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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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** , **and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ANCIENT FREE & ACCEPTED MASONS OF COLORADO 5 DENVER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1614 WELTON STREET

City, town, or country | State | ZIP + 4
DENVER | CO | 80202-4221

D Employer identification number
84-0381485

E Telephone number
303-534-0939

F Group Exemption Number . . ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I **Website:** ▶ www.denver5.org

J **Organization type** (check only one)— ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 62,194

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,359
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	13,611
	4	Investment income		4	44,224
	5a	Gross amount from sale of assets other than inventory	5a 0		
	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) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	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 ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	62,194
Expenses	10	Grants and similar amounts paid (attach schedule)		10	8,959
	11	Benefits paid to or for members		11	47,056
	12	Salaries, other compensation, and employee benefits		12	7,573
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	7,774
	15	Printing, publications, postage, and shipping		15	6,493
	16	Other expenses (describe ▶)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	77,855
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15,661
	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	360,748
	20	Other changes in net assets or fund balances (attach explanation)		20	259
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	345,346

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	361,084	22	345,625
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	361,084	25	345,625
26	**Total liabilities** (describe ▶ Payroll taxes)	336	26	279
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	360,748	27	345,346

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Fraternal education and charity

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a 0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a 0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a 0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a 0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Edward P. Anderson Str 10150 E. Virginia #6-3 City Denver ST CO ZIP 80247	Title Worshipful Master Hr/WK 5.00	0	0	0
Name Michael P. Griffis Str 18770 W. 60th Ave City Golden ST CO ZIP 80403	Title Senior Warden Hr/WK 2.00	0	0	0
Name Dihan Rust Str 8248 High St City Denver ST CO ZIP 80229	Title Junior Warden Hr/WK 1.00	0	0	0
Name Claud Dutro Str 10205 E. Aberdeen A City Englewood ST CO ZIP 80111	Title Treasurer Hr/WK 3.00	1,200	0	0
Name Paul A. Dickerson Str 409 Lincoln St City Denver ST CO ZIP 80209	Title Secretary Hr/WK 10.00	4,800	0	0
Name Michael J. Scott Str 460 Bonanza Dr City Erie ST CO ZIP 80516	Title Senior Deacon Hr/WK 1.00	0	0	0
Name Ricardo Fernandez Str 429 E. 14th Ave City Denver ST CO ZIP 80203	Title Junior Deacon Hr/WK 1.00	0	0	0
Name Omar Johnson Str 505 Helena Ct #203 City Aurora ST CO ZIP 80011	Title Senior Steward Hr/WK 1.00	0	0	0
Name Robert A. Foster Str 5404 Rangeview Dr. City Cheyenne ST WY ZIP 82001	Title Junior Steward Hr/WK 1.00	0	0	0
Name Stephen C. Baca Str 10255 Dover St. #117 City Westminster ST CO ZIP 80218	Title Marshal Hr/WK 1.00	0	0	0
Name Ryan A. Klassy Str 1205 Washington St City Denver ST CO ZIP 80218	Title Chaplain Hr/WK 1.00	0	0	0
Name James D. Simmons Str 1282 Detroit St. #7 City Denver ST CO ZIP 80206	Title Tiler Hr/WK 1.00	950	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	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) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	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		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The books are in care of ▶ Name Claud E Dutro, Treasurer Telephone no. ▶ 303-534-0939 Located at ▶ 1614 Welton Street, Suite 505 City Denver ST CO ZIP + 4 ▶ 80202-4221			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
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 N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the 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		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

Sign Here

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

▶ _____ 3/22/2010
Signature of officer — Date

▶ CLAUD E. DUTRO — Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	Scholarship Contributions	8	3,000
9	Library Contributions	9	1,359
10		10	
11	Total	11	4,359

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	5,528
2	Dividends and interest from securities	2	38,696
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	44,224

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Charitable Contribution	Adventureland Press	X					
2	Charitable Contribution	United Veterans	X					
3	Charitable Contribution	Highlands Lodge #86	X					
4	Charitable Contribution	Capital Hill People's Fair	X					
5	Charitable Contribution	Colorado DeMolay	X					
6	Charitable Contribution	Central Lodge #6	X					
7	Charitable Contribution	Nevada Lodge #4	X					
8	Charitable Contribution	Capital Hill People's Fair	X					
9	Charitable Contribution	Columbine #96 Rainbow	X					
10	Charitable Contribution	Grant Beacon Middle School	X					
11	Educational Grant	Mason Williams						
12	Educational Grant	Nikky M. Conn						
13	Educational Grant	Christopher Oliver						
14	Educational Grant	Sean McBride						
15	Educational Grant	Kelli Dye						
16	Educational Grant	Amanda Williams						
17								
18								
19								
20								

8,959 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
224		Purchased children's books						
300		Ad to Support Veterans						
63		Support Tartan Day						
275		Registration Fees						
150		Ad to Support DeMolay						
100		Support Fund Raiser						
100		Support Fund Raiser						
45		Booth Expenses						
108		Support Fund Raiser						
94		Support Fund Raiser						
1,000								
2,000								
2,000								
1,000								
1,000								
500								

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

259

	Description		Amount
1	Prior year adjustment	1	259
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

Part II, Line 26 (990-EZ) - Liabilities

		336	279
	Description	Beginning	End
1	Payroll taxes	336	279
2			
3			
4			
5			
6			
7			
8			
9			
10			