**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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the 201	calendar year, or tax year beginn	ing 08/01/	15	, and ending	07/31	/16			
В	Check if applicable		NT ACCEPTE	D S	COTTISH RI	TE OF	_		D Employer	identification number
	Address change	FREEM	MASONRY NMJ	Va	alley of	Hartf	ord			
ī	Name change	Doing business as NATHA	N HALE CON	SIS	TORY				06-1	086328
님	-	Number and street (or P O box if mail is	not delivered to street a	ddress)			Room/s	Suite	E Telephone	
닏	Initial return	PO BOX 310198					_L		860-	666-0712
	Final return/ terminated	City or town, state or province, country, a								
	Amended return	NEWINGTON  F Name and address of principal officer	CT 06	131					G Gross rece	epts\$ 483,348
ī	Application pendir	ł	_				H(a)	Is this a gro	up return for su	ibordinates? Yes X No
Ļ.	Application pendir	o David K. Diyene	, sr.					_	•	
1411°		PO BOX 310198					H(b)		ordinates inclu	<u> </u>
3 2,		NEWINGTON		T (	06131			If "No,"	attach a list (	(see instructions)
ži;	Tax-exempt state		.0 ) ◀ (insert no )		4947(a)(1) or	527				
<u>"</u>	Website:	www.ScottishRiteN			<del>_</del>		H(c)		mption numbe	
****	Form of organizat		sociation Other	<u> </u>		L	Year of for	mation 1	984	M State of legal domicile CT
	art i	Summary								
•		describe the organization's mission	or most significant	t activ	ities					
æ	Se	Schedule O								
a.	ľ									
. Ĕ	)									
ે ફૂર્	2 Check	this box ▶ ☐ if the organization dis	scontinued its one	ration	e or disposed of	more than	25% of it	e net sec	ente	
Activities & Governance	3 Numb	er of voting members of the governing			•	more man	2570 01 11	.5 HEL 653	3	20
οö V	3 Numb									20
Ę	4 Number	er of independent voting members of	-	•	•				4	
ξį	5 Total r	umber of individuals employed in ca		(Part	V, line 2a)				5	0
Ac		umber of volunteers (estimate if nec	• •						6	50
	7a Total u	nrelated business revenue from Par	t VIII, column (C),	line 1	2				7a	0
	b Net un	related business taxable income fror	n Form 990-T, line	e 34					7b	0
	]						<b>}</b>	Prior Yea		Current Year
₫	8 Contril	outions and grants (Part VIII, line 1h)							3,089	7,270
Revenue	9 Progra	m service revenue (Part VIII, line 2g	)						4,108	4,140
ě	10 Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)								<u>178,889</u>
œ	11 Other	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c,	and	11e)			:	3,341	2,492
	12 Total r	evenue – add lines 8 through 11 (mu	ıst equal Part VIII,	colur	nn (A), line 12)			29	5,331	192,791
		and similar amounts paid (Part IX, o				_		1:	3,800	7,575
	1	s paid to or for members (Part IX, co		•						0
G		s, other compensation, employee be	• • •	dumn	(A) lines 5-10)					0
Expenses	1	sional fundraising fees (Part IX, colu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(* 1), 111100 0 10)					0
ber		indraising expenses (Part IX, columi	• • •			0	<del></del>			
X	i .	expenses (Part IX, column (A), lines		. \		•	<del></del>	4	1,821	51,034
	Į.		•	•	l O5\		<u> </u>		3,621	58,609
	I	xpenses Add lines 13-17 (must equ	11 U_01		EMED	7	<u> </u>	_	7,710	134,182
ب چ	19 Reven	ie less expenses. Subtract line 18 fr	om line 12	=		<del></del>	Begin	ning of Cur		End of Year
ts o	20 Total a	nacto (Bort V. Ivan 16)	8						365	2,976,120
Net Assets or Fund Balances	20 Total a	ssets (Part X, line 16)	OS DE	:C 0	7 2016		<u> </u>	<u> </u>	0,303	2/5/0/120
nd A	21 Total II	abilities (Part X, line 26)	111		20	<b>?</b> ∦	<u> </u>	2 000	266	2 076 120
		sets or fund balances Subtract line :	21 from line 20		- J.	<del> </del>		2,98	0,365	2,976,120
		Signature Block			- 5 G (C) (I	ļ			·	
		of perjury, I declare that I have examined								owledge and belief, it is
tru	ie, correct, and	complete Declaration of preparer other		ed on	all information of w	hich prepare	er has any ————	knowledg	e <del></del>	
			Miles >	<u> </u>					سلا 🏋 🕹	1.26,2016
Sig	n 🗗	Signature of officer	•						Date	,
Hei	re 👠	X PAVID R	BLYTH	12	Sn.		VALL	EV .	secr	etary
		Type or print name and title					<del></del>			
	Print/T	/pe preparer's name	Preparer's	signatu	re ,			Date	Check	ıf PTIN
2aic	.				- D. Come	100	_	1	/16 seif-em	L-J"
	narer 1110m	as D. Comer &				- Nat		<del></del>		52-2436535
	Only			PA	ם, דודר			<del></del>	ırm's EIN ▶	34-2430333
, 30	- [	61 Main St		(==	2400					060_246_2100
		address Middletown	<del></del>		-3408			<u> </u>	hone no	860-346-2100
νіаν	the IRS disc	uss this return with the preparer sho	wn above? (see ir	nstruc	tions)					Yes X No

Form 990 (2015) ANCIENT ACCEPTED SCOTTISH RITE OF 06-1086328		Page 2
Part III Statement of Program Service Accomplishments		ভ
Check if Schedule O contains a response or note to any line in this Part III  1 Briefly describe the organization's mission Domestic Fraternal Association		X
1 Briefly describe the organization's mission Domestic Fraternal Association See Schedule O		
bee benedule o ;		
2 Did the organization undertake any significant program services during the year which were not listed on the	<del></del>	
prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program		
services?		Yes X No
If "Yes," describe these changes on Schedule O		
4 Describe the organization's program service accomplishments for each of its three largest program services, expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allow		
the total expenses, and revenue, if any, for each program service reported	cations to others,	
the total expenses, and revenue, if any, for each program service reported		
4a (Code ) (Expenses \$ including grants of \$	) (Revenue \$	)
Support Masonic Learning Centers for Children.	, ( == = = ,	,
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	•	
4b (Code. ) (Expenses \$ including grants of \$	) (Revenue \$	
Educational Scholarships to students.		,
·		
4c (Code ) (Expenses \$ including grants of \$	) (Revenue \$	)
Charitable Outreach.	, , , , , , , , , , , , , , , , , , , ,	,
4d Other program services (Describe in Schedule O )	<del></del>	
(Expenses \$ including grants of \$ ) (Revenue \$		)
4e Total program service expenses ▶		

## Form 990 (2015) ANCIENT ACCEPTED SCOTTISH RITE OF 06-1086328 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 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, X 5 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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 X 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

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

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Form 990 (2015)

16

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18

X

X

X

X

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_ P	art IV Checklist of Required Schedules (continued)			r
~			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├—
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		) '	- T
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		i	ŀ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
242	employees? If "Yes," complete Schedule J	23		┝╧
470	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 and complete Schedule K. If "No," go to line 25a	24a		x
b	· · · · · · · · · · · · · · · · · · ·	24b		<del></del>
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		270		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1-50		<u> </u>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ì		i
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	[		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ļ		ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	Ì		
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}	'	l
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			4.5
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<del> </del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>	<del>                                     </del>	<del></del> -
55	192 Note: All Form 900 filers are required to complete Schedule O	38	x	l

Pa	Statements Regarding Other IRS Fillings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
4.	Established and beautiful at Day 2 of Established Control Of Start and to 11	أيما	1	<u> </u>	Yes	No
	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				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			4.	x	ĺ
22	reportable gaming (gambling) winnings to prize winners?	1 1		1c		
2.0	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	0			
b	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax retui			2b		ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	"		3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	n		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		tv	100		
•	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		-3	1 1		
	account)?			4a	i	х
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 A	ccoun	ts			į
	(FBAR).					ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	İ	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	•	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е	•			
	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 contribution	ns or				1
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					į
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	joods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?	ı ı		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		1
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e			İ
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.			00		İ
	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			İ	į
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter.	1001		-	ĺ	ĺ
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources		<del></del>	-		
	against amounts due or received from them )	11b			1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
	Enter the amount of reserves the organization is required to maintain by the states in which					ĺ
	the organization is licensed to issue qualified health plans	13b				ĺ
	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
				For	m <b>99</b> 0	(2015)

20

DAA

Anthony Keegan

Newington

State the name, address, and telephone number of the person who possesses the organization's books and records: >

PO Box 310198

860-666-0712

CT 06131

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

Check if Schedule O contains a response or note to any line in this Part VII

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, and 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle	Pos check iss pe nd a d	(C) position the more than one person is both an idirector/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(4, 2, 300 m.c.)	organization and related organizations
(1) David R. Blythe	Sr.									
	12.00			4-	•				•	_
Secretary (2) Anthony Keegan	0.00	├—	<del> </del>	X	-	$\vdash$		0	0	0
(2) Antinony Reegan	2.00				•					
Treasurer	0.00			x		! I		o	0	o
(3) Richard V. Travi	.s	+		-27	<u> </u>	$\vdash$		<u> </u>	<u> </u>	<u> </u>
(0,111101111111111111111111111111111111	2.00	Ì				] }				
Active	0.00			x	ĺ			o	0	o
(4) Kevin J. Hecht									<del> </del>	
	2.00									
Active	0.00			X				0	0	0
(5) Bruce T. Work										
	2.00	1			1	1 1				
Deputy	0.00	Ь.		X	_			0	0	0
(6)										}
(7)		<u> </u>								
(8)		l		!						
(9)										
(10)						-				
(11)							_			
DAA										Form <b>990</b> (2015)

ACCEPTED	SCOTTISH	RTTE	OF	06-1086328
MCCRE IND	PCOLTEDII	1/1 1 12	OT.	00-100022

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensa	ted Employees (continued)			
•	(A) Name and title	(B) Average hours per week (list any) hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee or director institutional trustee or director institutional trustee or director institutional trustee or director							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
			8	stee	-		nsated			<u> </u>			
	<del></del>					-							
			i										
			;		-								
	·				_	-							
								_					
	Sub-total Total from continuation she	ate to Part VII S	Section 1	ion 4	L_			<b>&gt;</b>	0	0			
<u>d</u> .	Total (add lines 1b and 1c) Total number of individuals (in					e lis	ted a	bov	e) who received more th	O an \$100,000 of			
	reportable compensation from	the organization	<b>&gt;</b>	0			-					Yes	s No
4 1	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	dule of re	J for	suc able	h ind	dividu ipens	ial satio	n and other compensate	on from the	3		X
5 [	ndividual Did any person listed on line 1 for services rendered to the or	a receive or acc ganization? If "Y	rue d	comp	oens	atıor	n fror	n an	y unrelated organization		5		X
1 (	n B. Independent Contracto  Complete this table for your five  compensation from the organic	e highest compe	ensa	ted i	nde	oend	lent o	contr	ractors that received mo	re than \$100,000 of			_
		(A) business address	<u> </u>			101 (				(B) cnption of services		(C) Compens	sation
<u>,</u>	<del></del>						_						
	<del></del>		<u> </u>		<del></del> .								
	Total number of independent of eceived more than \$100,000								se listed above) who	0			
DAA											F	om 99	90 (201

P	art V		nent of Reve		tains a	response c	or note to any line	in this Part VIII		
					<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts str	1a	Federated car	mpaigns	1a						
Sra	b	Membership o	lues	1b						
S, A	С	Fundraising e	vents	1c						
뜵	d	Related organ	izations	1d		7,270				
S.E	е	Government grants	(contributions)	1e						
ution Per S	f	All other contribution	ns, gifts, grants, s not included above	46						
<b>E</b>			ons included in lines 1a-	1f_	<del></del>	<del></del>				
200	g	Total. Add line		ir ,	Þ		7,270			
<u>•</u>	<del>- "</del>	i Total. Add IIII	es 1a-11			Busn. Code	.,,2,0			
ē	22	MEMBERS	HID DUEC			900099	4,140	4,140		
æ	b	2a MEMBERSHIP DUES		1300033	1,110	7,110				
Program Service Revenue Contributions, Gifts, Grants	c									· · · · · · · · · · · · · · · · · · ·
	d					<del></del>	<del></del>	<u></u>		
E	e					<del>                                     </del>				
gra	f		ram service reve	nue		<del></del>	<del></del> -			<del></del>
<u>P</u>	a					<b>•</b>	4,140			·
_	3			dıvıder	ds intere					
		3 Investment income (including dividends, inter and other similar amounts)				, <b>•</b>	51,119			51,119
	4		nvestment of tax	-exem	nt bond to	roceeds -				
	5	Royalties			,	<b>▶</b>		<del></del>		
	ļ	,,	(ı) Real		(n) I	Personal				
	6a	Gross rents								
		Less rental exps			· · · · · ·					
		Rental inc or (loss)								
	d					<b>•</b>				
	7a	Gross amount from			(11)	) Other				***************************************
		sales of assets other than inventory	338,	213		80,114	į			
	ь	Less cost or other								
		basis & sales exps	290,	557		0				
	C	Gain or (loss)		656		80,114				
		Net gain or (lo			· · · · · · · · · · · · · · · · · · ·	•	127,770	47,656		80,114
•		-	om fundraising ever	nts [		<del></del>				
Ĭ,		(not including \$				I				
e ve			reported on line 1c)	ļ		ļ				
Š.		See Part IV, line		a		1				
Other Revenue	b	Less direct ex		ь						
0			(loss) from fund	raisıng	events	<b>•</b>				
			om gaming activities	r			······································			
		See Part IV, line		a		ì				
	b	Less direct ex		ь						
			(loss) from gam	ing act	ivities	<b>•</b>				
			f inventory, less	] آ						
i		returns and all	-	a		ľ				
	b	Less cost of g	loods sold	ь						
		_	(loss) from sales	s of inv	entory	▶	ĺ			
			cellaneous Revenue			Busn. Code				
	11a	Miscellan	leous			900099	2,492			2,492
1	b		=							
	c									
ļ	d	All other rever	nue							
	e	Total, Add line				<b>•</b>	2,492			
	12		e. See instruction	s		▶ [	192,791	51,796	0	133,725

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must	complete all columns All o	ther organizations must c	omplete column (A)	
_	Check if Schedule O contains a resp	<del></del>	<del></del>	T	
<u>7b,</u>	not include amounts reported on lines 6b, 8b, 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				
_	and domestic governments See Part IV, line 21	4,575			
2	The and other absistance to domestic				
_	individuals See Part IV, line 22	3,000			
3	and and area area area area area area area are				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		·······		
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	The state of the s				}
	trustees, and key employees			· · · · · · · · · · · · · · · · · · ·	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				ļ
7	persons described in section 4958(c)(3)(B)				<u> </u>
8	Other salaries and wages Pension plan accruals and contributions (include	<del></del>	<del></del>	-	<u> </u>
Ū					
9	section 401(k) and 403(b) employer contributions) Other employee benefits				<del> </del>
10	Payroll taxes			<del></del>	<del>                                     </del>
11	Fees for services (non-employees)				
	• •				
b		<del></del>			<u> </u>
c	Accounting	1,125	, <del></del>		<u> </u>
d	Lobbying	1/125	· , , , , , , , , , , , , , , , , , , ,	<del></del>	
е			<del></del> -		
f	_	11,199		<del> </del>	***
g			······································	-	-
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,156			<del> </del>
13	Office expenses	7,629	<del></del>		T
14	Information technology			<del></del>	
15	Royalties				
16	Occupancy	16,800			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,685			<del></del>
20	Interest				
21	Payments to affiliates	5,544			
22	Depreciation, depletion, and amortization				
23	Insurance				
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	Degrees Expense	614			
b	Miscellaneous	157			
C	Trips Expense	125			
d		·			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	58,609	0	0	0
26	Joint costs. 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 (2015) ANCIENT ACCEPTED SCOTTISH RITE OF 06-1086328 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 53,215 50,952 Cash-non-interest bearing 1 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 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 6 Notes and loans receivable, net 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 2,925,168 2,927,150 11 11 Investments-publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,976,120 2,980,365 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 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 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,980,365 27 2,976,120 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 2,976,120 2,976,120 2,980,365 33 Total net assets or fund balances 33

Form 990 (2015)

2,980,365

Total liabilities and net assets/fund balances

Form	1 990 (2015) ANCIENT ACCEPTED SCOTTISH RITE OF 06-1086328			Pag	e 12
Pa	ert XI Reconciliation of Net Assets				
<u>·</u>	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	
3	Revenue less expenses Subtract line 2 from line 1	3		4,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,98		
5	Net unrealized gains (losses) on investments	5	<u>-13</u>	8,4	127
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	2,97	76,1	<u> 120</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
				Yes	No
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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	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		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i l	- 1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			Į	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1	
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ł	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		_	Form	n 990	(2015)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990.

► Attach to Form 990.

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

2015 Open to Public

Inspection

Name of the organization Employer identification number ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY NMJ 06-1086328 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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? Part If Conservation Easements. Complete if the organization answered "Yes" on 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 easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 b 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2015	ANCIENT A	CCEPTED S	COTTISH	RITE OF	<u>06-1</u>	.086328			_ Page 2
Part III Organization	s Maintaining	Collections o	f Art, Historic	cal Treasure	s, or Othe	r Similar A	ssets	(continue	:d)
3 Using the organization's ac collection items (check all	equisition, accession that apply)	n, and other record	ds, check any of	the following tha	it are a signi	ficant use of its	i		
a Public exhibition		d 🗌	Loan or exchan	ge programs					
b Scholarly research		e 🗍	Other						
c Preservation for future	generations								
4 Provide a description of the	e organization's coll	ections and explai	n how they furthe	er the organizati	on's exempt	purpose in Pai	rt		
XIII	•	•	•	•	·	•			
5 During the year, did the org	anization solicit or	receive donations	of art. historical	treasures, or oth	ner sımılar				
assets to be sold to raise f								Yes	No
	<b>Custodial Arra</b>		<u> </u>						
	ne organization		" on Form 99	0, Part IV, lin	e 9, or rep	orted an an	nount c	on Form	
990, Part X, li	ne 21.			,	•				
1a Is the organization an ager	it, trustee, custodia	n or other interme	diary for contribu	tions or other as	sets not				
included on Form 990, Par			•					Yes	No
b If "Yes," explain the arrange	ement in Part XIII a	nd complete the fo	ollowing table						
. ,								Amount	
c Beginning balance						1c			
d Additions during the year						1d	i		
e Distributions during the year	ar					1e			
f Ending balance						1f			
2a Did the organization include	e an amount on For	rm 990. Part X. lin	e 21. for escrow	or custodial acc	ount liability?			Yes	No
<b>b</b> If "Yes," explain the arrange									
Part V Endowment				<u></u>					
	e organization	answered "Yes	on Form 99	0 Part IV lin	e 10				
		(a) Current year	(b) Prior year		years back	(d) Three year	s back	(e) Four ye	ars back
1a Beginning of year balance			1			<del></del>		<u> </u>	···
b Contributions	ļ	-	<del> </del>	<del>-  -</del>		<del></del> -			
c Net investment earnings, g	ains and	<del></del>	-					<del>                                     </del>	
losses	amo, ama							•	
d Grants or scholarships				-				<del>                                     </del>	
e Other expenditures for facil	ities and		<del> </del>					<del> </del>	
programs	nics and			İ					
f Administrative expenses			<del>                                     </del>			<b></b>			
g End of year balance	<del> </del>		<del> </del>						
2 Provide the estimated perc	L ontage of the ourse	at year and halans	l (line 1a action			L		L	
a Board designated or quasi-	_	nt year end barant %	e (me 1g, colum	in (a)) neid as					
b Permanent endowment ▶	endowment > %	70							
c Temporarily restricted endo		%							
•									
The percentages on lines 2		-	-4 4b4 b1						
3a Are there endowment funds	s not in the possess	sion of the organiz	ation that are ne	ia ana aaministe	rea for the			[v.	es No
organization by									es No
(i) unrelated organizations	•							3a(i)	
(ii) related organizations								3a(ii)	
b If "Yes" on line 3a(ii), are th				R?				3b	
4 Describe in Part XIII the into			owment funds						
	igs, and Equip		" F 00	0 D-+1\/ E-	- 44- 0-	000	D-4 \	/ line 10	
	e organization a						Pan A		
Description of proper	ty	(a) Cost or other	1 ''	Cost or other basis	1	Accumulated		(d) Book valu	16
<del></del>		(investment)		(other)	_ <del>_</del>	epreciation			
1a Land		ļ <del></del>					+		
b Buildings							+		
c Leasehold improvements		ļ							
d Equipment									
e Other	· · · · · · · · · · · · · · · · · · ·	<u> </u>					<del></del>		
Total. Add lines 1a through 1e (C	Column (d) must eq	ual Form 990, Par	t X, column (B),	line 10c.)		<u></u>	<u> </u>		

Schedule D (F	Form 990) 2015 ANCIENT ACCEPTED SCO	TTISH R	ITE OF	06-1086328		Page :
Part VII	Investments—Other Securities.					
	Complete if the organization answered "Yes" or	<u>n Form 990,</u>	, Part IV, line	e 11b. See Form 990, F	art X, line 12.	
	(a) Description of security or category (including name of security)	(b) B	ook value	(c) Method o		
(1) Financial			<del></del>	Cost or end-of-ye	ai market value	
(1) Financial		<u> </u>	<del></del>	<del></del>	<del></del>	
(3) Other	eld equity interests			<del></del>	<del></del>	
				<del></del>		
(A)		ļ		· · · · · · · · · · · · · · · · · · ·		
(B)				<del></del>		
(C)					<del></del>	
(D)				<del></del>		
(E)		<u> </u>			<del></del>	
(F)				<u> </u>		
(G)						
(H)		<b>-</b>				
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 )			<u> </u>		
Pail VIII	Investments—Program Related. Complete if the organization answered "Yes" or	n Form 990	Part IV line	- 11c See Form 990 F	Part X line 13	
<del></del>	(a) Description of investment	_	ook value	(c) Method o		
				Cost or end-of-ye	ar market value	
(1)				<del></del>		
(2) (3)						<del></del>
(4)					<del></del>	
_(5)	<del></del>					
(6)				<del> </del>		
(7)						
(8)						
(9)						
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶				******	
Part IX	Other Assets.					
<del></del>	Complete if the organization answered "Yes" or	<u>n Form 990,</u>	Part IV, line	<u> 11d. See Form 990, F</u>		
	(a) Description				(b) Book value	<u>.</u>
(1)					<del></del>	
(2)	<del></del>				<del></del>	
(3)	<del></del>					
(4)				<del></del>	<u> </u>	
(5)					<del></del>	
(6)					<del></del>	
(7)			<del></del>	<del></del>	<del></del>	
(8)		<del></del>		<del></del>	<del></del>	
(9)	1 (b) must equal Form 990, Part X, col. (B) line 15 )					
Part X	Other Liabilities.	<del></del>				
/ WX C X C	Complete if the organization answered "Yes" or	n Form 000	Part IV line	11e or 11f See Form	000 Part Y	
	line 25.	n Foliti 990,	raitiv, ille	e the of this see Folini	330, Fait A,	
1.	(a) Description of liability	(b) B(	ook value	······································	<del></del>	
	income taxes	(3) 5	SOK Value			
(2)	moonto taxos	<del>                                     </del>				
(3)	<del></del>	<del></del>				
(4)	<del></del>					
(5)						
(6)	<del></del>					
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶					
	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the o	rganızatıon's fi	nancial statements that repo	rts the	
	liability for uncertain tax positions under FIN 48 (ASC 740)		-			

Sche	dule D (Form 990) 2015 ANCIENT ACCEPTED SCOTTISH RI	TE OF	06-108632	28	Page 4				
₽ŧ	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.					
•	Complete if the organization answered "Yes" on Form 990, I	Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements		<u> </u>	_ 1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12								
а	Net unrealized gains (losses) on investments	2a	<u></u>						
b	Donated services and use of facilities	2b		]					
С	Recoveries of prior year grants	2c		]					
d	Other (Describe in Part XIII )	2d		]					
е	Add lines 2a through 2d	<del></del>		2e					
3	Subtract line 2e from line 1			3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		╛					
þ	Other (Describe in Part XIII )	4b		}					
С	Add lines 4a and 4b			4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5					
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line	12a.						
1	Total expenses and losses per audited financial statements			1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			1 1					
а	Donated services and use of facilities	_2a		]					
b	Prior year adjustments	2b		_ Լ					
C	Other losses	2c		_					
d	Other (Describe in Part XIII )	2d		_					
е	Add lines 2a through 2d			2e					
3	Subtract line 2e from line 1			3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		] ]					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<u> </u>					
b	Other (Describe in Part XIII )	4b		]					
C	Add lines 4a and 4b			4c					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	,				

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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.

OMB No 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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. ANCIENT ACCEPTED SCOTTISH RITE OF

Employer identification number

FREEMASONRY NMJ

06-1086328

Form 990 - Organization's Mission

Strengthen the Masonic Way of Life by improving individual character, leadership, and spirit of members w/ relevant programs. Inspire men to support the principles of Freemasonry; promote family/community values; serve mankind w/charitable outreach.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Officers are elected by the membership annually.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed before it is filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Regular meetings are held where this issue can be discussed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available upon request.