

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 private foundations)

2016

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016

, and ending 12-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization  
ANCIENT & ACCEPTED SCOTTISH RITE OF  
SANTA FE LODGE OF PERFECTION INCNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 2024City or town, state or province, country, and ZIP or foreign postal code  
SANTA FE, NM 87504

D Employer identification number

85-0067235

E Telephone number

(505) 982-4414

F Group Exemption  
Number ► 0095G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► <http://nmscottishrite.org/>J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 10) ► (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 166,493

## 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	4,666
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	153,220
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	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	8,552
	c Less direct expenses from gaming and fundraising events . . . . .	6c	357
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .		8,195
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	55
	b Less cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		55
	8 Other revenue (describe in Schedule O) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	166,136
Expenses	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	1,534
	13 Professional fees and other payments to independent contractors . . . . .	13	2,004
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	74,763
	15 Printing, publications, postage, and shipping . . . . .	15	181
	16 Other expenses (describe in Schedule O) . . . . .	16	61,559
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	140,041
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	26,095
	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	718,662
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-643,752
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	101,005

**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	699,069	22
23 Land and buildings	21,826	23
24 Other assets (describe in Schedule O)	46,013	24
25 Total assets	766,908	25
26 Total liabilities (describe in Schedule O)	48,246	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	718,662	27
		101,005

**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?

TO HOLD TITLE TO PROPERTY, MANAGE AND COLLECT THE INCOME THEREFROM AND DISTRIBUTE SUCH INCOME FOR (A) EXPENSES, (B) A REASONABLE DEPRECIATION ALLOWANCE, AND (C) AMOUNTS USED TO RETIRE THE OVERALL DEBT OF THE 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

**28**

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here **28a****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 **31a****32 Total program service expenses** (add lines 28a through 31a)**32**

61,559

**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 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
JOHN ADAMS President	2 00	0		
DON HELBERG Vice President	2 00	0		
THOMAS DILLON Treasurer	2 00	0		
JOSE MONTANO Secretary	2 00	0		
WESLEY D THORNTON Director	2 00	0		
DON L HELBERG Director	2 00	0		
JOSE M MONTANO Director	2 00	0		
JOHN R ADAMS Director	2 00	0		
ROY V MCCONKEY III Director	2 00	0		
JEFFERY D JOHNSON Director	2 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.

	<b>Yes</b>	<b>No</b>
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	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	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	No
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	No
38a 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?	38b	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	0
39 Section 501(c)(7) organizations Enter	39b	0
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	No
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ►		
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	40e	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► JOSE M MONTANO Telephone no ► (505) 913-9860 Located at ► 463 PASEO DE PERALTA SANTA FE, NM ZIP + 4 ► 87501	42b	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)?	42c	No
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	43	No
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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	No

<b>46</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>46</b>		No

**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.

<b>47</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>47</b>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>48</b>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>49a</b>		
<b>b</b> If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>49b</b>		
<b>50</b> 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	(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
NONE				

**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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**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 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

<b>Sign Here</b>	*****	2017-11-07
	Signature of officer	Date
JOHN ADAMS President		
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Brian K Lee CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00116207
	Firm's name ► Brian K Lee CPA	Firm's EIN ►			
	Firm's address ► PO BOX 5373 Santa Fe, NM 875025373	Phone no (505) 988-5560			

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

## Additional Data

**Software ID:** 16000303  
**Software Version:** 2016v3.0  
**EIN:** 85-0067235  
**Name:** ANCIENT & ACCEPTED SCOTTISH RITE OF  
SANTA FE LODGE OF PERFECTION INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)
<p><b>28</b> TO HOLD TITLE TO PROPERTY, MANAGE AND COLLECT THE INCOME THEREFROM AND DISTRIBUTE SUCH INCOME FOR (A) EXPENSES, (B) A REASONABLE DEPRECIATION ALLOWANCE, AND (C) AMOUNTS USED TO RETIRE THE OVERALL DEBT OF THE ORGANIZATION  (Grants \$ 61,559)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
~~Internal Revenue Service~~

Name of the organization

ANCIENT & ACCEPTED SCOTTISH RITE OF  
SANTA FE LODGE OF PERFECTION INC**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.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

85-0067235

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$177

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$5689

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$5121

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$880

# 990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 1	PRESERVATION FOUNDATION \$10156	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	ALMONER FUND CONTRIBUTION \$9676

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	REPAIRS & MAINTENANCE \$9094

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	TELEPHONE & COMMUNICATIONS \$4933

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	OTHER CHARITABLE DONATIONS \$4000

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	SECURITY \$3724

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK & ACCOUNT CHARGES \$3109

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	BUILSIMF FUND CONTRIBUTION \$2785

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	BAD DEBTS \$800

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	GENERAL & ADMIN-OTHER \$750

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	SOFTWARE \$500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	WEBSITE DESIGN & MAINTENANCE \$81

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	LICENSE & PERMITS \$44

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	BUSINESS REGISTRATION & LICENS \$35

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	MEMBERSHIPS & SUBSCRIPTIONS \$5

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$9649 Machinery and Equipment - Ending \$8752

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$185 Miscellaneous - Ending \$185

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1006	Pledges and Grants Receivable - Beginning \$255 Pledges and Grants Receivable - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1009	Notes and Loans Receivable - Beginning \$6424 Notes and Loans Receivable - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$1376

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	DUE FROM ALMONER'S FUND - Beginning \$10000 DUE FROM ALMONER'S FUND - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 2	DUE FROM HISTORICAL FOUNDATION - Beginning \$0 DUE FROM HISTORICAL FOUNDATION - Ending \$5048

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 3	ROBES INVENTORY - Beginning \$19500 ROBES INVENTORY - Ending \$19500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	A/P LESS FORTUNATE BROS FUND - Beginning \$3463 A/P LESS FORTUNATE BROS FUND - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	A/P-ORGAN FUND - Beginning \$1535 A/P-ORGAN FUND - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 3	DUE TO ALMONERS FUND - Beginning \$324 DUE TO ALMONERS FUND - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 4	DUE PRESERVATION FDN - Beginning \$9844 DUE PRESERVATION FDN - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 5	DUE TO SCOTTISH RITE FOUNDATION - Beginning \$19760 DUE TO SCOTTISH RITE FOUNDATION - Ending \$0

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 6	DUE TO ENDMNT & MEMBERSHIP FUND - Beginning \$13320 DUE TO ENDMNT & MEMBERSHIP FUND - Ending \$13320