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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
Inspection

- 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

A For the 2011 calendar year, or tax year beginning	, and ending		
B Check if applicable	C Name of organization		
Address change	ANCIENT FREE & ACCEPTED MASONS OF OREGON - MULTNOMAH LODGE		
Name change	Number and street (or P O box, if mail is not delivered to street address)		Room/suite
Initial return	707 MAIN STREET		300
Terminated	City or town	state or country	ZIP + 4
Amended return	OREGON CITY	OR	97045
Application pending	D Employer identification number		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			D Employer identification number
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► N/A			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 10 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

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 ► \$ 8,489

### 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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 3,365
4 Investment income	4 4,635
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	
a Gross income from <del>gaming</del> attach Schedule G if greater than \$15,000	6a
b Gross income from fundraising events not including \$ <input type="text"/> 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 0
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 0
8 Other revenue (describe in Schedule O)	8 489
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 8,489
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 6,343
17 Total expenses. Add lines 10 through 16	17 6,343
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,146
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)	19 277,742
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	21 279,888

**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 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	37,803	22	39,949
23 Land and buildings	239,939	23	239,939
24 Other assets (describe in Schedule O)		24	
25 Total assets	277,742	25	279,888
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	277,742	27	279,888

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

What is the organization's primary exempt purpose? FRATERNAL AND BENEVOLENT SERVICE

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 ACTIVITIES PROMOTING FRATERNAL AND BENEVOLENT OBJECTIVES (LODGE PARAPHENALIA; GRAND LODGE DUES, PER CAPITA ASSESSMENT; LIFE MEMBERSHIP, PROGRAMS)

(Grants \$  ) If this amount includes foreign grants, check here ►  28a 1,650

29

(Grants \$  ) If this amount includes foreign grants, check here ►  29a

30

(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 ►  31a32 Total program service expenses. (add lines 28a through 31a) ►  32 1,650**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. 

(a) Name and address	(b) Title and 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
STERLING R. ANTON 12425 N.W. BARNES Rd #69 PORTLAND OR 97229	Title MASTER Hr/WK 1 00	0		
JEFFREY K. SCHATZ P. O. BOX 301425 PORTLAND OR 97294	Title Sr. WARDEN Hr/WK 1 00	0		
JORGE CASTANEDA 103 HOOD St OREGON CITY OR 97045	Title Jr. WARDEN Hr/WK 1 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	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

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 33  Yes  No
- 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
- 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)?  
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  
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 35a   
35b   
35c
- 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
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a   
b Did the organization file Form 1120-POL for this year? 37b
- 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?  
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  38a
- 39 Section 501(c)(7) organizations Enter:  
a Initiation fees and capital contributions included on line 9  
b Gross receipts, included on line 9, for public use of club facilities 39a   
39b
- 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d   
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 40e   
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 40e   
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f   
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 40g
- 41 List the states with which a copy of this return is filed. ► 41
- 42 a The organization's books are in care of ► W. MARS Telephone no ► (503) 656-6112  
Located at ► 707 MAIN STREET SUITE 300 City OREGON CITY ST. OR ZIP + 4 ► 97045 42b   
42c
- 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 ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42d
- c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► 42e
- 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 ► 43
- 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   
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 44b   
c Did the organization receive any payments for indoor tanning services during the year? 44c   
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 44d
- 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a   
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) 45b

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.

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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.

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.

	Yes	No
47	X	
48	X	
49a	X	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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 address of each employee paid more than \$100,000	(b) Title and 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
Name None Str City ST ZIP	Title Hr/WK	00		
Name Str City ST ZIP	Title Hr/WK	.00		
Name Str City ST ZIP	Title Hr/WK	.00		
Name Str City ST ZIP	Title Hr/WK	.00		
Name Str City ST ZIP	Title Hr/WK	.00		
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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
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

HERE SIGN  
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, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

Sterling Anton - Master

Date

5/14/2012

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Joseph T Watson --- 0729-C	Joseph T. Watson	5/14/12		P00140472
	Firm's name ► JOSEPH T WATSON				Firm's EIN ► 93-0823333
	Firm's address ► 20196 QUINALT DRIVE, OREGON CITY, OR 97045				Phone no 0729-C

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**

**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.

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Name of the organization

**Employer identification number**

ANCIENT FREE & ACCEPTED MASONS OF OREGON - MULTNOMAH LODGE #1

93-0359271

Form 990-EZ, Part I, Line 8, Other Revenue MISCELLANEOUS INCOME OR DONATIONS 489

Form 990-EZ, Part I, Line 16, Other Expenses GRAND LODGE DUES AND FEES 1,660

Form 990-EZ, Part I, Line 16, Other Expenses: SUPPLIES 552

Form 990-EZ, Part I, Line 16. Other Expenses: HOSPITALITY: 90

Form 990-EZ, Part I, Line 16, Other Expenses, CHARITY 190

Form 990-EZ, Part I, Line 16, Other Expenses: UPKEEP OF F

Form 990-EZ Part I Line 16 Other Expenses: REFLUND: 50

Form 990-EZ Part I Line 16 Other Expenses: EDUCATIONAL ASSISTANCE 50

Form 990-EZ Part I, Line 16, Other Expenses: LOAN INTEREST: 1,306

Name of the organization

ANCIENT FREE &amp; ACCEPTED MASONS OF OREGON - MULTNOMAH LODGE #1

Employer identification number

93-0359271