2949300<sub>1</sub>603013

en to Public

## Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.	-11	Op
Information about Form 000 and its instructions is at your its gov/form000 // //	/ IU	

nspection 5/1/2016 and ending 4/30/2017 For the 2016 calendar year, or tax year beginning Employer identification number C Name of organization Grand Royal Arch Masons of Maine Check if applicable Doing business as Address change Number and street (or PO box if mail is not delivered to street address) 01-0215607 Name change E Telephone number 287 S Main Street ZIP code State Initial return City or town (207)846-4724 ME 04952 Morrill inal return/terminated Foreign postal code Foreign country name Foreign province/state/county 68.420 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for subordinates? Raymond J MCIellan 52 Bates Street, Yarmouth, ME 04096 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) ( 10 ) ◀ (insert no ) Tax-exempt status Website: ▶ www yorkriteofmaine org/chapter/ H(c) Group exemption number ▶ X | Corporation Trust Association Other > L Year of formation M State of legal domicile K Form of organization 1822 ME Part I Provide Services to all Royal Arch Chapters Briefly describe the organization's mission or most significant activities Activities & Governance in Maine Such as provideing counsel, forwarding commit nce in degree work, performance rating, providing supplies and ensuring a ur performance Check this box ▶ if the organization discontinued if posed of more than 25% of its net assets Number of voting members of the governing body (Part \ 3 6 e 1b) Number of independent voting members of the governing 2 5 Total number of individuals employed in calendar year 2016 (Part Total number of volunteers (estimate if necessary RECEIVEL 6 0 Total unrelated business revenue from Part VIII-column (C), line 12 7a Net unrelated business taxable income from \$90-Toline 3411 7b 0 **Current Year Prior Year** 27,049 35,513 Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 0 32,907 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 76.092 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 103,141 68,420 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 74,700 54,600 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) n 0 14 14,000 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,800 15 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,765 37.690 17 106,090 126,465 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -23,324 -37,670 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 1.676.113 1.765.964 20 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 1,765,964 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 Signature of officer Here. TICASUrer 12/19/2017 Type or print name and title Print/Type preparer's name Date Preparer's sunature Check X if **∂**Paid 12/19/2017 self-employed P01237456 Arthur V Chapman III <sup>©</sup>Preparer Firm's EIN ▶ 01-0478361 Firm's name A V Chapman III, CPA **Use Only** Firm's address ► 28 Hemlock Hill Lane, Bowdoinham, ME 04008 (207) 319-7483 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form 990 (2016)

	990 (2016)	Grand Royal Arch Masons of Maine	0	-02 13607	Page Z
Pa	it III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part II	li		
1	Briefly d	escribe the organization's mission		<del></del>	
•	-	de service to the Chapters within the State of Maine			
	, Lieueue				
				_	
2	Did the	organization undertake any significant program services during the year which were no	ot listed on		
	the prior	Form 990 or 990-EZ?		Yes	X 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 pro	ogram		
	services		-	Yes	X No
	If "Yes,"	describe these changes on Schedule O		<del></del>	
4	expense	e the organization's program service accomplishments for each of its three largest proges. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of general expenses, and revenue, if any, for each program service reported.			
4a	(Code	) (Expenses \$ 51,490 including grants of \$	) (Revenue \$		<del></del>
<b>-7</b> 0	Provide				
4h	(Code	) (Expenses \$ 37,000 including grants of \$	) (Revenue \$		
	The cha	ipter donated funds to a scholarship program \$31,000, and hardship situations on a ca	se hv		/
		sis, \$6000,			
	3111111111				
		·			
		/			
		······································			
		······································			
	`				
4c	(Code	) (Expenses \$ 17,600 including grants of \$	) (Revenue \$		)
	The cha	apter donated \$3600 00 to Rainbow and Demolay, Togus Veterans organizations \$ 7,00	00, Acacia		
		Center-Lousiana Flood \$5,000 and the Masonic Learning Centers \$2,000			
	`				
4d	Other p	rogram services (Describe in Schedule O )			
	(Expens			0)	
40		ogram service expenses 106,000			

## Porm 990 (2016) Grand Royal Arch Masons of Maine 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	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,	5		X
	Part III	-		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	]	Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Ì	Х
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	ì	Ì	
	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	. }	l	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Ì	Х
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	Х	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	l l	Į	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
τ	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	}	х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>'''</del> }		
124	Schedule D, Parts XI and XII	12a	j	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			<u> </u>
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	\	Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		_X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		į	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4-	foreign investments valued at \$100,000 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 other assistance to or	4-	- [	v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		_X_
	assistance to or for foreign individuals? 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			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	_17_		<u> X</u>
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
				<u> </u>

Form 990 (2016) Grand Royal Arch Masons of Maine 01-0215607 Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 23 employees? If "Yes," complete Schedule J Х 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 24a 24b through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х 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 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b Х 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II 32 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 Х 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 36 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

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

37

38

om 99	90 (2016) Grand Royal Arch Masons of Maine	01-0215607	<u> </u>	age 5
Part				
	Check if Schedule O contains a response or note to any line in this Part V		, _	X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal			
	gaming (gambling) winnings to prize winners?	<u>1c</u>	<b>∔</b>	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	1
	Statements, filed for the calendar year ending with or within the year covered by this return  2a   2a	2 2b	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	+^	<del> </del>
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	- x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del>  ^</del>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other autho		+	╁──
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financia			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts		
	(FBAR)			
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ĺ		1
	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?	6b		X
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del>'  </del>	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		X
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	1.0	+-	<del>  ^</del>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contrain	ct? 7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		$\frac{1}{x}$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	·		+
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Foi	rm 1098-C? 7h		†
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			
•	sponsoring organization have excess business holdings at any time during the year?	8	.   -	_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91		
10	Section 501(c)(7) organizations. Enter			İ
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
а	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 )	10	_	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	17 12	a	+
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(a)(29) qualified papers it health incurance incures.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1-12	+	<del>- </del> -
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	. 13	<u> </u>	+-
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
J	the organization is licensed to issue qualified health plans	Ì		
С	Enter the amount of reserves on hand	<del></del>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a	X
_	2	<u> </u>		`

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

om 990 (2016)	Grand F	Royal Arch I	<u>wasons of mair</u>
Part VI	Governance	Managem	ent and Discl

Grand Royal Arch Masons of Maine

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 or note to any line in this Part VI....

	Check it Schedule O contains a response of note to any line in this Part VI			<u> </u>
Sect	ion 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			i
	If there are material differences in voting rights among members of the governing body, or	1		'
	if the governing body delegated broad authority to an executive committee or similar			;
	committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent			
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		<u>X</u>
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		<u>X</u> _
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	1		
	one or more members of the governing body?	7a		<u>X</u>
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			1
	the year by the following	]		_ 1
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	i '		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Ī	
40-	Did the agreement in the least shortest began to a sefficient of	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	106	Х	
110		10b	X	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	_^_	<del></del>
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	i
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del>-^-</del>
	describe in Schedule O how this was done	12c		_x_
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?			
а	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b		Х
	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	1		
	with a taxable entity during the year?	16a		Χ_
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 take steps to safeguard	1		ĺ
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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			
40	Own website Another's website X 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 po	icy, ar	a	
20	financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	tette D. De e	\ <b>-</b>		
	Jetnro □ Pease (207) 342-5910 287 Main St., Morrill, ME 04952		<b>-</b>	<i>-</i>

Form 990 (2016).	Grand Royal Arch Masons of Maine	<b>a</b>								01-02156	07 Page <b>7</b>
Part VII	Compensation of Officers, Dire		es. K	ev	Em	ola	vee	s. H	liahest Comp		
` `	Employees, and Independent C		,				,	-, .			
	Check if Schedule O contains a re		te to	any	/ lin	e ir	n this	Pa	nrt VII		🔲
Section A.	Officers, Directors, Trustees, Key Er	nployees, and	Highe	est (	Con	npe	nsate	ed E	mployees		
1a Complete t	his table for all persons required to be I	isted Report co	mpen	sati	on f	or th	he ca	lend	lar year ending v	vith or within the	
organization's	•	•	•						, ,		
of compensati	of the organization's <b>current</b> officers, di on Enter -0- in columns (D), (E), and (I	=) if no compens	ation	was	s pa	ud				-	unt
	of the organization's current key emplo organization's five current highest com										vee)
who received	reportable compensation (Box 5 of Form										yce
•	ind any related organizations of the organization's <b>former</b> officers, ke	v employees an	nd hia	haci	t co	mne	ancat	ad a	mnlovees who r	eceived more th	an
	eportable compensation from the organi							cu c	imployees who r	cocived more an	uir
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the
	n the following order individual trustees employees, and former such persons	or directors, ins	titutic	nal	trus	tee	s, offi	cers	s, key employees	s, highest	
Check thi	s box if neither the organization nor any	related organiz	ation	con	npei	nsat	ted a	ny c	urrent officer, dir	ector, or trustee	
<del></del>			Γ		<u> </u>	 C)					
						ition					
	(A) Name and Title	(B)	(B) (do not check more than one box, unless person is both an Reportable							(E) Reportable	(F) Estimated
	Name and Title	hours per	hours per officer and a director/trustee)					ee)	compensation	compensation	amount of
		week (list any hours for related organizations below dotted	Individual trustee or director	Institutional	Officer	Key employee	Highest ∞i employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
		line)	rustee	il trustee		yee	Highest compensated employee				organizations
(1) Bruce V	V Clark	5 00								-	
Grand High P	riest	5 00			X		<u> </u>	<u> </u>			
(2) Randy		2 00	1								
Deputy High F		2 00	_		X	ļ		┝			
(3) Harold	F Ritt	10 00							0.000		
Secretary (4) Jethro I	D Pease	10 00 3 00		$\vdash$	Х			┢	9,000		·
Treasurer	J Fease	3 00			x				4,800		
	Messing	1 00	_	$\vdash$	<u> </u>	-			4,000		
King		1 00			x			1			
(6) Joel F	Тпрр	1 00	_		$\vdash$						
Scribe		1 00			X			İ			
(7)											
(8)											
(9)										-	
(10)			$\vdash$	T	<del>                                     </del>	T		$t^{-}$			

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles er and	Pos ieck is pe	rson	Highest compensated	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MIS	,	com fr org and	(F) itimate nount cother pensate om the anizated related	of ion on ed
		line)	stee	rustee		ď	bensated					orga	anızatıc	ons
(15)														
(16)														
(17)	<u> </u>			-				!					_	
(18)						-				<del></del>				
(19)														
(20)			-			$\vdash$				ļ				
(21)				-		<del> </del>								
(22)	,		_	-		-	-	-						
(23)				-		-		-		<u> </u>				
(24)				-	_	$\vdash$	-	-						
(25)				-		-							·	
1b	Sub-total	L	<u> </u>	<u></u>	L	<u>L_</u>	L	<b>&gt;</b>	13,800		0			0
d d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						<b>&gt;</b>	13,800		0			0
2	Total number of individuals (including but not lin		sted a			vho	recei	ved		,000 of				
	reportable compensation from the organization				0_								Yes	No
3	Did the organization list any <b>former</b> officer, directly employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>				oye	e, c	r higl	hes	t compensated					X
4	For any individual listed on line 1a, is the sum of				on a	ınd (	other	cor	npensation from			Ť		^
	the organization and related organizations great	ater than \$150,0	00? li	f "Ye	es, "	con	nplete	e Sc	chedule J for suc	h				
5	<ul><li>individual</li><li>Did any person listed on line 1a receive or acci</li></ul>	rue compensatio	n froi	m ai	וע נ	ınre	lated	ora	anızatıon or ındıv	/idual		4		X
Sec	for services rendered to the organization? If "Yi tion B. Independent Contractors											5		Х
1	Complete this table for your five highest compecompensation from the organization Report coyear										n's t	ax		
	(A) Name and business add	ress				_			(B) Description of ser	vices	C	(C Comper		
						_					_			0
	<del></del>	<del></del>						$\vdash$		<del></del>				<u>0</u>
								$\vdash$	<del></del>	<del></del>				<u>0</u>
				_				$\Box$						0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to ►	tho	se l	ıste	d abo		wno received					

	- (	-7				, ~,	,			•••	 • •
		_				_	_				
art \	771		O4-	4		- 4	<b>D</b>	enu	_		
-	V444		<b>NI</b> 2	tem	ent	OΤ	RAV	/enii	e		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
		Onesk ii edileddie e dontaille d				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
w w	1a	Federated campaigns		1a_	0				•
rant	b	Membership dues	[-	1b	32,131	i			
Ω, G	С	Fundraising events	<u>[</u>	1c	0	Ì			
ar / B	d	Related organizations	<b>—</b>	1d	0				
ıs, (	е	Government grants (contributions)	<b>—</b>	1e	0				
utio er S	f	All other contributions, gifts, grants,			i		ı		
<u> </u>		similar amounts not included above		1f	3,382				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f.	\$		05.540			
	h	Total. Add lines 1a-1f		_	Business Code	35,513			
920					Business Code				
Program Service Revenue	2a				<del></del>	0			
₩ 22	b					0			<del></del>
Ž	ď					0			
Š	l u					0	<del></del>		
Jan	•	All other program service revenue				0	<del></del>		<del></del>
P.	a	Total. Add lines 2a–2f			<b>-</b>	0			
	3	Investment income (including divide	ends, intere	est.	and				
	`	other similar amounts)	,	,	<b>&gt;</b>	32,907			
	4	Income from investment of tax-exer	npt bond p	roc	eeds <b>&gt;</b>	0			
	5	Royalties			▶	0			
	İ		(ı) Real		(II) Personal				
	6a	Gross rents						Į	
	b	Less rental expenses							
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			<b>•</b>	0			
	7a	Gross amount from sales of	(i) Securities		(II) Other				
	[	assets other than inventory		0	0			į ,	
	b	Less cost or other basis							
	}	and sales expenses		0	0			1	
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			•	0		<u> </u>	
Other Revenue	8a	of contributions reported on line 1c) See Part IV, line 18	0	а	0				
돛	b	Less direct expenses		b	0				
	C	Net income or (loss) from fundraisir	-		<b>•</b>	0		<b>-</b>	<u> </u>
	9a	Gross income from gaming activitie	S		_ [			Į	
	١.	See Part IV, line 19		a	0				
	b	Less direct expenses		b	0			1	
	C 400	Net income or (loss) from gaming a	ctivities			0	Ļ	<del> </del>	<del></del>
	Iva	Gross sales of inventory, less returns and allowances		_ '					
	١. ٣			a b				l	
	1	Less cost of goods sold  Net income or (loss) from sales of i	nventen	D	0	0		1	
	۳	Miscellaneous Revenue	riveritory		Business Code	0			
	11a	·			Dusiliess Code				
	h				<del></del>	0		<del> </del>	<del></del>
	C					0	<del></del>	<del> </del>	<del> </del> -
	ď	All other revenue .	· · · · · · · · · · · · · · · · · · ·			0		<del> </del>	<del> </del> -
	e	Total. Add lines 11a–11d				- 0		<del> </del>	<del></del>
	12	Total revenue. See instructions				68,420	0	0	0

following SOP 98-2 (ASC 958-720)

Par	Statement of Functional Expenses	·_ <del></del>	·		···-
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)	·
	Check if Schedule O contains a response or note	to any line in this Par	rt IX		
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	·	<del> </del>	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	17 600	47 000		
_	domestic governments See Part IV, line 21	17,600	17,600		
2	Grants and other assistance to domestic		07.000		
_	individuals See Part IV, line 22	37,000	37,000	<del></del> }	<del></del>
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			<del></del>
5	*Compensation of current officers, directors,	1		أ	
_	trustees, and key employees	13,800	13,800	0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management				
b	Legal	0			
С	Accounting	0			
d	Lobbying .	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
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	3,453	3,453		
13	Office expenses	3,500	3,500		
14	Information technology	3,983	3,983		<del> </del>
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	12,884	12,884		
20	Interest	0			
21	Payments to affiliates .	0			<del></del>
22	Depreciation, depletion, and amortization .	0	0		0
23	Insurance	7,790	7,790		<del></del>
24	Other expenses Itemize expenses not covered	1,100	1,700		
	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)	1			
а	0.1	1,150	1,150		<del></del>
h	Cumbine	4,930	4,930		
	Miccollangous	4,930	4,930		
d	Miscerarieous	0			
e	All other expenses	0			<del></del>
25	Total functional expenses. Add lines 1 through 24e	<del></del>	400,000		
26	Joint costs. Complete this line only if the	106,090	106,090	0	0
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

Pa	art X	Balance Sheet			
	• -	Check if Schedule O contains a response or note to any line in this Part X			
	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	48,238	1	36,563
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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			
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	Ö
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	١.	other basis Complete Part VI of Schedule D 10a 0			
	_b	Less accumulated depreciation 10b 0	<del></del>	_	0
	M	Investments—publicly traded securities	0	11	1 720 401
	12	Investments—other securities See Part IV, line 11	1,627,875	12 13	1,729,401 0
	13 14	Investments—program-related See Part IV, line 11	0	14	0
	15	Intangible assets Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,676,113	16	1,765,964
	17	Accounts payable and accrued expenses	1,070,110	17	1,700,004
	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	
8	22	Loans and other payables to current and former officers, directors,			
≝	1	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third		ļ	
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
10	ľ	Organizations that follow SFAS 117 (ASC 958), check here   and			
ë		complete lines 27 through 29, and lines 33 and 34.			
<u>la</u> n	27	Unrestricted net assets .		27	
æ	28	Temporarily restricted net assets		28	
ם	29	Permanently restricted net assets	<del></del>	29	
교		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets or Fund Balances	`	complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	1,676,113		1,765,964
ž	33	Total net assets or fund balances	1,676,113		1,765,964
	134	Total liabilities and net assets/filind halances	1 676 112	1 24	1 765 064

roilli sa	Grand Royal Arch Masons of Maine	- 01	-02 13007	raț	e 12
<u>Part</u>	XI Reconciliation of Net Assets		_		
-	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68	3,420
2	Total expenses (must equal Part IX, column (A), line 25)	2		106	3,090
3	Revenue less expenses Subtract line 2 from line 1	3		-37	,670
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		1,676	3,113
5	Net unrealized gains (losses) on investments	5		127	,52 <u>1</u>
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		1,765	<u>5,964</u>
Part :					_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	•	
				Yes	No
1	Accounting method used to prepare the Form 990 X 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			1	ì
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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		ļ	l	
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		Ì	]	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	-	·
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		<b></b>
	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		3b	]	
	<del></del>		Form	990	(2016)

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990\_

Internal Revenue Service Employer identification number Name of the organization 01-0215607 Grand Royal Arch Masons of Maine Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		m 990) 2016 Grand Royal Arch M						01-021		Page Z
Part		Organizations Maintaining								(d)
3	_	the organization's acquisition, acc	cession, and other	records, o	check any	of the follow	ing that a	ire a significan	t use of its	
	collec	tion items (check all that apply)		_						
а		Public exhibition		d	Loan	or exchange	programs	8		
b		Scholarly research		e	Other					
С	Ħ	Preservation for future generation	าร		'					
4		de a description of the organization		explain h	ow they fu	rther the org	anızatıon	's exempt purp	ose in Part	
	XIII									
5		g the year, did the organization so s to be sold to raise funds rather th							Yes	] No
Part	١٧	<b>Escrow and Custodial Arra</b>	ngements.							
		Complete if the organization 990, Part X, line 21	answered "Yes"	on Form	990, Pa	rt IV, line 9,	or repo	rted an amou	unt on Form	
1a		organization an agent, trustee, cu	istodian or other in	itermediar	y for conti	ibutions or o	ther asse	ets not		_
		led on Form 990, Part X?				•			Yes _	No
b	If "Yes	s," explain the arrangement in Par	t XIII and complete	e the follow	ving table				<del>, ,</del>	
	`	Profession					<del>  _</del> _	<del> </del>	Amount	
С	_	ining balance				•	1c	<del> </del>		0
ď		ons during the year					1d	<del> </del>		
e		outions during the year				•	1e	<del> </del>	<del></del>	0
f		g balance						<u> </u>		<del></del>
2a		e organization include an amount						•	∐ Yes X	No
b		s," explain the arrangement in Par	t XIII Check here	if the expl	anation ha	is been provi	ided on F	art XIII		<u></u>
P <u>a</u> rt	V	Endowment Funds.	. 115 4 11	_			_			
		Complete if the organization		T						
	`_	<b>-</b>	(a) Current year	<del></del>	or year	(c) Two years		d) Three years bac	<del></del>	
1a	_	ining of year balance	0		0	<u> </u>	0	<del></del>	9	0
þ		ibutions		<b> </b>					<del>-}</del>	
C		ivestment earnings, gains,								
	and lo	<u></u>		<del> </del>					<del></del>	
đ		s or scholarships	<del></del>	ļ.—.—.		<del></del>		- <del></del> -		
е		expenditures for facilities		į						
		rograms		<u> </u>			+		<del></del>	
T		nistrative expenses		<del> </del>					<del></del>	
_		of year balance	0		0		0		0	0
2		de the estimated percentage of the	e current year end	balance (	line 1g, co	iumn (a)) hei	id as			
a		designated or quasi-endowment	0/	70						
b	-	anent endowment	%							
С		orarily restricted endowment	% about agust 100	•						
3a		percentages on lines 2a, 2b, and 2 nere endowment funds not in the p			n that are	hald apple and		al for the		
Ja		ization by	ossession of the C	nganizalic	iii iiiai are	nelo ario ao	riiriisieie	ed for the	Yes	No
	(i)	unrelated organizations							-	110
	(י) `(ii)	related organizations							3a(i)	+
h	٠,	related organizations s" on line 3a(ii), are the related org	ranizations listed (	00 F00 UF0	d oo Cobo			•	3a(ii)	+
ь 4		ribe in Part XIII the intended uses					-		30	<del></del>
Part		Land, Buildings, and Equip		. 3 STIGOWI	nent land	<del>-</del>		<del></del>	<del></del>	
ı aıı		Complete if the organization		on Form	990. Pa	rt IV. line 11	la See	Form 990. P.	art X. line 10	
		Description of property	(a) Cost or o		I	st or other		Accumulated	(d) Book vai	ue
		a company or property	(investr		1	s (other)		preciation	(4) 2000 40	
1a	Land			0		0	1			0
b	Buildi	ngs .		0		0	1	0	<del> </del>	0
C		ehold improvements.		0		0		0		0
d		oment		0		0	<u> </u>	o		0
е	Other			0		0		0		0
Total	. Add I	ines 1a through 1e (Column (d) m	ust equal Form 9	00, Part X.	column (	3), line 10c.)		<b>•</b>		0

Schedule D (Form 990) 2016 Grand Royal Arch Masons of Maine 01-0215607 Page 3 Investments—Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives 0 (2) Closely-held equity interests 0 (3) Other Morgan Stanley Investments 1,709,401 20,000 (A) Scholarship Fund Total (Column (b) must equal Form 990, Part X, col (B) line 12) 1,729,401 Investments—Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (c) Method of valuation (b) Book value (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) 0 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (1) (2) (3) (4) (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value	
(1) Fed	eral income taxes		0
(2)			
_(3)			
_(4)			
_(5)			
_(6)			
(7)			
(8)	<del></del>		
(9)			
Total (Colum	n (b) must equal Form 990, Part X, ∞l (B) line 25)		0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 0

Schedule D (Form	990) 2016	Grand Royal Arch Masons of Maine	01-0215607	Page <b>5</b>
Part XIII	Supple	emental Information (continued)		
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# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

www.irs.gov/form990.	
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Form	
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OMB No 1545-0047

Open to Public

**Employer Identification number** 01-0215607 General Information on Grants and Assistance Information about S Grand Royal Arch Masons of Maine

	ted if additional space is needed	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed
wered "Yes" on Form	. Complete if the organization ans	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
		Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
X Yes N		the selection criteria used to award the grants or assistance?
] ]	igibility for the grants or assistance, an	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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Soc, I diviv, mic 2 1, for any received more trian 50,000 if art it can be duplicated it additional space is needed	, ioi ai iy iccip	וכוזר ווומר וברכואבת	1101 & 11 40,000	מורוו כמוו סכ ממטווכ	ated II additional spa	ice is lieeded	!
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Togus Veterans Fund VA Center Augusta. ME 04330				000.7			Help for Veterans
(2)							
(3)	·						
(4)							
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organıza	tions listed in the line	l table		<b>A</b>	

Schedule I (Form 990) (2016)

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

01-0215607

Grand Royal Arch Masons of Maine

Page 2 (f) Description of noncash assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 31,000 6,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 7 3 (b) Number of recipients (a) Type of grant or assistance Assistance to Distressed Members Schedule I (Form 990) (2016) Scholarships Part III S 9

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information

Part IV

#### SCHEDULE O (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.

2016

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Grand Royal Arch Masons of Maine	01-0215607
Form 990, Part V, Line Line 14a The organization does not engage in tanning booths	
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Grand Royal Arch Chapter of Maine 287 So. Main Street Morrill, Maine 04952 December 19, 2017

Department of the Treasury Internal Revenue Service Ogden, Utah 84201-0016 December 19, 2017

Request for Reasonable Cause for not applying a penalty for late filing this 2016 Form 990

We have tried multiple times to file the 2016 return of the Grand Royal Arch Chapter and have resulted in rejections. We have filed over the period from July 27, 2017 to December 9, 2017. Each rejection has been followed up with a call to IRS. Their response was "we have reset things and to wait six to eight weeks then resubmit". Each call has included an apology from IRS, and a comment that a glitch in their system exists or the predecessor employee of IRS has made a mistake.

Grand Royal Arch Chapter lost its exempt status for not filing returns in 2010 thru 2012. Exempt Status was again reinstated on June 11, 2015. Interestingly, the return was filed and accepted for the 2015 year.

We extended the filing date to March 15, 2018 on 7/27/2017 from the original due date of September 15, 2017 as shown on the included "Status History" The call I made on December 9, 2017 the IRS representative said that she could see where the 8868 was filed, however the extension request had fallen off the IRS list of extensions.

As our extension appears to be no longer applicable. I am submitting this "Reasonable Cause Letter" in hopes that IRS will not assess a late filing penalty. We now await a call promised within the next 30 days by IRS to look into this matter. However, in case we meet with the same results as before we are paper filing this return.

Arthur V. Chapman III. CPA

M. Chapman III.

Enclosures:

Status History

Form 8868