		•	s per	Return.
1	Total expenses and losses p	per audited financial statements			1	
2	A mounts included on line 1 l	but not on Form 990, Part IX, line 25				
а	Donated services and use of	ffacilities	2a			
b	Prior year adjustments .		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII	i)	. 2d			
e	Add lines $\mathbf{2a}$ through $\mathbf{2d}$ .				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	A mounts included on Form 9	990, Part IX, line 25, but not on line 1:				
а	•	cluded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII		. 4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3	and $\textbf{4c.}$ (This must equal Form 990, Part I, I	ine 18	)	5	
Prov Part		nformation or Part II, lines 3, 5, and 9, Part III, lines 1 II, lines 2d and 4b, and Part XII, lines 2d an				de any additional
	Return Reference	Explanation				
PART	X, LINE 2	INCOME TAX BENEFITS ARE RECOGN EXPECTED TO BE TAKEN IN A TAX RELIKELY-THAN-NOT WILL BE SUSTAINI ORGANIZATION HAS ANALYZED THE INTERNAL REVENUE SERVICE AND STORGANIZATION BELIEVES THAT ITS UPON EXAMINATION AND DOES NOT IN A MATERIAL ADVERSE EFFECT ON RESULTS OF OPERATIONS OR CASH FRECORDED ANY RESERVE, OR RELATE UNCERTAIN INCOME TAX AT DECEMBE ROUTINE AUDITS BY TAXING JURISD AUDITS FOR ANY TAX PERIODS IN PRIONGER SUBJECT TO INCOME TAX EXEMPLED	TURN, ED UPC TAX PC TATE JU INCOM ANTIC THE O FLOWS ED ACC BER 31, ICTION OGRES	ONLY WHEN IT IS DET ON EXAMINATION BY DISTIONS TAKEN IN I JRISDICTIONS WHER IE TAX FILING POSITI CIPATE ANY ADJUSTM RGANIZATION'S FINA ACCORDINGLY, THE RUALS FOR INTERES 12015 THE ORGANIZATION S, HOWEVER, THERE SS THE ORGANIZATION	ERMINTAXIN TS FIL E IT OI CONS V ENTS NCIAI ORGAI T AND TION ARE C ON BEL	NED THAT MORE- G AUTHORITIES THE LINGS WITH THE PERATES THE WILL BE SUSTAINED THAT WOULD RESULT L CONDITION, NIZATION HAS NOT PENALTIES FOR IS SUBJECT TO LURRENTLY NO LIEVES IT IS NO
					Sche	edule D (Form 990) 2015

2a

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . . . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015		Page <b>5</b>							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
		_							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments of the Complete if the organization

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Treasury

Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

lacktriangle Information about Schedule I (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

Employer identification number

2015

DLN: 93493319038296

Open to Public Inspection

Schedule I (Form 990) 2015

ANCIENT & ACCEPTED SCOTTISH FREE MASONRY/SOUTHERN JURISI						91-0571990	
Part I General Information		d Assistance				<u>'</u>	
Does the organization maintain the selection criteria used to av     Describe in Part IV the organization	vard the grants or as	ssistance?				stance, and	√ Yes  N
Part II Grants and Other Assistation that received more than s				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>	. , . ,	-					

Cat No 50055P

11	Grants and Other Assistance to B	onicocic znarriadalor con	inpiced if the organization	Tanbarcica Tes on I	, or m 550 / r are 14 / mile 22	
	Part III can be duplicated if additional space is needed					

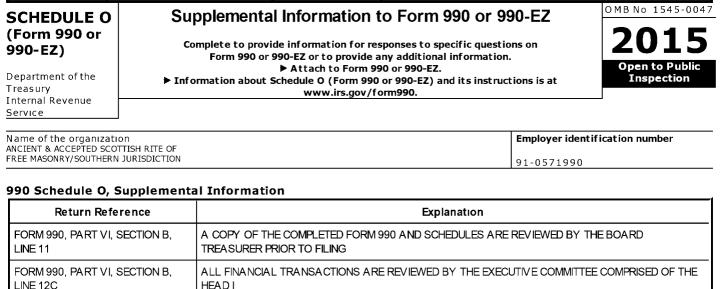
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
(1) SCHOLARSHIP	30	34,500		CASH		
(2) CO-VALLEY RITE CARE FOUNDATIONS		30,000		CASH		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						

MONITORING IS CONDUCTED

Return Reference Explanation

PART I, LINE 2 THE SCHOLARSHIP COMMITTEE REVIEWS THE SCHOLARSHIP APPLICATIONS AND SELECTS THE INDIVIDUALS BASED ON SET CRITERIA THE COLLEGES RETURN THE FUNDS TO THE ORGANIZATION IF THE RECIPIENTS FAILED TO ATTEND. THE BOARD TREASURER ALSO MONITORS THE RECIPIENTS' NAMES VERSUS THE MEMBERSHIP NAMES TO MAKE SURE THAT THE SCHOLARSHIP AWARDS DO NOT BENEFIT MEMBERS THE ORGANIZATION MAKES CONTRIBUTIONS BASED ON THE NEEDS OF THE INDIVIDUAL/ORGANIZATION NO OTHER

Schedule I (Form 990) 2015



NDIVIDUAL FOR EACH OF THE FOUR BODIES PLUS THE SECRETARY, TREASURER, AND PERSONAL

DLN: 93493319038296

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990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE BYLAWS ARE AVAILABLE ON THE WEBSITE	
FORM 990, PART X, AND SCHEDULE D, PART V	AS A RESULT OF THE 2013 AUDIT, THE COUNCIL HAS DETERMINED THAT ENDOWMENT ACCOUNTS EXIST AS REPORTED ON FORM 990, PART X, OTHER ASSETS, AND ON FORM 990, SCHEDULE D ESTIMATED AND CU MULATIVE BALANCE AS OF DECEMBER 31, 2014 WAS \$738,215 AND \$732,662 AS OF DECEMBER 31, 2015 WHICH INCLUDE PRINCIPAL AND NET INVESTMENT INCOME LIFE MEMBERSHIPS - THE PRINCIPAL IS PR ESERVED, THE INCOME IS BOARD DESIGNATED AT DECEMBER 31, 2015, THE PRINCIPAL AND INVESTMEN T INCOME WERE \$94,819 AND \$(1,125), RESPECTIVELY TOTAL INCOME AND EXPENSES WERE \$2,350 AN D \$44, RESPECTIVELY EDUCATION AND YOUTH - THE PRINCIPAL IS PRESERVED, THE INCOME IS TEMPO RARILY RESTRICTED UNTIL THE COUNCIL MAKES AN APPROPRIATION FOR EXPENDITURE AT DECEMBER 31	
	, 2015, THE PRINCIPAL AND INVESTMENT INCOME WERE \$421,716 AND \$(6,777), RESPECTIVELY	

990 Schedule O, Supplemental Information Return

Reference

Explanation

PART XII

FORM 990. BASIS OF ACCOUNTING THE ORGANIZATION PREPARES ITS FORM 990 ON THE MODIFIED CASH BASIS OF ACCOUNTING. PAGE 12. WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AS SUCH, FORM 990 INCLUDES DEPRECIATION EXPENSE RECOGNIZED ON FIXED ASSETS, AND INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE ALL OTHER INCOME AND EXPENSES ARE RECOGNIZED ONLY AS CASH IS RECEIVED OR PAID RECEIVABLES. PREPAID EXPENSES. PAYABLES. AND ACCRUED EXPENSES ARE NOT REFLECTED ALL INVESTMENTS ARE RECORDED AT FAIR VALUE. WHICH IS A DEPARTURE FROM MODIFIED CASH BASIS OF ACCOUNTING AU SECTION 623 04 AND AR SECTION 60 PERMIT MODIFICATION OF THE PURE CASH-BASIS WHEN MODIFICATION HAS SUBSTANTIAL SUPPORT. SUBSTANTIAL SUPPORT EXISTS WHEN THE METHOD USED IS EQUIVALENT TO THE ACCRUAL METHOD OF ACCOUNTING FOR THE PARTICULAR ITEM. AND THE METHOD IS NOT ILLOGICAL. A RECENT INTERPRETATION HAS CONCLUDED THAT ADJUSTING FAIR VALUE OF INVESTMENTS IS A DEPARTURE FROM THE MODIFIED CASH BASIS OF ACCOUNTING