

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-EZ**

OMB No 1545-1150

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 5 12(bx(13) must file Form 990. All other organizations with gross receipts less than \$200,000 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.

Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning AUG 1, 2012 and ending JUL	31,	2013									
В	Check if applicab	O Name of organization	ployer	identification number									
ANCIENT ACCEPTED SCOTTISH RITE FREEMASON													
~ <u>F</u>	_		02-0	263004									
	_			number									
	_	return	503-	882-4931									
⊇? <u> </u>		City or town state or country and 7ID + 4	oup Exe										
<u>-</u>		277 67777	-	► 0259									
<u>~~</u> _				If the organization is not									
		· · · · · · · · · · · · · · · · · · ·											
			equired to attach Schedule B Form 990, 990-EZ, or 990-PF).										
`~ 3	Check												
- 31		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).	סענוו נוונ	e organization chooses to life									
, -)		n, be sure to file a complete return.											
اشت		es 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,	. .	21 140									
_		, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	<u>▶ \$</u>	31,140.									
P	art I	_ · · · · · · · · · · · · · · · · · · ·	is ioi Pa	•									
		Check if the organization used Schedule O to respond to any question in this Part I		X									
	1	Contributions, gifts, grants, and similar amounts received	1	F 001									
	2	Program service revenue including government fees and contracts	2	5,001.									
	3	Membership dues and assessments	3	1 510									
	4	Investment income SEE SCHEDULE O	4_	1,518.									
	5a	Gross amount from sale of assets other than inventory 5a 24,196											
	b	Less: cost or other basis and sales expenses 5b 23,879	<u>-</u>										
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	317.									
	6	Gaming and fundraising events	1										
	a	Gross income from gaming (attach Schedule G if greater than											
Revenue		\$15,000) <u>6a</u>											
₹	Ь	Gross income from fundraising events (not including \$ of contributions											
ອີ ₂		from fundraising events reported on line 1) (attach Schedule G if the sum of such											
0		gross income and contributions exceeds \$15,000)											
ŊĄ∖	С	Less: direct expenses from gaming and fundraising events	_										
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d										
\supset	7a	Gross sales of inventory, less returns and allowances 7a	_										
	b	Less: cost of goods sold 7b	_										
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c										
	8	Other revenue (describe in Schedule 0) SEE SCHEDULE O	8	425.									
<u> </u>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	7,261.									
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O	10	629.									
	11	Benefits paid to or for members	11										
S	12	Salaries, other compensation, and employee benefits	12	1,592.									
ů	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	13	210.									
Expenses	14		14	3,307.									
Щ	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O)	15	1,309.									
	16	Other expenses (describe in Schedule O)	16	2,507.									
	17	Total expenses. Add lines 10 through 16	17	9,554.									
un.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<2,293.>									
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))											
As		(must agree with end-of-year figure reported on prior year's return)	19	97,875.									
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	6,531.									
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	102,113.									
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2012)									

232171 01-11-13

Check if the organization used S	schedule O to res	pond to any questi	on in this Part II		<u> </u>	<u>X</u> _
			(A) Beginning of year		(B) Er	nd of year
22 Cash, savings, and investments			83,349	. 22		87,557.
23 Land and buildings				23		
24 Other assets (describe in Schedule 0) SEE	SCHEDULE O		14,526	. 24		14,556.
25 Total assets			97,875	25		102,113.
26 Total liabilities (describe in Schedule 0)			0	. 26		0.
27 Net assets or fund balances (line 27 of column (B) n	nust agree with line 21)		97,875	. 27		102,113.
Part III Statement of Program Service	Accomplishmen	its (see the instruct	tions for Part III)			penses
Check if the organization used S	Schedule O to res	pond to any questi	on in this Part III			for section
What is the organization's primary exempt purpose?DOM	ESTIC FRATE	RNAL ORGANIZ	ATION			and 501(c)(4) ons and section
Describe the organization's program service accomplishments for each	of its three largest program s	ervices, as measured by expens	ses In a clear and concise		4947(a)(1)	trusts; optional
manner, describe the services provided, the number of persons benefit					for others.))
28 DOMESTIC FRATERNAL ORGAN	IZATION					
					.	
					.	
Charitable Outreach	ıncludes foreign g	rants, check here	•		28a	
29						
Assistance to Individuals					.	
 Support Childrens' Learning Centers 	includes foreign g	rants, check here			29a	
30						
					1	
(Grants \$) If this amo	ount includes foreign g	rants, check here	<u> </u>		30a	
31 Other program services (describe in Schedule O						
(Grants \$) If this amo	ount includes foreign g	rants, check here			31a	
32 Total program service expenses (add lines 28a	through 31a)		• • • • • • • • • • • • • • • • • • • •	▶	32	
Part IV List of Officers, Directors, True					nstructions fo	or Part IV)
Check if the organization used S	Schedule O to res	pond to any questi	on in this Part IV			
		(b) Average hours	(C) Reportable	(d) Hea	alth benefits, ibutions to	(e) Estimated
(a) Name and title		per week devoted to	compensation (Forms W-2/1099-MISC)	empla	yee benefit and deferred	amount of other
		position	(if not paid, enter -0-)		pensation	compensation
ROBERT M. PORTER						
SECRETARY	·	2.00	0.		0.	0.
WILLIAM W. ARVIDSON						
SOVEREIGN PRINCE		0.50	0.		0.	0.
DENNIS WEBSTER	- 10					
HIGH PRIEST		0.50	0.		0.	0.
RICHARD J. THOMPSON						
TRUSTEE		0.50	0.		0.	0.
G. RAYMOND PALMER			_		_	_
HOSPITALER		0.50	0.		0.	0.
JEROME T. BECKER						
SR WARDEN		0.50	0.		0.	0.
JOHN G. SENTER, M.S.A.						
TYLER		0.50	0.		0.	0.
JOHN S. GEAS					ļ	
JR WARDEN	-	0.50	0.		0.	0.
GEORGE D. HOLDEN, JR						1
MASTER OF CEREMONIES		0.50	0.		0.	0.
JOSEPH J.H. BEAUMONT						
TREASURER	·	0.50	300.		0.	0.
EDWARD A LEWIS						
MASTER OF ENTRANCES		0.50	0.		0.	0.
					ĺ	

Form 990-EZ (2012)

232172 01-11-13

ANCIENT ACCEPTED SCOTTISH RITE FREEMASON

RY NMJ NASHUA VALLEY PRINCES JERUSALEM

02-0263004

Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	nis Par	t V	\mathbf{x}
	instructions for Fart V) Officert if the organization about Control to any queetien in a			No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			1.0
•	activity in Schedule O	33		Х
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		Х
35 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		X
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	N/	Α
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	<u></u>	X
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_	ļ	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(4)(7) accomplished. Firster	+		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A	1		
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	┪		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┥		
40 a	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4915 \blacktriangleright N/A			
h	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	N/	A
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		ļ'	
	organization N/A			
е	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		X
41	List the states with which a copy of this return is filed NONE	00 E	460	
42 a	The organization's books are in care of ► JOSEPH J. H. BEAUMONT Located at ► 7 TERRELL LANE, HOLLIS, NH ZIP + 4 ►			
	Located at 7 TERRELL LANE, HOLLIS, NH At any time during the calendar year, did the organization have an interest in or a signature or other authority	0304	<u> </u>	
D	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	Х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
		Γ	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ .	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	445		- T
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year? If "Yea" to line 446, here the organization filed a Form 720 to conort these payments? If "Ale," provide an explanation	44c		
a	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		
45.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	700		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	, , , , , , , , , , , , , , , , , , ,	Form 9	90-F7	(2012)

• Form 990-EZ (2	ANCIENT ACCEPTE					00 00600	0.4	Dogg 4					
1 UIII 330-LZ (Z	RY NMJ NASHUA V	ALLEY PRIN	CES JER	USALEM		<u>02-02630</u>		Page 4 No					
	ganization engage, directly or indirectly, in pol omplete Schedule C, Part I	itical campaign activitie	s on behalf of o	r in oppositio	n to candidates for pu			X					
	Section 501(c)(3) organizations	only		·			46	1 A					
	All section 501(c)(3) organizations must a	_	49b and 52, a	and complete	the tables for line	s 50 and 51							
	Check if the organization used Schedule												
			•				Yes	No					
47 Did the or	ganization engage in lobbying activities or hav	e a section 501(h) elect	tion in effect du	ring the tax ye	ar? If "Yes," complete	e Sch. C, Part II	47						
48 Is the orga	anization a school as described in section 170	(b)(1)(A)(II)? If "Yes," c	omplete Schedi	ıle E			48	<u> </u>					
19a Did the organization make any transfers to an exempt non-charitable related organization?													
 b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who ea 													
				cers, directors	s, trustees and key en	nployees) who ead	h received	more					
llian \$ 100	0,000 of compensation from the organization. I (a) Name and title of each employee	n there is none, enter in	one. (b) Avera	na houre	(0) 5	(d) Health benefits,	(a) Estin	nated					
	paid more than \$100,000		per week d		(C) Reportable compensation (Forms	contributions to employee benefit	(e) Estin						
	N/A		posi	tion	W-2/1099-MISC)	plans, and deferred compensation	compens	sation					
		·				COMPONEUM.							
			17 7										
		_											
	 												
													
						:							
f Total num	iber of other employees paid over \$100,000		l		<u> </u>	<u></u>	<u> </u>						
	this table for the organization's five highest co	mpensated independer	nt contractors w	ho each recei	ved more than \$100.	000 of compensat	on from th	e					
	on. If there is none, enter "None." N/A				, , , , , , , , , , , , , , , , , , ,			•					
(a) Name and	address of each independent contractor paid	more than \$100,000		(b) Type o	f service	(c) Co	ompensatio	n					
													
													
													
		 											
·							_						
d Total num	ber of other independent contractors each rec	eiving over \$100,000			>								
52 Did the or	ganization complete Schedule A? Note: All sec	tion 501(c)(3) organiza	ations and 4947	'(a)(1) nonexe	mpt								
charitable	trusts must attach a completed Schedule A perjury, I declare that I have examined this return includer (other than officer) is based on all information of w	uding accompanying school	ulas and statemen	va saarta tha h	est of my knowledge and	>	Yes	No No					
Declaration of prep	parer (other than officer) is based on all information of w	hich preparer has any know	vledge	11s, and to the bi	est of my knowledge and	beller, it is true, corre	ct, and comp	Diete					
Sign	Signature of office	enou				Date Date	// \	<u>></u>					
Here /		m mp.ma.gum	DD.										
	JOSEPH J.H. BEAUMON Type or print name and title	T, TREASUR	EK										
	Print/Type preparer's name	Preparer's signature		Date	Check	lf PTIN							
Paid		- Sparsi o Signaturo		Dute	self- employ	-							
Preparer	DAVID TULLY	DECU.	CA	09/27		·	00857	,					
Use Only	Firm's name DAVID E. TUL	LY & ASSOC	IATES	PA		► 02-033							
-	Firm's address ► 20 TRAFALGA				Phone no.	603-88		5					
	NASHUA, NH			_	1101		- 550	-					
11 100 1	cuss this return with the preparer shown abov	·-·				▶ X	Tvaa [No					

Form 990-EZ (2012)

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.

2012
Open to Public Inspection

OMB No 1545-0047

Name of the organization

ANCIENT ACCEPTED SCOTTISH RITE FREEMASON RY NMJ NASHUA VALLEY PRINCES JERUSALEM

Employer identification number 02-0263004

	02 0205004
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME - TD WEALTH	1,483.
INVESTMENT INCOME - NASHUA MASONIC BODIES TRUST	30.
INTEREST INCOME - CD'S AND SAVINGS	5.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	1,518.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
FEES	425.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: NEW HAMPSHIRE COUNCIL OF DELIBERATION	
GRANTEE ADDRESS: 10 HARVARD ST CONCORD, NH 03301	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 08/21/12	1 18 / 8
AMOUNT GIVEN:	279.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: SUPREME COUNCIL CHARITIES	
GRANTEE ADDRESS: 133 MARRETT ROAD LEXINGTON, MA 02421	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	350.
	le O (Form 990 or 990-EZ) (2012)

232211 01-04-13

SCHEDULE 0

(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.

2012
Open to Public Inspection

Name of the organization

ANCIENT ACCEPTED SCOTTISH RITE FREEMASON
RY NMT NASHUA VALLEY PRINCES JERUSALEM

Employer identification number 02-0263004

RY NMJ NASHUA VALLEY PRINCES JERU	JSALEM 02-	0263004
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		629.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
INSURANCE		321.
INVESTMENT MANAGEMENT FEES		800.
MEETINGS AND CONVOCATIONS		979.
PAST OFFICER'S JEWELS		253.
MISCELLANEOUS	<u> </u>	39.
OFFICE SUPPLIES		115.
TOTAL TO FORM 990-EZ, LINE 16		2,507.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSE	ETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	·	AMOUNT:
CHANGES IN NET ASSETS OR FUND BALANCES: UNREALIZED INVESTMENT (GAIN)/LOSS		
UNREALIZED INVESTMENT (GAIN)/LOSS		6,531.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		6,531.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION	BEG. OF YEAR	6,531. END OF YEAR 3,750.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK	BEG. OF YEAR 3,750.	6,531. END OF YEAR 3,750. 10,806.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK INVESTMENT - NASHUA MASONIC BODIES TRUST	BEG. OF YEAR 3,750. 10,776.	6,531. END OF YEAR 3,750. 10,806.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK INVESTMENT - NASHUA MASONIC BODIES TRUST	BEG. OF YEAR 3,750. 10,776. 14,526.	6,531. END OF YEAR 3,750. 10,806. 14,556.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK INVESTMENT - NASHUA MASONIC BODIES TRUST TOTAL TO FORM 990-EZ, LINE 24	BEG. OF YEAR 3,750. 10,776. 14,526. NAL BENEFIT CO	6,531. END OF YEAR 3,750. 10,806. 14,556.
UNREALIZED INVESTMENT (GAIN)/LOSS FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION 75 SHS MASONIC BUILDING ASSOCIATION STOCK INVESTMENT - NASHUA MASONIC BODIES TRUST TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART V, INFORMATION REGARDING PERSON	BEG. OF YEAR 3,750. 10,776. 14,526. NAL BENEFIT COMMERCE ANY FUNDS,	6,531. END OF YEAR 3,750. 10,806. 14,556. NTRACTS:

SCHEDULE 0

(Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

ANCIENT ACCEPTED SCOTTISH RITE FREEMASON | Employer identification number

Inspection

		RY 1	MJ NASHUA	\ VALLEY	PRINCES	<u>JERUSALEM</u>	02-0263004
ΛD	INDIRECTLY,	ONT A	DEDCOMAT.	שבאהבדת	CONTRACT	1	
<u>OK</u>	INDIKECIDI,	ON A	PERSONAL	DEMELTI	CONTINACT	· • · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
					`		
					-		
							
		·-·	· · · · · · · · · · · · · · · · · · ·				

							<u> </u>
					·		
	<u> </u>						
					.,		
				·			<u> </u>
_							
		-					

ORIENTAL COUNCIL OF PRINCES OF JERUSALEM 02-0263004
GAIN/LOSS SCHEDULE 08/01/2012 THRU 07/31/2013

COST COST 6,155 52 1,101 64 465 61 324.28 6 28 99.30 - 1,101 49 384 44 1,757.74 1.05 - 1	
SALES SALES PRICE 6,155.52 101 58 44 91 210.29 567 39 329 12 1,249 52 411.68 1,176.11 333 94 0.94 5.15 817.28 817.98 92.70 818.05 13.76 13.76	60.65 80.79 7.84 1.44 1.72
	PERKINS MID CAP VALUE FUND INSTITUTIONAL CLASS ROYCE SPECIAL EQUITY FD #327 INVESCO INTERNATIONAL GROWTH FUND INSTITUTIONAL CLASS BUFFALO SMALL CAP FD #1444 DODGE & COX STK FD #145
DATE SOLD VARIOUS 11/23/2012 12/18/2012 12/18/2012 12/18/2012 12/18/2012 12/21/2012 12/21/2012 12/21/2012 12/21/2012 12/21/2012 12/21/2012 12/21/2013 12/31/2013 3/18/2013 3/18/2013 3/18/2013	3/18/2013 3/18/2013 3/19/2013 3/19/2013 3/19/2013

GAIN (LOSS) (7.23) 0.04	0 02	32.76 2 09	3.69	2.78	2 26	7.57	16.11	20 12	(1,655.66)	23 49	19 18	10 10	16.52	4.03	33.04	4 13	30.06	56.54	133.03	0.01	97 82	88.45	0 05	0 24	(164)	(23.08)	4 13	(0.46)	•
TOTAL COST 19.55 1.02 0.20	0.23	295.73 36.54	11 13	34.99	36.41	18.88	111.37	118.29	4,332 71	186.90	104.40	66.07	71.72	20.86	75.30	17.32	,	1,354.63	2,356 69	0.28	•	1	,	1	24.49	410.91	1	94.92	0.70
GROSS SALES PRICE 12.32 1.06	0 25	326.49 38 63	14.82	37.77	38.67	21.45 1.881.69	127 48	138 41	2,677.05	210.39	123.58	76 17	88.24	24 89	108.34	21.45	30.06	1,411.17	2,489.72	0 29	97.82	88.45	0 05	0 24	22 85	387.83	4.13	94 46	0 70
<u>DESCRIPTION</u> FIDELITY SELECT PORTFOLIOS SELECT GOLD PT FUND #41 HARBOR INTERNATIONAL FD-INST CL FUND #11 PERKINS MID CAP VALUE FUND INSTITUTIONAL CLASS	VIRTUS EMERGING MKTS OPPORTUNITU FUND I CLASS	BUFFALO SMALL CAP FD #1444		HARTFORD MUT FDS INC MIDCAP FD CL Y FD #229	PERKINS MID CAP VALUE FUND INSTITUTIONAL CLASS	NOTCE SPECIAL EQUIT FD #32/ VIRTUS EMERGING MKTS OPPORTUNITU FUND LCLASS	INVESCO INTERNATIONAL GROWTH FUND INSTITUTIONAL CLASS	BUFFALO SMALL CAP FD #1444	FIDELITY SELECT PORTFOLIOS SELECT GOLD PT FUND #41	HARBOR INTERNATIONAL FD-INST CL FUND #11	HARTFORD MUT FDS INC MIDCAP FD CL Y FD #229	PERKINS MID CAP VALUE FUND INSTITUTIONAL CLASS			DODGE & COX STK FD #145	ROYCE SF	FIDELITY	FIDELITY HIGH INCOME FUND #455	FIDELITY HIGH INCOME FUND #455		. PIMCO INV	PIMCO INVESTMENT GRADE CORP BOND FUND	PIMCO INVESTMENT GRADE CORP BOND FUND	PIMCO INVESTMENT GRADE CORP BOND FUND	ESTMENT GRADE CORP BOND	PIMCO INV	TD ASSET	ASSET	TD ASSET MGMT SHORT TERM BOND #4
0.400 SHS 0.017 SHS 0.009 SHS	0.024 SHS				1.686 SHS	180.411 SHS	_									0.897 SHS	Q.			0.031 SHS	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST	CAPITAL GAIN DIST	2 053 SHS	34.443 SHS	CAPITAL GAIN DIST		0.068 SHS
DATE SOLD 3/19/2013 3/19/2013 3/19/2013	3/19/2013	4/19/2013	4/19/2013	4/19/2013	4/19/2013	4/19/2013	5/23/2013	5/23/2013	5/23/2013	5/23/2013	5/23/2013	5/23/2013	5/23/2013	6/18/2013	6/18/2013	6/18/2013	12/10/2012	12/21/2012	3/18/2013	3/19/2013	12/14/2012	12/14/2012	1/31/2013	1/31/2013	3/19/2013	4/19/2013	12/14/2012	12/21/2012	3/19/2013

GAIN	(SSOT)	(1.05)	0.02	14.48	1 05	0.18	44.94	7.38	(0.49)	5.66	(2.68)	(362)	45.43	8.38
TOTAL	COST	135.63	7 58	,	ı	195.54	ı	ı	15.70	•	114.97	87.73	ı	
SALES	PRICE	134.58	2 60	14.48	1.05	195.72	44 94	7.38	15 21	5.66	112.29	84.08	45.43	8 38
	DESCRIPTION	TD ASSET MGMT SHORT TERM BOND #4	VANGUARD INFLTN PRTCTD SEC FD #5119	CAPITAL GAIN DIST VANGUARD INFLTN PRTCTD SEC FD #5119	CAPITAL GAIN DIST VANGUARD INFLTN PRTCTD SEC FD #5119	VANGUARD INFLTN PRTCTD SEC FD #5119	CAPITAL GAIN DIST VANGUARD INTERMEDIATE TERM TREASURY FUND #35	CAPITAL GAIN DIST VANGUARD INTERMEDIATE TERM TREASURY FUND #35	VANGUARD INTM TERM TREAS-ADM #535	CAPITAL GAIN DIST VANGUARD INTM TERM TREAS-ADM #535	VANGUARD INTM TERM TREAS-ADM #535	VANGUARD INTM TERM TREAS-ADM #535	CAPITAL GAIN DIST VANGUARD INFLATION PROTECTED SEC 119	CAPITAL GAIN DIST VANGUARD INFLATION PROTECTED SEC 119
	QTY	13.155 SHS	0.368 SHS	CAPITAL GAIN DIS	CAPITAL GAIN DIS	6.911 SHS	CAPITAL GAIN DIS		1.307 SHS	CAPITAL GAIN DIS	9 573 SHS	7.305 SHS		CAPITAL GAIN DIS
DATE	SOLD	6/18/2013	3/19/2013	4/2/2013	4/2/2013	4/19/2013	12/31/2012	12/31/2012	3/19/2013	4/2/2013	4/19/2013	6/18/2013	12/20/2012	12/20/2013

TOTALS

GROSS

316.99

24,196.20 23,879.21