

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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)
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.

OMB No 1545-1150
2016
Open to Public Inspection

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 Free & Accepted Masons of 34 Blue Mountain Lodge
Number and street (or P O box, if mail is not delivered to street address): PO Box 598
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Baker City, OR 97814

D Employer identification number: 93-0349442
E Telephone number: (541) 519-5726
F Group Exemption Number: 0095

G 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: N/A

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

K 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. \$31,272

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.

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Total revenue is 31,272 and total expenses are 24,479. Net assets at end of year are 364,351.

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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

(a) Name and title of each employee	(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.

***** Signature of officer	2017-11-15 Date
Will Benson Worshipful Mstr Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Michael J Rudi	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01438007
	Firm's name ▶ Guyer and Associates CPAs			Firm's EIN ▶	
	Firm's address ▶ 2790 Main Street Baker City, OR 97814			Phone no (541) 523-4471	

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: 93-0349442
Name: Ancient Free & Accepted Masons of 34
Blue Mountain Lodge

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.)	
28 Assistance to needy individuals and scholarships Member services and fraternal masonic actions (Grants \$ 7,241) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Ancient Free & Accepted Masons of 34
Blue Mountain Lodge**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.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

93-0349442

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	OTEC Capital Credit \$65

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1073

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Dues & Memberships \$1152

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Postage & Telephone \$610

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Life Membership Expense \$400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Refreshments \$252

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Investment Fees \$200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Stationary & Supplies \$74

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Licenses \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Miscellaneous Expense \$45

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Operating Supplies \$43

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Funerals & Flowers \$27

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	Equipment - Beginning \$25374 Equipment - Ending \$25374