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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 black lung benefit trust or private foundation) Sponsonng 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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

_		ne 2009 calendar year, or tax year beginning $AUG 1, 2009$ and e	nding JUL 3	$1, \overline{3}$	2010							
B	Check i applica Addri chan	ss use IRS Ancient Accepted Scottish Rite Va	DEmp	loyer i	dentification number							
Ē	Name	label or Pantor AARON P. HUGHES LODGE OF PERFECTION No.	shua 0	2-0:	263005							
Ē	Initia	Number and street (or P O box, if mail is not delivered to street address)			number							
Ē	Term	nn- Specific 196 MAIN STREET #16	6	03-	882-4931							
Ē	_	nded trops City or town state or country and 7IP + 4	- + -	up Exer								
Ē	Apply	NASHUA, NH 03060-2999		nber 🕨								
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accounting m									
		Schedule A (Form 990 or 990-EZ)	Other (specify									
ī	Websi	te ► WWW.SUPREMECOUNCIL.ORG			ne organization is <b>not</b>							
J	Tax-e	<b>rempt status</b> (check only one) $ \mathbb{X}$ 501(c) ( $10$ ) $\blacktriangleleft$ (insert no ) $\square$ 4947(a)(1) or $\square$ 5	-		ule B (Form 990, 990-EZ, or 990-PF)							
	Check											
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file		•	-,							
L	Add lir	nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of F	•	▶ \$	40,523.							
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		for Par								
	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	20,163.							
	4	Investment income	15 044	4	2,396.							
	5a	Gross amount from sale of assets other than inventory STMT 3 5a	17,844.									
	þ	Less cost or other basis and sales expenses 5b	18,281.		.405							
<b>4</b> \	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	<437.>							
Ž	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming	, check here $ ightharpoonup$									
Revenue	a	, <u> </u>	:									
ď	١.	reported on line 1) 6a										
	þ											
	_C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	- 1815							
	7a	Gross sales of inventory, less returns and allowances 7a										
	b	•										
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ► FEES	,	7c	120.							
	8			8	22,242.							
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  Grants and similar amounts paid (attach schedule)  STMT 5		9	150.							
	11	Grants and similar amounts paid (attach schedule)  Benefits paid to or for members		10	150.							
co.	12	Salaries, other compensation, and employee benefits		12	1,418.							
enses	13	Professional fees and other payments to independent contractors		13	210.							
þe	14	Occupancy, rent, utilities, and maintenance		14	3,394.							
Exp	15	Printing, publications, postage, and shipping		15	1,236.							
	16	Other expenses (describe ► SEE STAT	EMENT 1)	16	20,987.							
	17	Total expenses. Add lines 10 through 16		17	27,395.							
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<5,153.>							
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))										
Ass		(must agree with end-of-year figure reported on prior year's return)		19	136,524.							
et	20	Other changes in net assets or fund balances (attach explanation)  SEE STAT	EMENT 4	20	10,614.							
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	141,985.							
P	art I		0 instead of Form 99									
_		(0)	A) Beginning of year		(B) End of year							
22	. Ca	sh, savings, and investments	103,970	- 22	109,262.							
23	La	nd and buildings		23								
24	Oti	ner assets (describe SEE STATEMENT 2 )	32,554		32,723.							
25	To	ial assets	136,524	- 25	141,985.							
26	To	tal liabilities (describe 🕨)	0		0.							
27		t assets or fund balances (line 27 of column (B) must agree with line 21)	136,524	. 27	141,985.							
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions			Form <b>990-EZ</b> (2009)							

Forr	m 990-EZ (2009) AARON P. HUGHES LODGE OF	PERF	ECTION		02-	02630	05 Page 2
P	art III Statement of Program Service Accomplishmen	n <b>ts</b> (See	the instructions for	Part III )		E	kpenses .
Wha	at is the organization's primary exempt purpose? DOMESTIC FRATE	RNAL	ORGANIZA	TION		1 ' '	or section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pur	poses. Ir	a clear and conc	ise manner, desci	ıbe		4) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan					for others)	r(a)(1) trusts, optional
28	DOMESTIC FRATERNAL ORGANIZATION						
				-			
	(Grants \$ ) If this amount includes foreign of	rants ch	neck here	<u> </u>	$\Box$	28a	
29	/ If the allocation folding	,ranto, or	<u>look floro</u>	<u>-</u>		-	
23							
						1 1	
	(Out to 0)		<del></del>		$\overline{}$		
	(Grants \$ ) If this amount includes foreign g	rants, ci	neck nere			29a	
30	<del></del>						
					<del></del> -		
	(Grants \$ ) If this amount includes foreign g	rants, ch	neck here	<u> </u>	لــا	30a	
31	Other program services (attach schedule)						
	(Grants \$ ) If this amount includes foreign of	rants, ch	neck here	<b></b>		31a	
32	Total program service expenses (add lines 28a through 31a)			·	<b></b>	32	
P	art IV List of Officers, Directors, Trustees, and Key E	mploy	ees. List each one ev	ven if not compensated	(See the	instructions	for Part IV)
					(d) Co	ntributions	
	(a) Name and address		and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	perv	veek devoted to	(If not paid, enter		fit plans &	account and
			position	-0)	1	eferred pensation	other allowances
TC	SEPH J.H. BEAUMONT	Г.Р.	MASTER		Com	pensation	
_	TERRELL LANE, HOLLIS, NH 03049	4	1.00			Λ	_
		<del></del>		0.		0.	0.
		4	TY MASTER			^	
	ASHUA, NH 03062-1630		1.00	0.		0.	0.
		4	•	RUSTEE			
	LFORD, NH 03055-4527	<del></del>	1.00	0.	ļ	0.	0.
	CHARD THOMPSON, 28 OAK GROVE TRL,	4	WARDEN/TR		риі	C AP	
NA.	ASHUA, NH 03062-1283		1.00	0.		0.	0.
DA	AVID W. SMITH, 5 PINERIDGE STREET,	ORAT	OR				
GC	FFSTOWN, NH 03045-1814		1.00	0.		0.	0.
DA	AVIS K. BRYANT, 5 WESTFIELD STREET,	TREA	SURER				
	ASHUA, NH 03064-2041	1	1.00	300.		0.	0.
			ETARY				
	25/10), 5 DONOVAN DRIVE, NASHUA,	4	5.00	231.		0.	0.
			ITALER		1		
	JDSON, NH 03051-4021	4	1.00	ο.	ł	0.	0.
		TYLE		0.			-
	RIVE, NASHUA, NH 03062-1874		1.00	О.		0.	0.
			ETARY	0.	-	<u> </u>	0.
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20	WALNUT CIRCLE, MERRIMACK, NH 03054		5.00	808.		0.	0.
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9321	172 8-10	L		l	L		000 57 :
02-0	8-10					Form	990-EZ (2009)

	Other information (Note the statement requirements in the instructions for Part V)		V	
33	Did the executation energy is any activity not assured by the IRON ISN's Batteria detailed described to the A		Yes	
34	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	-	X
35	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<del> </del>	<u> </u>
33	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			1
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			1
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	25-		X
h	and proxy tax requirements?	35a	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	147	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			v
97-	complete applicable parts of Sch. N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	36	ļ	X
		-		
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			١,,
	In a prior year and still outstanding at the end of the period covered by this return?	38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9  39a N/A	-		
b				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
_	section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A			
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		,	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	<u>A</u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	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			
	organization N/A			
8	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		<u> </u>
41	List the states with which a copy of this return is filed NONE	<del>-</del>	001	
42 a	The organization's books are in care of ► DAVIS K. BRYANT  Telephone no ► 603-88			
	Located at ► 5 WESTFIELD STREET, NASHUA, NH ZIP+4 ► 0	306	4	
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	ļ	<u>X</u>
	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			١.,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
40	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	37 / <b>3</b>		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
				T
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-	1
	Form 990-EZ	44	ļ	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			1
	completed instead of Form 990-EZ	45	<u> </u>	<u> </u>
		Form 9	190-EZ	(2009)

NIA	organizations and section 4947(a)(1) nonexempt charitable and 51.	e trusts must answer question	ns 46-49b and cor	mplete the table	s for	lines 5	50
	the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	candidates for public			Yes	No
	ee? If "Yes," complete Schedule C, Part I			-	46		
	the organization engage in lobbying activities? If "Yes," complete Sc			-	47		<u> </u>
	ne organization a school as described in section 170(b)(1)(A)(ii)? If "Y $\epsilon$			-	48		—
	the organization make any transfers to an exempt non-charitable related	d organization?		F-	49a		-
	es," was the related organization a section 527 organization?				49b		
	nplete this table for the organization's five highest compensated employ n \$100,000 of compensation from the organization. If there is none, enti		s, trustees and key ei	mployees) who ea	ch red	ceived	more
-	(a) Name and address of each employee paid more than \$100,000 $\rm N/A$	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	e) Expe count er allov	and
	<del></del>						
	nplete this table for the organization's five highest compensated independent of there is none, enter "None"  N/A		ı	· · · · · · · · · · · · · · · · · · ·			
	(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of ser	vice (c)	Com	pensa	ion_
<b>d</b> Tota	Il number of other independent contractors each receiving over \$100,00	00	<b></b>				
ign lere	Under penalties of perion, I declare that I have examined his return, including a correct, and complete Declaration of preparit former transformer is based on all Signature of officer	accompanying schedules and statemen I information of which preparer has any	ts, and to the best of my knowledge	y knowledge and beli	f, it is	true,	
	Type or print name and title	TteAs-					
aid reparer's	Preparer's signature	Date   Che   O 9 / 0 7 / 1 0 emp		arer's identifying nui	nber (S	See insti	7)
se Only	Firm's name (or yours DAVID E. TULLY & ASSOC	CIATES, PA	EIN	<b>&gt;</b>		_	
	if self-employed). 20 TRAFALGAR SQUARE SU		Phon	_			
	address, and ZIP+4 NASHUA, NH 03063		no	603-88	6-	888	5
lav the IF	RS discuss this return with the preparer shown above? See instructions		I		Ye		No
	and property of the state of th	<del>-</del> -				90-EZ	

FORM 990-EZ	ОТІ	HER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
ASSESSMENT AND FEES				15,7	
INSURANCE INVESTMENT MANAGEMENT	FEES			1,00	98.
MEETINGS AND CONVOCAT				3,30	08.
PAST OFFICER'S JEWELS MISCELLANEOUS					52.
TOTAL TO FORM 990-EZ,	LINE 16			20,9	37.
FORM 990-EZ	O1	THER ASSETS		STATEMENT	
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
170 SHS MASONIC BUILD: INVESTMENT - NASHUA M	8,500 24,223				
TOTAL TO FORM 990-EZ,	LINE 24	=	32,554.	32,72	23.
		= BLICLY TRADED S		32,72	3
		ELICLY TRADED S  COST OR OTHER BASIS			3
FORM 990-EZ GAIN	(LOSS) FROM PUE	COST OR	ECURITIES EXPENSE	STATEMENT  NET GAIN OR (LOSS	3
FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED	GROSS SALES PRICE  17,844.	COST OR OTHER BASIS	ECURITIES  EXPENSE  OF SALE	STATEMENT  NET GAIN OR (LOSS	3
FORM 990-EZ GAIN  DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINE	GROSS SALES PRICE  17,844.	COST OR OTHER BASIS	ECURITIES  EXPENSE OF SALE  0.	STATEMENT  NET GAIN OR (LOSS	3
FORM 990-EZ GAIN  DESCRIPTION SEE ATTACHED SCHEDULE TO FORM 990-EZ, LINE	GROSS SALES PRICE  17,844.	COST OR OTHER BASIS  18,281.	ECURITIES  EXPENSE OF SALE  0.	STATEMENT  NET GAIN OR (LOSS  <42	37.2
FORM 990-EZ GAIN  DESCRIPTION  SEE ATTACHED SCHEDULE  TO FORM 990-EZ, LINE  FORM 990-EZ OTHER OF LINE 20	GROSS SALES PRICE  17,844.	COST OR OTHER BASIS  18,281.	ECURITIES  EXPENSE OF SALE  0.	STATEMENT  NET GAIN OR (LOSS  <4:  <4:  STATEMENT	37.2

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	Г
SUPREME COUNCIL CHARITIES 33 MARRETT ROAD LEXINGTON, MA 02421	NONE	15	50.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		15	50.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT				
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			

## **AARON P HUGHES LODGE OF PERFECTION** 08/01/2009 THRU 07/31/2010 GAIN/LOSS SCHEDULE 02-0263005

	GAIN	(LOSS)	(0)	(48 40)	(176 16)	(142.50)	(194.33)	(101.43)	(71 54)	36.53	165.91	(532.92)	,		16.05	14.	(5 04)	(7.73)	(14.37)	2.25	28.33	42.25	151.87	3.71	11.42	22.15	57.60	309.90
	TOTAL	COST	795.70	70 607	1,471.04	507.10	601.45	603.40	66 099	169.12	510.70	5,577.10		1,820.57		1	32.95	127 17	321.30	8.13	90.99	ı	ı	•	1	•	-	2,376.18
GROSS	SALES	PRICE 702 70	740.40	21.0.12	1,294.88	364 60	407.12	501.97	589 45	205.65	676.61	5,044.18		1,820.57	16.05	1.41	27.91	119.44	306 93	10.38	94.39	42.25	151.87	3.71	11.42	22 15	57.60	2,686.08
		DESCRIPTION TD ASSET MGMT US GOVT PORT INSTIT #2	BARON GROWTH FILIND #587		COLUMBIA VALUE & RESTRUCTUING FUND #2051	DAVIS NY VENTURE FD INC CL Y FUND 909	FIDLIETY 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 STOCK FUND #64	VANGUARD SELECTED VALUE FUND #934						BARON GROWTH FUND #587	COLUMBIA VALUE & RESTRUCTUING FUND #2051	T ROWE PRICE GROWTH STOCK FUND #40	T ROWE PRICE MID-CAP GROWTH FUND #64	VANGU	- PIMCO	_				VANGUARD GNMA FUND #36	•
	į	QTY 793.780 UNITS				11 915 SHS					43.951 SHS			1,820.570 UNITS	CAPITAL GAIN DIST	CAPITAL GAIN DIST	0.661 SHS	2.679 SHS		0.213 SHS	5.690 SHS	CAPITAL GAIN DIST						
	DATE	SOLD VARIOUS	10/19/2009	10/10/2000	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009	10/19/2009			1/31/2010	12/7/2009	12/16/2009	1/20/2010	1/20/2010	1/20/2010	1/20/2010	1/20/2010	12/11/2009	12/11/2009	12/21/2009	12/21/2009	12/21/2009	12/21/2009	

GAIN (LOSS)	(242.70)	(699 07) 3 86	2.74	7.04	0.74	5.75	10.98	37.32	(873.34)	,	(46.60)	(23.33)	645 46	83.98	659 51	(436.85)
TOTAL COST 814.13	1,085.47	2,946.19 156.29	296.47	662 48	82.89	469.55	,	•	6,513 47	840.08	363.01	310.27	2,104.04	196.58	3,813.98	18,280.73
GROSS SALES PRICE 814.13	842 77	2,247.12	299.21	669.52	83.63	475 30	10.98	37.32	5,640.13	840 08	316.41	286 94	2,749.50	280.56	4,473.49	17,843.88
DESCRIPTION TD ASSET MGMT US GOVT PORT INSTL #2	MES BESEABOLI NITTENATIONS CONTROL 21 100 1290	MFS RESEARCH INTERNATIONAL FUND FUND #899 ARTIO TOTAL RETURN BOND FD-1 #1524	FEDERATED TOTAL RETURN BOND FD #328	PIMCO TOTAL RETURN INSTL #35	TD ASSET MGMT SHORT TERM BOND #4	VANGUA	VANGUA	VANGUARD GNMA FUND #36		TD ASSET MGMT US GOVT PORT INSTL #2	BARON GROWTH FUND #587	T ROWE PRICE GROWTH STOCK FUND #40		VANGUARD SELECTED VALUE FUND #934		TOTALS
QTY 814.130 UNITS	43.263 SHS	106.450 SHS 11.854 SHS	27.350 SHS	61.311 SHS	8.199 SHS	44.214 SHS	CAPITAL GAIN DIST	CAPITAL GAIN DIST				10.604 SHS		16 932 SHS		
<b>DATE SOLD</b> 4/30/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010	2/11/2010		7/31/2010	6/14/2010	6/14/2010	6/14/2010	6/14/2010		

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