See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JULY 01 , 2012, and ending JUNE 30 , 2013

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

C Name of organization KNIGHTS TEMPLAR OF THE USA NO 2 PCD

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 68 WASHINGTON AVE — Room/suite

City, town or post office, state, and ZIP code South Portland ME 04106

D Employer identification number 01-6010273

E Telephone number (207) 799-7990

G Gross receipts $ 556,290

F Name and address of principal officer: See attachment #1

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ PORTLANT-ST-ALBAN-COMMANDERY-NO2.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ Frater **L** Year of formation 1847 **M** State of legal domicile ME

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See attachment #2

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	215
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,450	1,314
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163,019	115,103
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,469	116,618
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,687	31,190
14	Benefits paid to or for members (Part IX, column (A), line 4)		373
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,190	29,173
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,744	57,393
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,621	118,129
19	Revenue less expenses. Subtract line 18 from line 12	51,848	-1,511

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,221,162	2,567,435
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	2,221,162	2,567,435

RECEIVED
NOV 18 2013
875
OGDEN, UT
IRS-OSC

Part II Signature Block

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

▶ X Paul A Rollins — Signature of officer — Date 14 NOV 2013

▶ PAUL A ROLLINS TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name WENDY BOWLER	Preparer's signature Wendy Bowler	Date 11-13-2013	Check ☒ if self-employed — PTIN P00033083
Firm's name ▶ H AND R BLOCK			Firm's EIN ▶ 043384414
Firm's address ▶ 14 MAIN ST GORHAM ME 04038			Phone no. 2078393317

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JVA 12 9901 TWF 990 Copyright Forms (Software Only) - 2012 TW

SCANNED DEC 17 2013

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☒

1 Briefly describe the organization's mission

See attachment #3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 22,900 including grants of $ 22,900) (Revenue $ _____)

See attachment #4

4b (Code _____) (Expenses $ 3,250 including grants of $ 3,250) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 26,150

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	**Section 501(c)(3) organizations.** 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 N/A	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . N/A		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . N/A		3b		
4a	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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . N/A		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . N/A		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . N/A		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . N/A		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See attachment #5

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☒

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation

Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former				
Paul A Rollins Treasurer	10.00			X					12,000		
Walter L Hayes Recorder	5.00			X					9,000		
Kenneth Caldwell Armorer	2.00			X					1,200		
Wyette Lowe Eminent Commander Webmaster	2.00			X					1,200		
Thomas A Emery Generalissimo	1.00			X							
Michael Doten Sr Captain General	1.00			X							
Charles Torrens Senior Warden	1.00			X							
Burton Babbadge Junior Warden	1.00			X							
Lincoln Turner Prelate	1.00			X							
Nicholas Babbidge Standard Bearer	1.00			X							
Joad Welch Sword Bearer	1.00			X							
Daniel P Verrill Warder	1.00			X							
Brian J Byers Sentinel	1.00			X							

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
1b **Sub-total**								▶	23400		
c **Total from continuation sheets to Part VII, Section A**								▶			
d **Total (add lines 1b and 1c)**								▶	23400		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual 4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a Federated campaigns	1a				
	b Membership dues	1b	1,080			
	c Fundraising events	1c	199			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	35			
	g Noncash contributions included in lines 1a-1f	$				
	h **Total.** Add lines 1a-1f		1,314			
PROGRAM SERVICE REVENUE		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)		45,200	45,200		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	509,575				
	b Less: cost or other basis and sales expenses	439,672				
	c Gain or (loss)	69,903				
	d Net gain or (loss)			69,903	69,903	
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less. direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less. cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	**Business Code**				
	11a Payroll Tax Refunds		201	201		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		201			
	12 **Total revenue.** See instructions		116,618	115,304		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	27,940	27,940		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,250	3,250		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members	373	373		
5 Compensation of current officers, directors, trustees, and key employees	21,165	8,090	13,075	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	577	577		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,431	619	6,812	
11 Fees for services (non-employees)				
a Management				
b Legal	105		105	
c Accounting	4,550		4,550	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,937		23,937	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	1,853	998	855	
14 Information technology				
15 Royalties				
16 Occupancy	15,200	15,200		
17 Travel	1,659	1,659		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,794	4,472	322	
20 Interest				
21 Payments to affiliates	3,117	3,117		
22 Depreciation, depletion, and amortization				
23 Insurance	426		426	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Annual State Filing	35		35	
b Safety Deposit Box	66		66	
c Uniforms	585	585		
d Website renewal	216		216	
e All other expenses	850		850	
25 **Total functional expenses.** Add lines 1 through 24e	118,129	66,880	51,249	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest-bearing	28,432	1	2,509
	2	Savings and temporary cash investments	10,009	2	36,607
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	375,000	7	639,500
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments -- publicly traded securities	1,807,721	11	1,888,819
	12	Investments -- other securities. See Part IV, line 11		12	
	13	Investments -- program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,221,162	16	2,567,435
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	2,221,162	32	2,567,435
	33	Total net assets or fund balances	2,221,162	33	2,567,435
	34	Total liabilities and net assets/fund balances	2,221,162	34	2,567,435

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,618
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,129
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,221,162
5	Net unrealized gains (losses) on investments	5	347,784
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,567,435

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2012 Open to Public Inspection

Name of the organization	Employer identification number
KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN CO	01-6010273

Part III - Line 4
Operates as a Faternal Order that will review all requests for assistance from any individual or organization & provide assistance when the Charity Committee approves a request.

Part VI Section C Line 19
Upon a requested to view documents, the Treasurer would make an appointment with the individual/group and have available for review the appropriate documents.
The organization has an annual review with the Grand Commandery of Maine and also must have any & all by-law changes approved by that group prior to making the change.

Part VII - Some officers have paid positions due to the need to have them working year round on their tasks and the extended time & responsibilities required in these positions

Part XI, Line 5 - Adjustment due to market value of investments

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection

For calendar year 2012, or tax period beginning 07-01-2012, and ending 06-30-2013.

Name of Organization

KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM

Employer Identification Number

01-6010273

990, Page 1, Line F

Principal officer name . . . . THOMAS EMERY

or

Business Name:

Street Address . . . . 9 LORING AVE

U.S. Address:

Zip code 04210- City Auburn State ME

or

Foreign Address

City . . . .

Province or State . . . .

Country . . . .

Postal code . . . .

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01 , and ending 06-30-2013

Name of Organization	Employer Identification Number
KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM	01-6010273

Primary Purpose
Service to Fraternal Order - promoting truth, faith, self-sacrifice & reverence to Christian ideas. ..... The primary purpose is to provide charity to the community, members and individuals in need. This is accomplished by donating to food banks, churches & local missions, Salvation Army, Knights Templas Eye Foundation. Provided scholarships to promote higher educations. Proved grants for those who are unable to pay or receive adequate assistance from other sources or government agencies, especially with home repairs, heating & electrical needs & funeral services.

990 PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013	
Name of Organization		Employer Identification Number
KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM		01-6010273

Primary Purpose
Service to Fraternal Order - promoting truth, faith, self-sacrifice & reverence to Christian ideas. ..... The primary purpose is to provide charity to the community, members and individuals in need. This is accomplished by donating to food banks, churches & local missions, Salvation Army, Knights Templas Eye Foundation. Provided scholarships to promote higher educations. Proved grants for those who are unable to pay or receive adequate assistance from other sources or government agencies, especially with home repairs, heating & electrical needs & funeral services.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012, or tax period beginning 07-01-2012, and ending 06-30-2013.

Name of Organization	Employer Identification Number
KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM	01-6010273

Part III - Statement of Program Service Accomplishments

Code: Expenses: 22,900 including Grants of: 22,900 Revenue.

Exempt Purpose Achievements

Provide funds to food banks and food assistance programs throughout Southern Maine

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2012, or tax period beginning 07-01-2012, and ending 06-30-2013.

Name of Organization	Employer Identification Number
KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM	01-6010273

Part III - Statement of Program Service Accomplishments

Code: Expenses 3,250 including Grants of 3,250 Revenue

Exempt Purpose Achievements

Provide scholarships for individuals attending post secondary educational programs

990 BOOKS ARE IN CARE OF

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection

For calendar year 2012 or tax period beginning 07-01 , and ending 06-30-2013

Name of Organization: KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM

Employer Identification Number: 01-6010273

Part VI - Line 20

Individual Name or Business Name: Paul Rollins

Street Address: 68 Washington Ave

U.S. Address

Zip code 04106 City South Portland State ME

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (207)799-7990

Fax Number

990 PAGE 10, All OTHER EXPENSES

Attachment 6: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection

For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013.

Name of Organization: KNIGHTS TEMPLAR OF THE USA NO 2 PORTLAND ST ALBAN COMM

Employer Identification Number: 01-6010273

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Exempt Status Request	850		850	
Total:	850		850	

STATEMENT #1 - Investment income (990-EO PG 1 Line 10)

Bath Savings Inst - INT		
Interest - MorganStanley 392-34569-11		
Dividends - MorganStanley 392-34569-11		
Qualified Div - MorganStanley 392-34569-11		
OID - MorganStanley 392-34569-11		
Other Income - MorganStanley 392-34569-11		
Interest - MorganStanley 392-34626-12		
Dividends - MorganStanley 392-34626-12		
Qualified Div - MorganStanley 392-34626-12		
OID - MorganStanley 392-34626-12		
Other Income - MorganStanley 392-34626-12		
Dividends - MorganStanley 392-35185-12		
HM Payson - DIV		
AllianceBernstein Computershare - DIV		
Pershing LLC Dow Investment Group		
Loss from sale of securities		
2011 number.....	163,019	
TOTAL CARRIED TO 990-EO PG 1 Line 10.....		163,019

STATEMENT #2 - Printing, publication, postage (990 EZ PG 1 Line 15)

Printing - Trestle Board		
Publications - Rituals & Tatics		
Recorder Expenses		
Treasurer Expenses		
TOTAL CARRIED TO 990 EZ PG 1 Line 15		

STATEMENT #3 - Securities sales of assets (990-EO PG 9 Line 7a(i))

MorganStanley 846 2013.....	34,043	
MorganStanley 839 2013.....	119,596	
HM Payson.....	1,492	
MorganStanley 846.....	106,748	
MorganStanley 839.....	247,696	
TOTAL CARRIED TO 990-EO PG 9 Line 7a(i).....		509,575

STATEMENT #4 - Sec. cost other basis, s exp (990-EO PG 9 Line 7b(i))

MorganStanley 606111846 Jan-Jun13.....	38,285	
MorganStanley 606111839 Jan-Jun 13.....	104,495	
MorganStanley 606111846.....	105,288	
MorganStanley 606111839.....	191,604	
TOTAL CARRIED TO 990-EO PG 9 Line 7b(i).....		439,672

STATEMENT #5 - Benefits paid to or for member (990 EO PG 10 Line 4)

Local Donations Flowers	373	
TOTAL CARRIED TO 990 EO PG 10 Line 4		373

STATEMENT #6 - Payroll taxes (990 EO PG 10 Line 10)

SUTA	185	
FUTA	78	
SS Medicare Expenses	1,577	
2006 2008 Payroll taxes	5,591	
TOTAL CARRIED TO 990 EO PG 10 Line 10		7,431

STATEMENT #7 - Assist. to gov. and org in US (990 EO PG 10 Line 1a)

Food Banks, Churches, Fuel Assistance	17,000	
Childrens Dyslexier Fund	100	
Knight Templar Eye Foundation	2,340	
Opportunity Alliance Fuel Assistance	5,900	
Special Olympics	250	
Maine Demolay	100	
Masonic Temple Project	1,000	
General Assembly Maine Rainbow	250	
Grand Commandery Maine Endowment Fund	1,000	
TOTAL CARRIED TO 990 EO PG 10 Line 1a		27,940

STATEMENT #8 - Insurance (990 EO PG 10 Line 23)

Fire Contents	200	
Bond	226	
TOTAL CARRIED TO 990 EO PG 10 Line 23		426

STATEMENT #9 - Assist. to indiv. in US (990 EO PG 10 Line 2a)

Scholarships	3,250	
TOTAL CARRIED TO 990 EO PG 10 Line 2a		3,250

STATEMENT #10 - Investment manag. fees (990 EO PG 10 Line 11f)

Morgan Stanley 839	23,937	

TOTAL CARRIED TO 990 EO PG 10 Line 11f..... 23,937

STATEMENT #11 - Investment Income (990-EZ PG 1 Line 4)

Interest - Bath Savings Inst
Interest - MorganStanley 392-34569-11
Dividends - MorganStanley 392-34569-11
Qualified Div - MorganStanley 392-34569-11
OID - MorganStanley 392-34569-11
Other Income - MorganStanley 392-34569-11
Dividends - MorganStanley 392-34626-12
Qualified Div - MorganStanley 392-34626-12
Dividends - MorganStanley 392-35185-12
HM Payson - Div
AllianceBernstein Computershare - Div
Pershing LLC Dow Investment Group - Div

TOTAL CARRIED TO 990-EZ PG 1 Line 4

STATEMENT #12 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

Payroll

TOTAL CARRIED TO 990-EZ PG 1 Line 12

STATEMENT #13 - Professional Fees (990-EZ PG 1 Line 13)

Honorarium
MorganStanley 392-34569-11 Investment Mgmt

TOTAL CARRIED TO 990-EZ PG 1 Line 13

STATEMENT #14 - Beginning of Year - Cash (990-EZ PG 1 Line 22)

Bath Savings Checking
Bath Savings CD
HM Payson & CO
MorganStanley SmithBarney 392-34569-11
MorganStanley SmithBarney 392-34626-12
MorganStanley SmithBarney 392-35185-12
AllianceBernstein - Computershare
TD Banknorth CD Knight Memorial Fund
Loan to Masonic Trustees Land Outer Cong St

TOTAL CARRIED TO 990-EZ PG 1 Line 22

STATEMENT #15 - End of Year - Cash (990-EZ PG 1 Line 22)

Bath Savings Checking
Bath Savings CD - closed 04/06/2009
HM Payson & Co
MorganStanley SmithBarney 392-34569-11
MorganStanley SmithBarney 392-34626-12
MorganStanley SmithBarney 392-35185-12
AllianceBernstein - Computershre
TD Banknorth CD Knight Memorial Fund
Loan to Masonic Trustees Land Outer Cong St

TOTAL CARRIED TO 990-EZ PG 1 Line 22