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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning** 8/01 , **2008, and ending** 7/31 , **2009****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Valley of Bangor
 ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
 EASTERN STAR LODGE OF PERFECTION
 P O BOX 676
 BANGOR, ME 04402-0676

D Employer identification number

23-7615603

E Telephone number

207-942-0144

F Group Exemption Number

► 0259

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I Website:** ► WWW.SUPREMECOUNCIL.ORG**H** Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one) — ☒ 501(c) (10) ◀ (insert no) 4947(a)(1) or 527**K** Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ 197,909.

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

1	Contributions, gifts, grants, and similar amounts received	1	29,425.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	32,548.
4	Investment income	4	14,779.
5a	Gross amount from sale of assets other than inventory	5a	120,946.
b	Less cost or other basis and sales expenses	5b	138,003.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-17,057.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 ► <u>SEE STATEMENT 2</u>)	8	211.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	59,906.
10	Grants and similar amounts paid (attach schedule)	10	45,550.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	4,869.
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	1,946.
15	Printing, publications, postage, and shipping	15	3,162.
16	Other expenses (describe ► <u>SEE STATEMENT 4</u>)	16	5,765.
17	Total expenses (add lines 10 through 16)	17	61,292.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,386.
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	252,613.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	251,227.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	233,790.	22 232,650.
23 Land and buildings		23
24 Other assets (describe ► <u>SEE STATEMENT 5</u>)	18,823.	24 18,577.
25 Total assets	252,613.	25 251,227.
26 Total liabilities (describe ► _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	252,613.	27 251,227.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part III	Statement of Program Service Accomplishments (See the instructions.)
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Expenses

What is the organization's primary exempt purpose? DOMESTIC FRATERNAL ASSOCIATION

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 PROVIDED A FRATERNAL SOCIETY FOR OVER 2,000 MEMBERS IN THE EASTERN
MAINE AREA.

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

28 a

29

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

29 a

30

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

30 a

31 Other program services (attach schedule)

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

31 a

32 **Total program service expenses** (add lines 28a through 31a)

32

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)
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[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? <i>N/A</i>		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I <i>N/A</i>		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
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		X
41 List the states with which a copy of this return is filed NONE		

42a The books are in care of **VALLEY TREASURER** Telephone no. **207-989-7434**
 Located at **10 SOUTH ROAD, BREWER, ME** ZIP + 4 **04412**

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 *N/A*

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? *N/A*
 If 'Yes,' enter the name of the foreign country:

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

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. NA

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

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: *Richard A. Makahusz*

Date: 23 Oct. 2009

Type or print name and title: RICHARD A. MAKAHUSZ TREASURER

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

LOISELLE, GOODWIN & HINDS
1 MERCHANTS PLAZA, SUITE 703
BANGOR, ME 04402-0939

Date

10-16-09

Check if self-employed

Preparer's Identifying Number (See instructions)

N/A

EIN

N/A

Phone no

(207) 990-4585

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

2008

FEDERAL STATEMENTS

PAGE 1

ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LODGE OF PERFECTION

23-7615603

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 120,946.
COST OR OTHER BASIS: 138,003.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -17,057.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -17,057.STATEMENT 2
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

TOTAL \$ 211.
\$ 211.STATEMENT 3
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID\$ 45,550.DONEE'S NAME: SCHOLARSHIPS
CASH AMOUNT GIVEN: \$ 835.DONEE'S NAME: CHILDRENS LEARNING CENTER
BANGOR, ME 04401
CASH AMOUNT GIVEN: \$ 19,218.DONEE'S NAME: DEMOLAY
DONEE'S ADDRESS: PO BOX 69
ORRINGTON, ME 04474
CASH AMOUNT GIVEN: \$ 367.DONEE'S NAME: VALLEY OF THE AROOSTOOK
CASH AMOUNT GIVEN: \$ 3,000.PAYMENTS TO AFFILIATESNAME: MAINE COUNCIL OF DELIBERATION
ADDRESS: 415 CONGRESS ST
PORTLAND, ME 04101
PURPOSE OF PAYMENT: ASSESSMENT
AMOUNT: \$ 1,813.NAME: SUPREME COUNCIL
ADDRESS: P O BOX 519
LEXINGTON, MA 02420
PURPOSE OF PAYMENT: ASSESSMENT
AMOUNT: \$ 20,317.

2008

FEDERAL STATEMENTS

PAGE 2

ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LODGE OF PERFECTION

23-7615603

STATEMENT 4
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ACCOUNTING .	\$	661.
BANQUETS		1,420.
DEPRECIATION		246.
INSURANCE		196.
INVESTMENT FEES		350.
MEMBERSHIP DRIVE		532.
MISCELLANEOUS		1,448.
OFFICE EXPENSES		366.
TELEPHONE		546.
TOTAL	\$	<u>5,765.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MASONIC TEMPLE ASSOCIATION OWNERSHIP	\$ 8,000.	\$ 8,000.
MASONIC TEMPLE ASSN PARTICIPATING STOCK.	6,667.	6,667.
NET FIXED ASSETS	4,156.	3,910.
TOTAL	<u>\$ 18,823.</u>	<u>\$ 18,577.</u>