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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning June 1 , 2011, and ending May 31 , 20 12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Royal Arch Masons of Montana, Grand Chapter Club

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 824

City or town, state or country, and ZIP + 4
Conrad, MT 59425-0824

D Employer identification number
81 0189869

E Telephone number
406 271 2237

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶ Modified cash

I Website: ▶ yorkrite.org/mt

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☑ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	1150.25
	3	Membership dues and assessments			3	8754.00
	4	Investment income			4	1847.02
	5a	Gross amount from sale of assets other than inventory	5a	5757.27		
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	5757.27
	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	190.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	17698.54
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	1450.25
	11	Benefits paid to or for members			11	7090.29
	12	Salaries, other compensation, and employee benefits			12	4822.86
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	1616.56
	15	Printing, publications, postage, and shipping			15	140.71
	16	Other expenses (describe in Schedule O)			16	1164.37
	17	**Total expenses.** Add lines 10 through 16 ▶			17	16285.04
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1413.50
	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	437,015.79
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	438,429.29

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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	445,293.04	22	446,706.54
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	445,293.04	25	446,706.54
26	**Total liabilities** (describe in Schedule O)	8,277.25	26	8,277.25
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	437,015.79	27	438,429.29

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? **Charitable & Fraternal activities**

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 and section 4947(a)(1) trusts; optional for others.)

28	**Awards for members and public** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	155.45
29	**Paid Life Membership returns** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	5434.84
30	**Publication & Annual Session for members** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	1187.71
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	500.00
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	7278.00

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 address	(b) Title and 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
George Dengel P.O. Box 22 Grass Range, MT 59032	Grand High Priest	-0-	-0-	1,500.00
John M. Metcalf 905 26th Ave S.W. Great Falls, MT 59404	Grand Treasurer	-0-	-0-	-0-
Brad Huffman P.O. Box 824, Conrad, MT 59425	Grand Secretary, 8hr/week	4999.99	-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 ☐

			Yes	No
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 ▶ _____ ; section 4912 ▶ _____ ; 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 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		
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 ▶ _____			
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		
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 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 account)? 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.**	42b		✓
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: ▶ _____	42c		✓
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			
			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		✓
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
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	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
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		

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 address of each employee paid more than $100,000	(b) Title and 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 address of each independent contractor paid more than $100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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 _____ Date 10-3-2012

▶ **Bradford L. Huffman, Grand Secretary/Recorder**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Royal Arch Masons of Montana, Grand Chapter Club

Employer identification number
81 0189869

10/02/12

MT GRAND CHAPTER ROYAL ARCH MASONS
Budget vs. Actual
June 2011 through May 2012

	Jun '11 - May '12	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Due PLM fund	1,150 25			
Misc Income	190.00			
Per Capita Due & PAyable	0 00	1,350 00	-1,350 00	0 0%
Per Capita Dues	8,754.00	9,675.00	-921 00	90 5%
Transfer from UBS PLM Account	5,757.27			
Total Income	15,851 52	11,025 00	4,826.52	143 8%
Expense				
Apron & Jewel	155 45	400 00	-244.55	38.9%
Dan Pushee Web Site	0.00	100 00	-100 00	0 0%
Grand Officer Travel	1,500 00	1,500.00	0 00	100 0%
Misc Expense	157 50	250 00	-92 50	63 0%
Office Expense	6,600.00	6,600 00	0.00	100.0%
Per Capita xpense	987.00	1,000 00	-13.00	98 7%
PLM Payments	5,434.84			
PLM Transfer to UBS PLM Account	950.25			
Youth Group Donation	500 00	500 00	0.00	100 0%
Total Expense	16,285 04	10,350 00	5,935.04	157.3%
Net Ordinary Income	-433.52	675.00	-1,108 52	-64.2%
Other Income/Expense				
Other Income				
PLM Investment gain/loss	-4,546 40			
TH Investment gain/loss	6,393 42			
Total Other Income	1,847 02			
Net Other Income	1,847.02	0.00	1,847 02	100.0%
Net Income	**1,413.50**	**675.00**	**738.50**	**209.4%**

Name of the organization: Royal Arch Masons of Montana, Grand Chapter Club

Employer identification number: 81 0189869

10/02/12

MT GRAND CHAPTER ROYAL ARCH MASONS
Balance Sheet
As of May 31, 2012

	May 31, '12
ASSETS	
Current Assets	
Checking/Savings	
RA Checking	-896 95
Total Checking/Savings	-896 95
Total Current Assets	-896 95
Other Assets	
Due from other funds	18,192.00
Paid Life membership RA	130,471 38
Tesch Hedges Memorial	298,940 11
Total Other Assets	447,603 49
TOTAL ASSETS	**446,706.54**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Due other Funds RA	444 16
Montana RARA Fund	6,424.84
RA Triennual Fund	681.00
RARA Fund	727.25
Total Other Current Liabilities	8,277.25
Total Current Liabilities	8,277.25
Total Liabilities	8,277 25
Equity	
Opening Bal Equity	479,686.47
Retained Earnings	-42,670 68
Net Income	1,413 50
Total Equity	438,429.29
TOTAL LIABILITIES & EQUITY	**446,706.54**

Name of the organization	Employer identification number
Royal Arch Masons of Montana, Grand Chapter Club	81 0189869

10/03/12

MT GRAND CHAPTER ROYAL ARCH MASONS
Profit and Loss
June 2011 through May 2012

	Jun '11 - May '12
Ordinary Income/Expense	
Income	
Due PLM fund	1,150 25
Misc Income	190 00
Per Capita Dues	8,754 00
Transfer from UBS PLM Account	5,757 27
Total Income	15,851 52
Expense	
Apron & Jewel	155 45
Grand Officer Travel	1,500 00
Misc Expense	157 50
Office Expense	6,600 00
Per Capita xpense	987 00
PLM Payments	5,434 84
PLM Transfer to UBS PLM Account	950.25
Youth Group Donation	500 00
Total Expense	16,285 04
Net Ordinary Income	-433.52
Other Income/Expense	
Other Income	
PLM Investment gain/loss	-4,546 40
TH Investment gain/loss	6,393 42
Total Other Income	1,847 02
Net Other Income	1,847 02
Net Income	**1,413.50**