

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

► Do not enter social security numbers on this form as it may be made public.
 ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017

, and ending 12-31-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
 FREEMASONRY

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
 PO BOX 210956

City or town, state or province, country, and ZIP or foreign postal code
 MONTGOMERY, AL 36121

D Employer identification number

63-0323539

E Telephone number

(334) 277-8109

F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(10) ►(insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 124,107

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1	Contributions, gifts, grants, and similar amounts received	1	3,933
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	57,093
4	Investment income	4	19,591
5a	Gross amount from sale of assets other than inventory	5a	43,490
b	Less cost or other basis and sales expenses	5b	45,664
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-2,174
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	78,443
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	4,650
13	Professional fees and other payments to independent contractors	13	4,000
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1,569
16	Other expenses (describe in Schedule O)	16	56,481
17	Total expenses. Add lines 10 through 16 ►	17	66,700
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,743
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	327,611
20	Other changes in net assets or fund balances (explain in Schedule O)	20	22,351
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	361,705

Part II Balance Sheets (see the instructions for Part II)

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

1

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53,460	22 38,929
23 Land and buildings		23
24 Other assets (describe in Schedule O)	275,605	24 324,153
25 Total assets	329,065	25 363,082
26 Total liabilities (describe in Schedule O)	1,454	26 1,377
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	327,611	27 361,705

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . ►

Expenses
(Required for section 501(c)
(3) and 501(c)(4)
organizations, optional for
others)

29

29

If this amount includes foreign grants, check here . . . ►

1

30

If this amount includes foreign grants, check here:

1

31 Other program services (describe in Schedule O)

1

If this amount includes foreign grants, check here **31a**

Program service expenses (add lines 28a through 31a)

1

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BUDDY M WILSON PERSONAL REPRESENTATIVE	1 00	0	0	0
JIMMY A FLOYD TREASURER	1 00	0	0	0
PAUL ST JOHN ALMONER	1 00	0	0	0
RANI P CHRISTIE DIRECTOR OF EDUCATION	1 00	0	0	0
DOUGLAS M KERR DIR OF WORK / MASTER OF C	1 00	0	0	0
LEE S DOLIHITE TILER	1 00	0	0	0
ANDREW H BARNETT COMMANDER	1 00	0	0	0
WILLIAM J LOERCH GENERAL SECRETARY	40 00	4,650	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Yes No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Yes No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No

b Did the organization file **Form 1120-POL** for this year? 37b Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 39b Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a Yes No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Yes No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No

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

41 List the states with which a copy of this return is filed ► AL 41 Yes No

42a The organization's books are in care of ► WILLIAM J LOERCH Telephone no ► (334) 277-8109 42a Yes No

Located at ► 565 N EASTERN BLVD MONTGOMERY, AL ZIP + 4 ► 36117 42b Yes No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c Yes No

If "Yes," enter the name of the foreign country ► 42d Yes No

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42e Yes No

If "Yes," enter the name of the foreign country ► 42f Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here 43 Yes No

and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Yes No

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

	Yes	No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-02-13

Date

WILLIAM J LOERCH GENERAL SECRETARY

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name SCOTT C HUNER CPA	Preparer's signature	Date 2018-02-13	Check <input type="checkbox"/> if self-employed	PTIN P00127181
	Firm's name ► HUNER & CYR PC			Firm's EIN ► 63-1238286	
	Firm's address ► 100 WILLIAMSBURG OFC PARK STE 200 VESTAVIA HILLS, AL 352163686			Phone no (205) 823-7723	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID:

Software Version:

EIN: 63-0323539

Name: ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
FREEMASONRY

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>28 FRATERNAL ORGANIZATION WHICH ALSO PROVIDES ASSISTANCE TO CHILDREN WITH LANGUAGE DISORDERS (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 0</p>

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
FREEMASONRY

EIN: 63-0323539

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ANCIENT & ACCEPTED SCOTTISH RITE OF FREE
FREEMASONRY**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2017**Open to Public
Inspection****Employer identification number**

63-0323539

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - RENTAL INCOME	KIND AND LOCATION OF PROPERTY SIGN RENTAL AMOUNT 1,250 KIND AND LOCATION OF PROPERTY KIND AND LOCATION OF PROPERTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS, INTEREST, & OTHER INVEST AMOUNT 18,341

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK AND BROKER FEES AMOUNT 3,276 DESCRIPTION BUILDING REPAIRS & MAINTENANCE AMOUNT 1,390 DESCRIPTION CEREMONIAL EXPENSES AMOUNT 6,069 DESCRIPTION CONTRIBUTIONS AMOUNT 6,355 DESCRIPTION INSURANCE AMOUNT 3,829 DESCRIPTION SUPPLIES AMOUNT 7,142 DESCRIPTION SUPREME COUNCIL AMOUNT 16,169 DESCRIPTION UTILITIES AMOUNT 9,240 DESCRIPTION PAYROLL TAXES AMOUNT 424 DESCRIPTION DEPRECIATION AMOUNT 1,087 DESCRIPTION SCHOLARSHIPS AMOUNT 1,500 TOTAL TO FORM 990-EZ, LINE 16 56,481

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION INVESTMENTS-UNREALIZED GAIN/(LOSS) AMOUNT 22,351

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVESTMENTS - MARKETABLE SECURITIES BEG OF YEAR AMOUNT 245,280 END OF YE AR AMOUNT 290,791 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 30,325 EN D OF YEAR AMOUNT 33,362

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION BOOK AND DVD DEPOSITS BEG OF YEAR AMOUNT 1,100 END OF YEAR AMOUNT 1,100 DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 354 END OF YEAR AMOUNT 277