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SCANNED JAN 0 7 2011

Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under 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 organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 that year, or tax year beginning AUG 1, 2009 and ending JUL 31, 20

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OMB No 1545-1150

Open to Public Inspection

A	For th	ne 2009 calendar year, or tax year beginning AUG 1, 2009 and ending JI	JL 3	1,	2010
В	Check if applicat	ble Please V value of organization			identification number
	Addre	ss use RS Ancient Accepted Scottish Rite	abhua	3	
Г	Name	point or ORIENTAL COUNCIL OF PRINCES OF JERUSALEM	Ιo	2-0	263004
Ē	Initia	type Number and street (or P.O. how if mail is not delivered to street address) Deem/out			number
一	Term	Specific 196 MAIN STREET #16		03–	882-4931
F	Ame	ended trops City or town, state or country, and ZIP + 4			mption
F	— retur — Applır — pendi	iii			► 0259
					X Cash Accrual
	- 361	a a . a . a . a . a . a . a . a .			Accidal
_	Mobei		(specify		
					the organization is not
					dule B (Form 990, 990-EZ, or 990-PF)
ĸ	Check			tnan \$	25,000 A Form 990-EZ or
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete in			10 246
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	
P	<u>art l</u>	······································	tructions	for Pa	rt I)
	1	Contributions, gifts, grants, and similar amounts received		_ 1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	6,030.
	4	Investment income		4	1,562.
	5a		654.		
	b	Less cost or other basis and sales expenses 5b 12,	032.		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	<378.>
ne	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
Revenue	a	Gross revenue (not including \$ of contributions			
Re		reported on line 1) 6a			
	b				
	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		-	
	Ь	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 ► FEES	١	8	100.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	′	9	7,314.
	10	Grants and similar amounts paid (attach schedule) STMT 5	-	10	150.
	11	Benefits paid to or for members		11	
s	12	Salaries, other compensation, and employee benefits		12	1,418.
enses	13	Professional fees and other payments to independent contractors		13	210.
	14	Occupancy, rent, utilities, and maintenance		14	3,210.
Exp	15	Printing, publications, postage, and shipping		15	1,236.
	16	Other expenses (describe ► SEE STATEMENT	1)	16	3,262.
	17	Total expenses. Add lines 10 through 16			9,486.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		17	<2,172.>
ts	19	Net assets or fund balances at beginning of year (from line 27, column (A))	i	18	<u> </u>
SSE	'9		i		88,309.
Net Assets	20	(must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) SEE STATEMENT	4	19	
ž	20	, , , , ,	4	20	7,025.
-		Net assets or fund balances at end of year Combine lines 18 through 20	-	21	93,162.
P	art II	(6.1)		U-EZ	
		(1) 203		-	(B) End of year
22		· · · · · · · · · · · · · · · · · · ·	,947		78,726.
23		nd and buildings	260	23	14 400
24			<u>, 362</u>		14,436.
25			<u>, 309</u>	_	93,162.
26		tal liabilities (describe	0		0.
27			<u>, 309</u>	• 27	93,162.
02-	2171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions			Form 990-EZ (2009)

	n 990-EZ (2009) ORIENTAL COUNCIL OF PRINC						02-	0263	300) 4 Page 2
P	art III Statement of Program Service Accomplishme	nts (S	See the instruc	tions for	Part III)				Exp	enses
Wha	at is the organization's primary exempt purpose?DOMESTIC FRATE	ERNA	L ORGA	NIZA	TION			(Require		section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu			-			he	1		organizations and
	services provided, the number of persons benefited, and other relevan						iD C	for other		a)(1) trusts, optional
	DOMESTIC FRATERNAL ORGANIZATION	11011	mation for ea	zon prog	jiaiii iili	-		ior other	s)	
20	DOMESTIC TRATERNAL ORGANIZATION		<u> </u>							
			<u> </u>							
	(Grants \$) If this amount includes foreign	grants,	check here				<u> </u>	28a		
29										
	(Grants \$) If this amount includes foreign	orante	check here				\Box	29a		
30	Totalio V / Il tills amount includes foreign	grants,	CHECK HEIE					230		
30								i		
										
	(Grants \$) If this amount includes foreign	grants,	check here			<u> </u>		30a		
31	Other program services (attach schedule)							1		
	(Grants \$) If this amount includes foreign	grants,	check here			•		31a		
32	Total program service expenses (add lines 28a through 31a)						•	32		
	art IV List of Officers, Directors, Trustees, and Key I	Emplo	Vees. List e	ach one ev	en if not c	omnensated	(See the		ne fo	r Part IV \
تستسا	, , , , , , , , , , , , , , , , , , , ,		J		1	ompensated		ntributio		T att v j
		(b) Ti	tle and averag	e hours	(c) Com	pensation	1, ,	mployee		(e) Expense
	(a) Name and address	pe	er week devote	ed to	(If not p	aid, enter		fit plans		account and
			position		-	0)	d	eferred	- 1	other allowances
_								pensatio		
	BERT M. PORTER *SECY AS OF 5/25/10		EREIGN	PRI	NCE	& SEC	RET	'ARY	•	
<u>5</u>	DONOVAN DRIVE, NASHUA, MA 03062-145	5	1.00			231.		().	0.
WI	LLIAM W. ARVIDSON	HIG	H PRIE	ST,	TRUS	TEE				- ,
26	0 SHORE DRIVE, SALEM, NH 03079-1694	1	1.00	•		0.		().	0.
	NNETH P. GATELY, 113 BEDFORD ROAD,	SR.		N				-	1	
	W BOSTON, NH 03070-4307	7	1.00	- 1		0.		().	0.
_	NNIS WEBSTER	TD		NT.		<u> </u>	-		٠.	<u> </u>
		JR.		IA		^		,		•
_	SARGENT AVE, NASHUA, NH 03064-1804		1.00			0.) .	0.
	VIS K. BRYANT, 5 WESTFIELD STREET,	_TRE	ASURER				1			
	SHUA, NH 030642041		1.00			300.			١.	0.
MA	ARK W. LEAVITT (RESIGNED MAY 2010)	SEC	RETARY							
20	WALNUT CIRCLE, MERRIMACK, NH 03054	1	5.00		:	808.		C).	0.
RI	CHARD J. THOMPSON, 28 OAK GROVE	TRU	STEE							
TE	L, NASHUA, NH 03062-1283		1.00			0.		().	0.
	RAYMOND PALMER, 10 NEWTON STREET,	HOS		D G		•			•	
	DSON, NH 03051-4021	_լ՝՝Ծ	1.00			Λ	l	,	,	^
		MA C		OHE	DMOST	0.			١.	<u>0.</u>
	ROME T. BECKER, 240 RAYMOND ROAD,	MAS	TER OF	CER	EMON	_]	_		_
	NDIA, NH 03034-2123		1.00			<u> </u>	<u> </u>	().	0.
	OHN G. SENTER, M.S.A., 3 SHAWNEE	TYL			1					
DF	RIVE, NASHUA, NH 03062-1874		1.00		<u> </u>	0.	L	().	0.
JC	OHN S. GEAS	MAS	TER OF	ENT	RANC	ES				
4	GENA AVENUE, DERRY, NH 03038-5342		1.00			0.	1	().	0.
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Other Information (Note the statement requirements in the instructions for Part 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 33 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 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 why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х complete applicable parts of Sch. N. 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X 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 X in a prior year and still outstanding at the end of the period covered by this return? 38a N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter 39a N/A a Initiation fees and capital contributions included on line 9 N/A 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 N/A , section 4912 🕨 N/A , section 4955 🕨 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction N/A has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers N/A or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter Х transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed NONE Telephone no ► 603-882-1221 42a The organization's books are in care of ► DAVIS K. BRYANT ZIP+4 ► 03064 Located at ▶ 5 WESTFIELD STREET, NASHUA, NH 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 Yes No account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Х 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 Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х Form 990-EZ 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be X completed instead of Form 990-EZ

d Total	number of other independent contractors each receiving over \$100,000		>	
Sign Here	Under penalties of penury, I declare that I have examined this return, including according and complete Declaration of prendere (other than officer) is based on all info	mpanying schedules and state immation of which preparer has the state of the state	ternents, and to the best s any knowledge	of my knowledge and belief, it is true,
Paid Preparer's Use Only	Preparer's signature Preparer's signature Preparer's signature DAVID E. TULLY & ASSOCI	09/02/10	employed	Preparer's identifying number (See in: P0000085

20 TRAFALGAR SQUARE SUITE 202 if self-employed), address, and ZIP + 4

02-0330274 EIN 🕨 Phone ▶

NASHUA, NH 03063

603-886-8885

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

Form 990-EZ (2009)

➤ X Yes

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
ASSESSMENT AND FEES			•		32. 98.
INSURANCE INVESTMENT MANAGEMEN	NO PEEC				50.
MEETINGS AND CONVOCA				1,10	
PAST OFFICER'S JEWE					33.
MISCELLANEOUS					35.
TOTAL TO FORM 990-E	Z, LINE 16			3,20	62.
	O.T.	UED ACCEMO		CMATRIMENT	
FORM 990-EZ	OT	HER ASSETS		STATEMENT	
DESCRIPTION		I	BEG. OF YEAR	END OF YEA	AR
75 SHS MASONIC BUILI	DING ASSOCIATION	STOCK —	3,750.	3,75	50.
INVESTMENT - NASHUA	10,680				
				•	
		_	14,362.	·	
TOTAL TO FORM 990-E		=	14,362.	14,4	
TOTAL TO FORM 990-E				·	
TOTAL TO FORM 990-E	Z, LINE 24 N (LOSS) FROM PUB GROSS		ECURITIES EXPENSE	14,4	36.
TOTAL TO FORM 990-EX	Z, LINE 24 N (LOSS) FROM PUB	LICLY TRADED SI	ECURITIES	14,4	36.
TOTAL TO FORM 990-E	Z, LINE 24 N (LOSS) FROM PUB GROSS	LICLY TRADED SI	ECURITIES EXPENSE	STATEMENT NET GAIN OR (LOSS	36.
TOTAL TO FORM 990-EZ FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED	C, LINE 24 N (LOSS) FROM PUB GROSS SALES PRICE 11,654.	LICLY TRADED SI COST OR OTHER BASIS	ECURITIES EXPENSE OF SALE	STATEMENT NET GAIN OR (LOSS) <37	36.
TOTAL TO FORM 990-EX FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED SCHEDULE	C, LINE 24 N (LOSS) FROM PUB GROSS SALES PRICE 11,654.	COST OR OTHER BASIS	ECURITIES EXPENSE OF SALE 0.	STATEMENT NET GAIN OR (LOSS) <37	36.
TOTAL TO FORM 990-EX FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINK	C, LINE 24 N (LOSS) FROM PUB GROSS SALES PRICE 11,654.	COST OR OTHER BASIS 12,032.	ECURITIES EXPENSE OF SALE 0.	STATEMENT NET GAIN OR (LOSS) <37	36.
TOTAL TO FORM 990-EX FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINK	GROSS SALES PRICE 11,654.	COST OR OTHER BASIS 12,032.	ECURITIES EXPENSE OF SALE 0.	STATEMENT NET GAIN OR (LOSS) <37	336.
TOTAL TO FORM 990-EX FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINN FORM 990-EZ OTHER DESCRIPTION	GROSS SALES PRICE 11,654. E 5 11,654. R CHANGES IN NET	COST OR OTHER BASIS 12,032.	ECURITIES EXPENSE OF SALE 0.	STATEMENT NET GAIN OR (LOSS <33 <37	36.
TOTAL TO FORM 990-EX FORM 990-EZ GAIN DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINI FORM 990-EZ OTHER	GROSS SALES PRICE 11,654. E 5 11,654. R CHANGES IN NET	COST OR OTHER BASIS 12,032.	ECURITIES EXPENSE OF SALE 0.	STATEMENT NET GAIN OR (LOSS <37 <37 STATEMENT AMOUNT	36.

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRA	ANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	r
SUPREME COUNCIL CHAR 33 MARRETT ROAD LEXINGTON, MA 02421	ITIES	NONE	1!	50.
TOTAL INCLUDED ON FO	RM 990-EZ, LINE 10		1!	50.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEM	ENT	6	
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO	
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• []	YES	[X]	NO	

ORIENTAL COUNCIL OF PRINCES OF JERUSALEM 02-0263004
GAIN/LOSS SCHEDULE 08/01/2009 THRU 07/31/ 2010

	GAIN	(LOSS)	1	(32.28)	(157.46)	(63.09)	(126.91)	(66.25)	(49.21)	23 88	108 37	(392 95)	1	10.48	0.92	(3.29)	(5.05)	(9.40)	1.51	18 51	27.59	99.19	2.42	7.46	14 47	37.62	202.43		
	TOTAL	COST	518.44	169.49	1,003.20	331.24	392.81	394.10	434.18	110.44	333.56	3,687.46	1,189.05	ı	ı	21 49	83.07	209 85	5 34	43 13	1	ı	1	ı	•	1	1,551.93	531.79	
GROSS	SALES	PRICE	518.44	137.21	845.74	238.15	265.90	327.85	384.97	134.32	441.93	3,294.51	1,189.05	10.48	0.92	18.20	78.02	200 45	6.85	61.64	27.59	99.19	2.42	7 46	14 47	37 62	1,754 36	531.79	
		DESCRIPTION	TD ASSET MGMT US GOVT PORT INSTL #2	BARON GROWTH FUND #587	COLUMBIA VALUE & RESTRUCTING FUND #2051	DAVIS NY VENTURE FD INC CL Y FUND 909	FIDELITY ADVISOR EMERGING MARKET CLASS I FUND #1290	MFS RESEARCH INTERNATIONAL FUND I FUND #899	T ROWE PRICE GROWTH STOCK FUND #40	T ROWE PRICE MID-CAP GROWTH FD #64	VANGUARD SELECTED VALUE FUND #934		TD ASSET MGMT US GOVT PORT INSTL #2	FIDELITY ADVISOR EMERGING MARKET CLASS I FUND #1290	FIDELITY ADVISOR EMERGING MARKET CLASS I FUND #1290	BARON GROWTH FUND #587	COLUMBIA VALUE & RESTRUCTING FUND #2051	T ROWE PRICE GROWTH STOCK FUND #40	T ROWE PRICE MID-CAP GROWTH FD #64	VANGUARD SELECTED VALUE FUND #934	PIMCO TOTAL RETURN INSTL #35	PIMCO TOTAL RETURN INSTL #35		_	- VANGUARD GNMA FUND #36	- VANGUARD GNMA FUND #36		TD ASSET MGMT US GOVT PORT INSTL #2	
		QTY	518 440 UNITS	3.400 SHS	20.079 SHS	7.783 SHS	12.833 SHS	22.533 SHS	14.750 SHS	2.895 SHS	28.707 SHS		1,189.050 UNITS	CAPITAL GAIN DIST	CAPITAL GAIN DIST	0.431 SHS	1.750 SHS	7.172 SHS	0.140 SHS	3 715 SHS	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST		531.790 UNITS	1
	DATE	SOLD	VARIOUS	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009		VARIOUS	12/7/2009	12/7/2009	1/20/2010	1/20/2010	1/20/2010	1/20/2010	1/20/2010	12/11/2009	12/11/2009	12/12/2009	12/12/2009	12/31/2009	12/31/2009		VARIOUS	:

GAIN (LOSS) (209.35)	(456.60)	1.79	4.58	0.48	3.76	7.17	24 37	(622.18)	ı	(25.96)	(15.24)	421.59	54.84	435 23	(377.47)
<u>TOTAL</u> <u>COST</u> 759.79	1,924 29	193.63	432.70	54.16	306.66	ı	•	4,305.98	548 68	232.60	202.65	1,374.25	128.40	2,486.58	12,031.95
GROSS SALES PRICE 550.44	1,467.69	195 42	437 28	54.64	310.42	7.17	24.37	3,683.80	548 68	206.64	187 41	1,795.84	183.24	2,921.81	11,654.48 12,031.95
QTY 28.257 SHS	110.022 SHS	7.741 SHS ARTIO LOTAL RETURN BOND FD-1 #1324 17.863 SHS FIDELITY TOTAL RETURN BOND FD #328	40 044 SHS	5.357 SHS	28.876 SHS	CAPITAL GAIN DIS	CAPITAL GAIN DIS		548.680 UNITS TD ASSET MGMT US GOVT PORT INSTL #2		6.926 SHS T ROWE PRICE GROWTH STOCK FUND #40	SHS	SHS		TOTALS
DATE SOLD 2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010		VARIOUS	6/14/2010	6/14/2010	6/14/2010	6/14/2010		