

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,344	22
23 Land and buildings	30,041	23
24 Other assets (describe in Schedule O)	34,139	24
25 Total assets	164,524	25
26 Total liabilities (describe in Schedule O)	38,078	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,446	27
		151,949

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

IT IS THE MISSION OF THE SCOTTISH RITE OF FREEMASONRY, SJ, TO IMPROVE ITS MEMBERS AND ENHANCE THE COMMUNITIES IN WHICH THEY LIVE BY TEACHING AND EMULATING THE PRINCIPLES OF BROTHERLY LOVE, TOLERANCE, CHARITY, AND TRUTH WHILE ACTIVELY EMBRACING HIGH SOCIAL, MORAL, AND SPIRITUAL VALUES INCLUDING FELLOWSHIP, COMPASSION, AND DEDICATION TO GOD, FAMILY, AND COUNTRY

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

28See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here **28a**29 See Additional Data Table**29a**

(Grants \$)

If this amount includes foreign grants, check here **30****30a**

(Grants \$)

If this amount includes foreign grants, check here **31 Other program services (describe in Schedule O)**

(Grants \$)

If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a)**32**

166,540

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAN IRICK President	2 00	0		
GEORGE W MORRISON Vice President	2 00	0		
JENNREY L DOBBS Director	2 00	0		
JOSE MONTANO Secretary	2 00	0		
WESLEY D THORNTON Director	2 00	0		
DANN KELLAHAM Director	2 00	0		
GEORGE E MOSS Director	2 00	0		
JOHN R ADAMS Director	2 00	0		
ALFONSO J RODRIGUEZ Director	2 00	0		
KEVIN L FITZWATER Director	2 00	0		
JEFFREY ASSAD Treasurer	2 00	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

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

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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

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

39 Section 501(c)(7) organizations Enter

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

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

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

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 40c

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 ► 40d

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

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 40f

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

42a The organization's books are in care of ► JOSE M MONTANO

Telephone no ► (505) 913-9860

Located at ► 463 PASEO DE PERALTA SANTA FE, NM

ZIP + 4 ► 87501

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42c

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► 42d

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

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
33		No
34		No
35a		No
35b		No
35c		No
36		No
37a		No
37b		No
38a		No
39a	0	
39b	0	
40b		
40c		
40d		
40e		No
41		
42b		No
42c		No
42d		
43		
44a		No
44b		No
44c		No
44d		No
45a		No
45b		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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	
-----	--

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
NONE				

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
NONE		

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	2019-11-13 Date
	JEFFREY ASSAD Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Brian K Lee CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00116207
	Firm's name ► Brian K Lee CPA			Firm's EIN ► 85-0351350	
	Firm's address ► 1464 S Saint Francis Dr Santa Fe, NM 87505			Phone no (505) 988-5560	

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 85-0067235
Name: ANCIENT & ACCEPTED SCOTTISH RITE OF SANTA FE LODGE OF PERFECTION INC

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.)
28 IT IS THE MISSION OF THE SCOTTISH RITE OF FREEMASONRY, SJ, TO IMPROVE ITS MEMBERS AND ENHANCE THE COMMUNITIES IN WHICH THEY LIVE BY TEACHING AND EMULATING THE PRINCIPLES OF BROTHERLY LOVE, TOLERANCE, CHARITY, AND TRUTH WHILE ACTIVELY EMBRACING HIGH SOCIAL, MORAL, AND SPIRITUAL VALUES INCLUDING FELLOWSHIP, COMPASSION, AND DEDICATION TO GOD, FAMILY, AND COUNTRY (Grants \$ 93,788)	28a	
If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

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

<p>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.</p>	<p>Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>29 TO HOLD TITLE TO PROPERTY, MANAGE AND COLLECT THE INCOME THEREFROM AND DISTRIBUTE SUCH INCOME FOR (A) EXPENSES, (B) A REASONABLE DEPRECIATION ALLOWANCE, AND (C) AMOUNTS USED TO RETIRE THE OVERALL DEBT OF THE SANTA FE LODGE OF PERFECTION (Grants \$ 72,752)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a</p>

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization

ANCIENT & ACCEPTED SCOTTISH RITE OF
SANTA FE LODGE OF PERFECTION INC

Employer identification number

85-0067235

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MASONIC SPECIAL EVENTS INCOME (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	15,555			15,555
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	15,555			15,555
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				►
	11 Net income summary Subtract line 10 from line 3, column (d)				►
					15,555

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities _____

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►
 Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►
 Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection****Name of the organization**ANCIENT & ACCEPTED SCOTTISH RITE OF
SANTA FE LODGE OF PERFECTION INC**Employer identification number**

85-0067235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$3628

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$2216

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$361

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$560

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	TELEPHONE & COMMUNICATIONS \$5098

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	GENERAL & ADMIN-OTHER \$2695

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MASONS ALMONER FOUNDATION \$1800

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	BOTTLED WATER \$263

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	PRESERVATION FOUNDATION \$148

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	CORPORATE REPORT FILINGS \$43

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$7965 Machinery and Equipment - Ending \$7230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$185 Miscellaneous - Ending \$185

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$1376 Prepaid Expenses and Deferred Charges - Ending \$1376

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 2	DUE FROM HISTORICAL FOUNDATION - Beginning \$5048 DUE FROM HISTORICAL FOUNDATION - Ending \$5048

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 3	ROBES INVENTORY - Beginning \$19565 ROBES INVENTORY - Ending \$19565

990 Schedule O, Supplemental Information

Return Reference		Explanation
Total Liabilities 1	- Beginning \$0 - Ending \$0	

990 Schedule O, Supplemental Information

Return Reference		Explanation
Total Liabilities 2	- Beginning \$0 - Ending \$0	

990 Schedule O, Supplemental Information

Return Reference		Explanation
Total Liabilities 3	- Beginning \$0 - Ending \$0	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 4	- Beginning \$0 - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 5	- Beginning \$0 - Ending \$0