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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492125006337 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax **2016** 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization AncAccScottish Rite of Valley of Baker ☐ Address change 93-0460037 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2790 Main St ☐ Final return/terminated (541) 523-4471 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Baker City, OR 97814 F Group Exemption ☐ Application pending Number ▶ 0095 Check ▶ ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 7,740 1 2 2 Program service revenue including government fees and contracts 3 3 21,383 Membership dues and assessments 12,406 4 5a Gross amount from sale of assets other than inventory 30,924 5b 30,920 b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 60 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 41,533 10 Grants and similar amounts paid (list in Schedule O) 10 8,435 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 4,607 Expenses 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 Printing, publications, postage, and shipping 15 484 16 Other expenses (describe in Schedule O) 16 24,121 17 17 **Total expenses.** Add lines 10 through 16 37,647 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 3,886 Net Assets 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) 19 407,360 20 Other changes in net assets or fund balances (explain in Schedule O) 21 411.246 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2016)

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			⊠
	<u> </u>			(A) B	eginning of year		(B) End of year
22 Cash. sa	ivings, and investments			(2)	409,053	22	412,939
	d buildings				,	23	
	sets (describe in Schedule O)					24	
	ssets				409,053	25	412,939
	abilities (describe in Schedule O)				1,693	-	1,693
	ets or fund balances (line 27 of column				407,360	\neg	411,246
Part III	-	<u> </u>	•	ions for Pai	· ·	T	Expenses
	Check if the organization used Schedule	•	•				equired for section 501(c)
	organization's primary exempt purpose?) and 501(c)(4) ganizations, optional for
	s/Assist the needy/member services						hers)
measured by benefited, a	e organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	er, describe the service					1
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	te check have		▶ □	20-	
(Grants \$) 29	II this amoun	t includes foreign gran	its, check here	• •	. , ,	28a	
29						296	
· - · - ·	***				, n		
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ ⊔		
30						30a	
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign gran	ts. check here		. ▶ □	31a	
	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not co	mpensated — see the	ınstrı	uctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	
	(a) Name and title	(b) Average	l (a) Papar	+abla	(d) Health bend	of.tc	(e) Estimated amount
	(a) Name and title	(b) Average hours per week	(c) Repor				ree of other compensation
		devoted to position	(Forms W-2		benefit plans,	and	· ·
			MISC) (if no enter -		deferred compen	satio	n
Randell C Gu	ıver 1r	2 00	checi -	0			
	-,			•			
Treasurer							
Lynn Hallıda	У	2 00		0			
VenerableMa	aster						
Henry G Sto	ckoff	4 00		0			
Personal Rep		0.00		4 300			
John Hatton		8 00		4,200			
Secretary							
							5 000 F7 (2046)

С	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			,		
b	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee \mathbf{or} were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	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 ▶					
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					
С	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 sections4912, 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					
41	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					
42a	The organization's books are in care of ▶ Randell C Guyer Jr Telephone no ▶	The organization's books are in care of ► Randell C Guyer Jr Telephone no ► (541) 523-4471				
	Located at ► 2790 Main St. Baker City, OR ZIP + 4 ► 97814					
	Located at ▶ 2790 Main St Baker City, OR ZIP + 4 ▶	978	14			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	978		No.		
b		978 42b	Yes	No No		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a					
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		No		
	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 FinCEN Form 114, Report of Foreign Bank and					
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		No		
c	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U S?	42b		No		
c 43 S	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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	42b	Yes	No		
c 43 S	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	Yes	No No		
c 43 S	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	42b	Yes	No		
c 43 S	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead	42b 42c	Yes	No No		
c 43 ⁹ 44a 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	42b 42c	Yes	No No		
c 43 5 44a b c d	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42c 44a 44b 44c 44d	Yes	No No No No No No		
c 43 \$ 44a b c d	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42c 44a 44b 44c 44d 45a	Yes	No No No No		
c 43 \$ 44a b c d	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	42c 44a 44b 44c 44d 45a	Yes	No No No No No No		

nization engage, directly or indirect						Page	
					Yes	No	
or public office? If "Yes," complete:							
tion 501(c)(3) organizations				46		No	
ection 501(c)(3) organizations	must answer questi	ons 47-49b and 52,	and complete the table	s for lin	es 50	_	
k if the organization used Schedule	O to respond to any q	uestion in this Part VI		· · · · ·	Yes	No	
anization engage in Johbying activity	es or have a section 50)1(h) election in effect	during the tay year?				
mplete Schedule C, Part II	· · · · · · ·	· · · · · · ·	· · · · · · · ·	47			
ization a school as described in sec	tion 170(b)(1)(A)(ii)? I	f "Yes," complete Sche	dule E	48			
inization make any transfers to an e	exempt non-charitable	related organization?		49a			
s the related organization a section	527 organization? .			49b			
				and key	employ	ees)	
and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,				
	hours per week devoted to position	compensation (Forms W-2/1099-	benefit plans, and	of othe	r compe	ensatio	
		MISC)	deferred compensation				
per of other employees paid over \$:			.				
		dependent contractors	who each received more t	nan \$100	0,000 of	f	
	<u> </u>	actor	(b) Type of service (c) Compe	nsation		
•			. , , ,				
per of other independent contractor	s each receiving over s	\$100,000	· · · · · • <u> </u>				
ganization complete Schedule A? N	OTE. All Section 501(c)(3) organizations mu	st attach a	_	_		
				∐ Ye:	s UN	lo	
lief, it is true, correct, and complete							
<u> </u>							
*** ature of officer			2017-05-05 Date				
dell C Guyer Jr Treasurer							
or print name and title							
Print/Type preparer's name	Preparer's signature	Date	Check I If PTIN P0016	9174			
Randell C Guyer Jr		self-employed Firm's name					
	CPAs	<u> </u>					
	CPAs			471			
Firm's name		<u>'</u>	Firm's EIN ▶	471			
	per of other employees paid over \$1 is table for the organization is table for the organization's five hor from the organization if there is a) Name and business address of each of the organization is table for the organization's five hor from the organization if there is a) Name and business address of each of other independent contractor organization complete Schedule A? Not perjury, I declare that I have exampled, it is true, correct, and complete the contractor of the correct, and complete the correct is the correct in the correct is the correct in the correct is the correct in the correct in the correct in the correct is the correct in t	per of other employees paid over \$100,000 Is table for the organization's five highest compensated enceived more than \$100,000 of compensation from the organization and title of each employee Deer of other employees paid over \$100,000 Is table for the organization's five highest compensated enceived more than \$100,000 of compensation from the organization from the organization's five highest compensated in the organization is table for the organization from the organization in from the organization is five highest compensated in the organization of there is none, enter "None" A) Name and business address of each independent contractions are organization complete. Schedule A? NOTE. All Section 501(cf. Schedule A	anization engage in lobbying activities or have a section 501(h) election in effect inplete Schedule C, Part II ization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II ization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II ization and school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule A school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule A school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule A school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule A section 170(b)(A)(iii)? If "Yes," complete Schedule A section 170(b)(A)(iii). If "Yes," complete Schedule A section 170(b)(A)(iii). If "Yes,"	inization engage in lobbying activities or have a section 501(h) election in effect during the tax year? inplete Schedule C, Part II ization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E ization make any transfers to an exempt non-chantable related organization? is table for the organization's five highest compensated employees (other than officers, directors, trustees. ceived more than \$100,000 of compensation from the organization if there is none, enter "None" and title of each employee (a) Navrage (b) Navrage (c) Reportable (d) Health benefits, compensation (Forms W-2/1099-MISC) (b) Navrage (c) Reportable (d) Health benefits, compensation (Forms W-2/1099-MISC) (c) Reportable (d) Health benefits, compensation (Forms W-2/1099-MISC) (d) Health benefits, compensation (Forms W-2/1099-MISC) (e) Navrage (c) Reportable (d) Health benefits, compensation (Forms W-2/1099-MISC) (b) Type of service (c) Navrage (c)	inization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 47 48 49 49a 49b 49a 49b 49b 49c 49b 49c 49b 49c 49c	priete Schedule C, Part II arization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E arization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? NOTE, All Section 501(c)(3) organizations must attach a 1 Schedule A? Note, and complete Declaration of preparer (other than officer) is based on all information of which prepare 1 per province	

Additional Data

Software ID: 16000303 **Software Version:** 2016v3.0

EIN: 93-0460037

Name: AncAccScottish Rite of Valley of Baker

Evnances

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.			(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Assistance to needy inc	dividuals & scholarships Member services and fraternal masonic actions	28a		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$			

efile GRAPH	N: 93492125006337			
SCHEDUL (Form 990 or EZ)	· 990-	Supplemental Information to Form 990 or Complete to provide information for responses to specific ques Form 990 or 990-EZ or to provide any additional informati Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruction www.irs.gov/form990.	rmation to Form 990 or 990-EZ mation for responses to specific questions on or to provide any additional information. ch to Form 990 or 990-EZ. O (Form 990 or 990-EZ) and its instructions is at	
Present Revenue for Name of the organization o	e of Valley		93-0460037	ntification number
Reference Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee	s's Name Various Cash Amount Given \$8435		

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Office Expenses \$1418
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$2536 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$1446 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference

Other Dues & Subscriptions \$8297 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Meals & Ent \$6083 Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other Investment and Bank Fees \$2441
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Rent \$1900 Expenses 4

Other

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
Total	Payroll Liabilities - Beginning \$1693 Payroll Liabilities - Ending \$1693

Liabilities 1