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A For the 2011 calendar year, or tax year beginning 08-01-2011

C Name of organization
ANCIENT ACCEPTED SCOTTISH RITE FREEMASON

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

As Filed Data -

DLN: 93492272005202

D Employer identification number

2011

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**B** Check if applicable

**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)

**Short Form** 

▶ 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

, and ending 07-31-2012

**Open to Public Inspection** 

$\Gamma$	ddress	change ANCIENT ACCEPTED SCOTTISH RITE FREEMASON RY NMJ NASHUA VALLEY PRINCES JERUSALEM	02-0263004	
Name change Initial return		nange Number and street (or P O box, if mail is not delivered to street address) Room/suite E 1	Telephone nu	
_			(603	) 882-4931
_	eminat	1	Group Exemp	
_	oplicatio	Number • 0259		
	- Pileatic	on penaling		
		required to	attach Sc	rganization is <b>not</b> hedule B or 990-PF)
J Tax	-Exem <sub>l</sub>	pt status(check only one)— 501(c)(3) 501(c)(10) ◀(insert no ) 4947(a)(1) or 527		
norm <u>ınstr</u>	nally <b>n</b> uction	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the organization of a section 527 organization of the organization chooses to file a return, be sure to file a complete return	ostcard) m	ay be required (see
L Add more		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, Form 990 instead of Form 990-EZ  ** \$32,355	, column (B)	below) are \$500,000 or
Pa	rt I	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the Instr Check if the organization used Schedule O to respond to any question in this Part I	uctions fo	r Part I) . . . <b>. ▽</b>
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	5,570
	3	Membership dues and assessments	3	
	4	Investment income	4	1,635
	5a	Gross amount from sale of assets other than inventory 5a 24,8	325	
9	ь	Less cost or other basis and sales expenses 5b 23,1	174	
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,651
Q O	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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		
	ь	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	325
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9,181
	10	Grants and similar amounts paid (list in Schedule O )	10	302
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	1,592
us Ou	13	Professional fees and other payments to independent contractors	13	210
S C	14	Occupancy, rent, utilities, and maintenance	14	3,259
Expenses	15	Printing, publications, postage, and shipping	15	1,076
	16	Other expenses (describe in Schedule O)	16	2,652
	17	Total expenses. Add lines 10 through 16	17	9,091
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	90
etAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
4	-	end-of-year figure reported on prior year's return)	19	98,074
S S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-289
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	97,875
		are are an area are are are are are are are are ar	41	3,,0,3

Part II Balance Sheets					_
Check if the organization used	Schedule O to respond to	any question in t	hıs Part II		<u></u> ▼
(See the instruct	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			83,587	7 22	83,349
23 Land and buildings			03,307	23	00,010
24 Other assets (describe in Schedule O			14,487	++	14,526
25 Total assets	,	•	98,074	+ +	
26 Total liabilities (describe in Schedule			· · · · · · · · · · · · · · · · · · ·	26	97,875
·	,	th l.m. 21 \		+-+	
27 Net assets or fund balances (line 27 of Part IIII Statement of Program 9	<u>`</u>	·	98,074	<u>+  27  </u> 	97,875
Check if the organization used	<del>-</del>		this Part III	(Re	Expenses quired for section 501
What is the organization's primary exempt		an, question in		(c)	(3) and 501(c)(4)
DOMESTIC FRATERNAL ORGANIZATION				_	anizations and section
Describe the organization's program servic					47(a)(1) trusts, ional for others)
measured by expenses In a clear and cond		services provided	d, the number of persons		,
benefited, and other relevant information fo 28 DOMESTIC FRATERNAL ORGANIZATI				+	
	s amount includes foreign (	grants, check her	e <b>▶</b> ┌	28a	0
29		,		+	
(Crants t )	s amount includes foreign (	aranta abaak ba	<b>.</b> .		
<del>`</del>	s amount includes loreign (	grants, check her	~e ▶ ┌	29a	
30					
(Grants \$ ) If the	s amount includes foreign (	grants, check her	e ▶ ┌	30a	
<b>31</b> Other program services (describe in Sci			<u>.</u>		
<u> </u>	s amount includes foreign (		<u>'</u>	31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Tru				struction	ns for Part IV )
Check if the organization used	(b) Title and average	(c) Compensa		· ·	(e) Expense
(a) Name and address	hours per week	(If not paid	1 ` '		
	devoted to position	enter -0)			other allowances
See Additional Data Table					

Form	990-EZ (2011)			Page
Pa	<b>Other Information</b> (Note the 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		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35	If the organization had income from business activities, such as those reported on lines 2,6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income of Form 990-T	n		
a	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		No
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> 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		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets durin the year? If "Yes," complete applicable parts of Schedule N	g <b>36</b>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a	О		
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 <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on line 9			
	· · · · · · · · · · · · · · · · · · ·	$\dashv$		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
Ь	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	<u> </u>	
С	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	_		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ JOSEPH J H BEAUMONT Telephone n	o 🟲 <u>(60</u>	)3)598	<u>-5460</u>
	7 TERRELL LANE Located at HOLLIS, NH ZIP + 4	• <u>0</u>	3049	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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			
c	Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		No
			.1	
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	· ·	<u>►</u> 1
			Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44a	<u> </u>	No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanatio			"
	ın Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	45a		No
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
	e organization engage, directly of ates for public office? If "Yes,"			ehalf of o	r in opposition to	46		No
art VI	Section 501(c)(3) organ All section 501(c)(3) organ 47-49b and 52.			_			_	stion
	Check if the organization used	I Schedule O to respond t	o any question in this F	Part VI				Г
		•	, ,				Yes	No
	e organization engage in lobbyin 5," complete Schedule C, Part I		ction 501(h) election in	effect du	ring the tax year?	47		
3 Istheo	organization a school described	d in section 170(b)(1)(A)	(II)? If "Yes." complete S	Schedule E	<del>.</del>	48		
	e organization make any transfe					49a		
				cioni		49b		
	s," was the related organization	_						
	ete this table for the organization (ees) who each received more t							
•	nd address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employ	ontributions to ee benefit plans & ed compensation	àc	Exper count a r allowa	ınd
		<u> </u>		+				
		i						
<b>L</b> Comple	I number of other employees pa ete this table for the organization pensation from the organization	on's five highest compens	•		• • • • • • • • • • • • • • • •	nore th	an \$100	0,00
L Comple	ete this table for the organization	on's five highest compens n If there is none, enter "	None "		• • • • • • • • • • • • • • • •		an \$100	•
L Comple	ete this table for the organization	on's five highest compens n If there is none, enter "	None "					•
. Comple	ete this table for the organization	on's five highest compens n If there is none, enter "	None "					
. Comple	ete this table for the organization	on's five highest compens n If there is none, enter "	None "					
. Comple	ete this table for the organization	on's five highest compens n If there is none, enter "	None "					
L Comple of comp	ete this table for the organization	on's five highest compens n If there is none, enter "	None "					
Complete of comple	ete this table for the organization	on's five highest compens If there is none, enter " Indent contractor paid more Indent	None " re than \$100,000 g over \$100,000 n 501(c)(3) organization	(b) T	ype of service	(c) C	ompens	satio
Completion of completion (a) Nan  Total Did total with the control of the control	ete this table for the organization pensation from the organization me and address of each independent of other independent conganization complete Sche	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving adule A? <b>NOTE:</b> All Section A	None " re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying sch	(b) T	ype of service	mpt cha	aritable (es form)	trust
Total  Did towledge and owledge.	ete this table for the organization pensation from the organization me and address of each independent and address of each independent of other independent of other independent attach a completed Schedule are of perjury, I declare that I have	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving adule A? <b>NOTE:</b> All Section A	None " re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying sch	(b) T	ype of service	mpt cha	aritable (es form)	trust
Completion of completion (a) Name (b) Name (c) N	ete this table for the organization pensation from the organization me and address of each independent and address of each independent of the organization complete Schet attach a completed Schedule and belief, it is true, correct, and contact the organization complete is the organization complete of the organization complete of the organization completed Schedule and belief, it is true, correct, and contact the organization complete is the organization complete of the organization complete organiz	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving dule A? NOTE: All Sectio A	None " re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying sch	(b) T	ype of service  947(a)(1) nonexer	mpt cha	aritable (es form)	trust:
Total  Did toweledge and owledge.  gn ere	ete this table for the organization pensation from the organization me and address of each independent of the organization complete Schet attach a completed Schedule described by the correct, and complete for the organization complete of the organization complete of the organization complete of the organization completed of the organization completed of the organization complete of the organization completed organization completed of the organization completed organization complet	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving adule A? NOTE: All Section A  De examined this return, including properties. Declaration of preparation of prepa	re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying schemater (other than officer)  ate 12-09-28  Character (character)	ons and 4' edules and is based of	ype of service  947(a)(1) nonexer  d statements, and to all information of	mpt cha	aritable (es for my preparei	trust:
Total 2 Did toweledge and owledge.  gn ere  id eparer's F	ete this table for the organization pensation from the organization me and address of each independent of the organization complete. Sche tattach a completed Schedule attach a completed Schedule attach is true, correct, and complete, it is true, correct, and complete schedule attach a complete schedule.  ******  Signature of officer  JOSEPH JH BEAUMONT TREASURER Type or print name and title  Preparer's signature  DAVID TULLY	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving adule A? NOTE: All Section A  De examined this return, including properties. Declaration of preparation of prepa	re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying schemater (other than officer)  ate 12-09-28  Character (character)	ons and 4 edules and is based of	ype of service  947(a)(1) nonexer  on all information of  2012-09-28  Date  Preparer's taxpay (See instructions	mpt cha	aritable (es for my preparei	trust:
Total  Total  Did t must  der penaltie owledge and owledge.	ete this table for the organization pensation from the organization me and address of each independent of the organization complete. Sche tattach a completed Schedule with the organization complete Schedule	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving dule A? NOTE: All Section A	re than \$100,000  g over \$100,000  n 501(c)(3) organization  uding accompanying schemater (other than officer)  ate 12-09-28  Character (character)	ons and 4 edules and is based of	ype of service  947(a)(1) nonexer  on all information of  2012-09-28  Date  Preparer's taxpay (See instructions P00000857	mpt cha pt the be which	ompens aritable fes  st of my preparet	trust:

Form 990-EZ (2011)

Page **4** 

Software ID: Software Version:

**EIN:** 02-0263004

Name: ANCIENT ACCEPTED SCOTTISH RITE FREEMASON

RY NMJ NASHUA VALLEY PRINCES JERUSALEM

#### Form 990-EZ, Special Condition Description:

#### **Special Condition Description**

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ROBERT M PORTER 5 DONOVAN DRIVE NASHUA,NH 030621453	SECRETARY 2 00	1,200	0	0
WILLIAM WARVIDSON 260 SHORE DRIVE SALEM,NH 030791694	SOVEREIGN PRINCE 0 50	0	0	0
DENNIS WEBSTER 8 SARGENT AVE NASHUA,NH 030641804	HIGH PRIEST 0 50	0	0	0
DAVIS K BRYANT THRU 52912 5 WESTFIELD STREET NASHUA,NH 030642041	TREASURER 0 50	250	0	0
RICHARD J THOMPSON 28 OAK GROVE TRL NASHUA,NH 030621283	TRUSTEE 0 50	0	0	0
G RAYMOND PALMER 10 NEWTON STREET HUDSON,NH 030514021	HOSPITALER 0 50	0	0	0
JEROME T BECKER 240 RAYMOND ROAD CANDIA,NH 030342123	SR WARDEN 0 50	0	0	0
JOHN G SENTER MSA 3 SHAWNEE DRIVE NASHUA,NH 030621874	TYLER 0 50	0	0	0
JOHN S GEAS 4 GENA AVENUE DERRY,NH 030385342	JR WARDEN 0 50	0	0	0
GEORGE D HOLDEN JR 16 MESSER AVENUE SALEM,NH 030794511	MASTER OF CEREMONIES 0 50	0	0	0
JOSEPH JH BEAUMONT THRU 52912 7 TERRELL LANE HOLLIS,NH 030498509	TREASURER 0 50	50	0	0
EDWARD A LEWIS 29 MATTHIAS ST SALEM,NH 030793255	MASTER OF ENTRANCES 0 50	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492272005202

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 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
ANCIENT ACCEPTED SCOTTISH RITE FREEMASON
RY NMJ NASHUA VALLEY PRINCES JERUSALEM

Employer identification number

02-0263004

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME - TD WEALTH 1,588 INVESTMENT INCOME - NASHUA MASONIC BODIES TRUST 39 INTEREST INCOME - CD'S AND SAVINGS 8 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,635
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION FEES AMOUNT 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANTEE NAME SUPREME COUNCIL CHARITIES GRANTEE ADDRESS 33 MARRETT ROAD LEXINGTON, MA 02421 AMOUNT GIVEN 302
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 331 DESCRIPTION INVESTMENT MANAGEMENT FEES AMOUNT 738 DESCRIPTION MEETINGS AND CONVOCATIONS AMOUNT 1,316 DESCRIPTION PAST OFFICER'S JEWELS AMOUNT 226 DESCRIPTION MISCELLANEOUS AMOUNT 41 TOTAL TO FORM 990-EZ, LINE 16 2,652
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED INVESTMENT (GAIN)/LOSS AMOUNT -289
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK BEG OF YEAR AMOUNT 3,750 END OF YEAR AMOUNT 3,750 DESCRIPTION INVESTMENT - NASHUA MASONIC BODIES TRUST BEG OF YEAR AMOUNT 10,737 END OF YEAR AMOUNT 10,776

# **TY 2011 Transfers Personal Benefits Contracts Declaration**

Name: ANCIENT ACCEPTED SCOTTISH RITE FREEMASON

RY NMJ NASHUA VALLEY PRINCES JERUSALEM

**EIN:** 02-0263004

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.