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BANGOR

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► 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.*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 8/01 , 2012, and ending 7/31 , 2013

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

C
ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LOP - VALLEY OF BANGOR
294 UNION ST #2
BANGOR, ME 04401

D Employer identification number
23-7615603

E Telephone number
207-942-0144

F Group Exemption Number ► 0259

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I Website: ► WWW.SUPREMECOUNCIL.ORG

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

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 173,966.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	17,123.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	90,496.
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a 62,224.		
	b	Less cost or other basis and sales expenses	5b 68,487.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SEE SCHEDULE O		5c	-6,263.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	4,123.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	105,479.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	56,197.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	14,893.
	13	Professional fees and other payments to independent contractors		13	3,580.
	14	Occupancy, rent, utilities, and maintenance		14	8,160.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	15,603.
	17	**Total expenses.** Add lines 10 through 16		17	98,433.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,046.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	448,119.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	455,165.

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

TEEA0803L 12/07/12

NONE

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	421,968.	22	431,024.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	26,151.	24	24,141.
25	**Total assets**	448,119.	25	455,165.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	448,119.	27	455,165.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? SEE SCHEDULE O DOMESTIC FRATERNAL ORGANIZATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 PROVIDED A FRATERNAL SOCIETY FOR OVER 2,000 MEMBERS IN THE EASTERN MAINE AREA.

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 28a

29 Support 32° Degree Learning Center

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30 Scholarships to individual students

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [X]

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE SCHEDULE O		14,877.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V SEE SCHEDULE O [X]

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
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		X
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)?	35 a		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	35 b		
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	35 c		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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37 b		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?	38 a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39 a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39 b N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40 b	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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X

41 List the states with which a copy of this return is filed ► NONE

42 a The organization's books are in care of ► VALLEY TREASURER Telephone no ► 207-989-7434

Located at ► 10 SOUTH ROAD, BREWER, ME ZIP + 4 ► 04412

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42 b		X
	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 ? If 'Yes,' enter the name of the foreign country ►	42 c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► [ ] N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			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	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44 d		
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
b	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)	45 b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

► Signature of officer — Date: Sept. 18, 2013

► Guy F. Chapman valley secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CHRISTOPHER S. HINDS		9.13.13		P01070796

Firm's name ► LOISELLE, GOODWIN & HINDS
Firm's address ► 12 STILLWATER AVENUE STE 5, BANGOR, ME 04402
Firm's EIN ► 04-3381760
Phone no (207) 990-4585

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

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
ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ EASTERN STAR LOP - VALLEY OF BANGOR	23-7615603

FORM 990-EZ, PART 1, LINE 10

GRANTS AND SIMILAR AMOUNTS PAID LESS THAN $5,000

DONEE'S NAME:SARAH MCNEBL

CASH AMOUNT GIVEN: $500

DONEE'S NAME:JENNIFER DAY

CASH AMOUNT GIVEN: $500

DONEE'S NAME:ELIZABETH SARGENT

CASH AMOUNT GIVEN: $500 (Scholarships)

DONEE'S NAME:ALEXANDER SLAGLE

CASH AMOUNT GIVEN: $500

DONEE'S NAME:ZACHARY SLAGLE

CASH AMOUNT GIVEN: $500

PAYMENTS TO AFFILIATES

NAME: SUPREME COUNCIL

ADDRESS:P O BOX 519

LEXINGTON, MA 02420

PURPOSE OF PAYMENT:LEARNING CENTER OPERATIONS (Assessments)

AMOUNT:$1,719

NAME: MAINE COUNCIL OF DELIBERATION

ADDRESS:415 CONGRESS ST

PORTLAND, ME 04101

PURPOSE OF PAYMENT:ASSESSMENT

AMOUNT:$4,866

Name of the organization ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ EASTERN STAR LOP - VALLEY OF BANGOR

Employer identification number 23-7615603

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

STRENGTHEN THE MASONIC WAY OF LIFE BY IMPROVING THE INDIVIDUAL CHARACTER, LEADERSHIP AND SPIRIT OF ITS MEMBERS THROUGH RELEVANT PROGRAMS. INSPIRE MEN TO SUPPORT THE PRINCIPLES OF FREEMASONRY AND PROMOTE FAMILY AND COMMUNITY VALUES. SERVE MANKIND THROUGH THE IMPACT OF EXTENSIVE CHARITABLE OUTREACH.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LOP - VALLEY OF BANGOR

23-7615603

FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	62,224.
COST OR OTHER BASIS:	68,487.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	$ -6,263.
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	$ -6,263.

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS		$ 4,123.
	TOTAL	$ 4,123.

FORM 990-EZ, PART I, LINE 10

GRANTS and SIMILAR AMOUNTS PAID (contributions)

Name:	Bangor Masonic Foundation 294 Union St Bangor ME 04401	$10,440
Name	Childrens Learning Center 294 Union St Bangor ME 04401	$ 8,640
Name	5 Student Scholarships (Sched O) $500 each	$ 2,500

PAYMENTS TO AFFILIATES (assessments)

Name:	Supreme Council PO Box 519 Lexington MA 02420	$28,032
Name	SC Learning Ctr Operation PO Box 519 Lexington MA 02420	$1,719
Name	Maine Council of Deliberation PO Box 303 Bowdoinham ME 04008	$ 4,866
	TOTAL Line 10	$56,197

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

33 DEGREE JEWELS	$ 315.
BANK CHARGES	179.
BANQUETS	1,639.
DEGREE PROGRAMS	1,832.
DEPRECIATION	2,010.
INSURANCE	687.
MISCELLANEOUS	43.
OFFICE EXPENSES	4,401.

CONTINUED NEXT PAGE →

ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LOP - VALLEY OF BANGOR 23-7615603

FORM 990-EZ, PART I, LINE 16 (CONTINUED)
OTHER EXPENSES

SPECIAL PROGRAMS	$ 4,497.
TOTAL	$ 15,603.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MISCELLANEOUS	$ 26,151.	$ 24,141.
TOTAL	$ 26,151.	$ 24,141.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
GUY CHAPMAN SECRETARY	4	$ 13,677.	$ 0.	$ 0.
RICHARD MAKAHUSZ TREASURER	4	1,200.	0.	0.
ALAN BAY DEPUTY MASTER	2	0.	0.	0.
RANDY L. ADAMS PRESIDENT	2	0.	0.	0.
FRANK THERIAULT THRC PNT MASTER	2	0.	0.	0.
RICHARD BOWDEN JUNIOR WARDEN	2	0.	0.	0.
STEWART HARVEY ORATOR	2	0.	0.	0.
CARLTON H. NORRIS III (FMR) SOVRN PRNC	2	0.	0.	0.
KRIS DELONG (FMR) HGH PRIEST	2	0.	0.	0.
GREGORY T. HUNT (FMR) SNR WARDEN	2	0.	0.	0.

ANC ACC SCOTTISH RITE OF FREEMASONRY NMJ
EASTERN STAR LOP - VALLEY OF BANGOR

23-7615603

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	HEALTH BENEFITS & CONTRIB-BUTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
WALTER S. KNOX JR MOST WISE MSTR	2	$ 0.	$ 0.	$ 0.
RANDALL ELLIOT SENIOR WARDEN	2	0.	0.	0.
RONALD FOWLE II JUNIOR WARDEN	2	0.	0.	0.
JOEY GRANT (FMR) JNR WARDEN	2	0.	0.	0.
ALFRED HASKELL HIGH PRIEST	2	0.	0.	0.
RICHARD J. PHILLIPS SENIOR WARDEN	2	0.	0.	0.
RYAN COLLINS JUNIOR WARDEN	2	0.	0.	0.
	TOTAL	$ 14,877.	$ 0.	$ 0.