


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
AUBURN MASONIC ASSOCIATION
C/O DAVID LIDSTONE

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

86 SKILLINGS CORNER ROAD

City or town, state or province, country, and ZIP or foreign postal code
AUBURN, ME 04210

F Name and address of principal officer
DAVID R LIDSTONE
86 SKILLINGS CORNER RD
AUBURN, ME 04210

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

01-6010198

E Telephone number

(207) 376-5897

G Gross receipts \$ 83,114

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (8) ▶ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation 1889

M State of legal domicile ME

Part I	Summary																								
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities PROVIDE QUARTERS FOR SEVERAL MASONIC ASSOCIATIONS</div> <div></div> <div></div> <div></div>																								
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>20</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>20</td></tr><tr><td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	0	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Revenue	<table><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>200</td><td>0</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)</td><td>24,706</td><td>30,252</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>51,945</td><td>52,862</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>0</td><td>0</td></tr><tr><td></td><td>76,851</td><td>83,114</td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	200	0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d)	24,706	30,252	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,945	52,862	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0		76,851	83,114						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>0</td><td>0</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>7,014</td><td>11,003</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>89,627</td><td>95,485</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>96,641</td><td>106,488</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-19,790</td><td>-23,374</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,014	11,003	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	89,627	95,485	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	96,641	106,488	19 Revenue less expenses Subtract line 18 from line 12	-19,790	-23,374
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>3,091,114</td><td>3,004,605</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>0</td><td>0</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>3,091,114</td><td>3,004,605</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,091,114	3,004,605	21 Total liabilities (Part X, line 26)	0	0	22 Net assets or fund balances Subtract line 21 from line 20	3,091,114	3,004,605												
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Part II Signature Block

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

Sign Here

Signature of officer

2016-06-01

Date

DAVID R LIDSTONE TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
KEITH H ALLEN

Firm's name ▶ OUELLETTE & ASSOCIATES PA

Firm's address ▶ 1111 LISBON STREET
LEWISTON, ME 04240

Preparer's signature
KEITH H ALLEN

Date
2016-06-01

Check ☐ if self-employed

PTIN
P00050859

Firm's EIN ▶ 01-0448675

Phone no (207) 786-0328

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)