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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning** 12/1/2009 , **and ending** 11/30/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 **Tax-exempt status** (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 69,923

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	3,626
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	13,782
	4	Investment income		4	52,515
	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)		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	69,923
Expenses	10	Grants and similar amounts paid (attach schedule)		10	13,175
	11	Benefits paid to or for members		11	47,568
	12	Salaries, other compensation, and employee benefits		12	1,546
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	6,767
	15	Printing, publications, postage, and shipping		15	4,136
	16	Other expenses (describe ▶)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	73,192
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,269
	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	345,346
	20	Other changes in net assets or fund balances (attach explanation)		20	800
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	342,877

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	345,625	22	342,932
23	Land and buildings		23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	345,625	25	342,932
26	**Total liabilities** (describe ▶ Payroll taxes)	279	26	55
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	345,346	27	342,877

SCANNED MAY 12 2011

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

14

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, 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	(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
Michael J Scott 460 Bonanza Dr Erie CO 80516	Title Worshipful Master Hr/WK 5 00	0	0	0
Gene Hardy 12379 E LaSalle Pl Aurora CO 80014	Title Senior Warden Hr/WK 2 00	0	0	0
Robert Salazar 2796 S Benton St Denver CO 80275	Title Junior Warden Hr/WK 1 00	0	0	0
Claud Dutro 10205 E Aberdeen Ave Englewood CO 80111	Title Treasurer Hr/WK 3 00	0	0	0
Robert Heath 6426A W 80th Dr Arvada CO 80003	Title Secretary Hr/WK 10 00	300	0	0
Robert Danko 8195 Umatilla St Denver CO 80221	Title Senior Deacon Hr/WK 1.00	1,200	0	0
Steve Baca 9310 W 100th Cr Westminster CO 80021	Title Junior Deacon Hr/WK 1.00	0	0	0
Scott Roberts 5836 S. Lupine Dr Littleton CO 80123	Title Senior Steward Hr/WK 1.00	0	0	0
Ryan Klassy 22453 E Maplewood Ln Aurora CO 80015	Title Junior Steward Hr/WK 1 00	0	0	0
	Title Marshal Hr/WK 1 00	0	0	0
Jeremy Van Hooser 4321 W Quinn Pl Denver CO 80236	Title Chaplain Hr/WK 1 00	0	0	0
James Warram 6401 Glencoe Commerce City CO 80222	Title Tiler Hr/WK 1.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0

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

			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? 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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to 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	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		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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) 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		

41 List the states with which a copy of this return is filed ▶ _____

42 a The organization's books are in care of ▶ Claud E Dutro, Treasurer Telephone no ▶ 303-534-0939

Located at ▶ 1614 Welton Street, Suite 505 City Denver ST CO ZIP + 4 ▶ 80202-4221

			Yes	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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

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

			Yes	No
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 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 46–49b 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 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 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 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

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		

d Total number of other independent contractors each receiving over $100,000 ▶

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

▶ Signature of officer — Date: 4/13/2011

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

Paid Preparer's Use Only

Preparer's signature ▶	Date 4/17/2011	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 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 Contrib	Chloe Jarisch		1116 Kearney St	Denver	CO	80210	
2	Charitable Contrib	Colorado Masonic Band Camp	X	4015 S Roslyn St	Denver	CO	80237	
3	Charitable Contrib	Capitol Hill People's Fair	X	1290 Williams St #101	Denver	CO	80218-2657	
4	Charitable Contrib	United Veterans Committee	X	P O. Box 31261	Aurora	CO	80041-1261	
5	Charitable Contrib	Denise Blea		3040 Saulsbury St	Wheat Ridge	CO	80033	
6	Charitable Contrib	Central Lodge #6	X	% Ernest Clore,2638 S Allison S	Lakewood	CO	80227-3203	
7	Charitable Contrib	Community College of Denver	X	Campus Box 205, POBox 17336	Denver	CO	80217-3363	
8	Scholarship Grant	Angelica Padilla		5916 Simms St	Arvada	CO	80004	
9	Scholarship Grant	Devon Tate		8501 E Alameda #1313	Denver	CO	80230	
10	Scholarship Grant	Amanda Williams		6708 E Lookout Dr	Parker	CO	80138	
11	Scholarship Grant	Kendall Leigh Aragon		9249 S Broadway #200-539	Highlands Ranch	CO	80129	
12	Scholarship Grant	Jeramy Lewis		460 Bonanza Dr	Erie	CO	80516	
13	Scholarship Grant	Ariana Boulet		1503 E 131st Pl	Thornton	CO	80241	
14	Scholarship Grant	Mason Williams		6708 E Lookout Dr	Parker	CO	80138	
15	Scholarship Grant	Ryan Hathorn		899 S Norfolk St	Aurora	CO	80017	
16	Scholarship Grant	Raschelle Nitura		37 N 45th Av	Brighton	CO	80601	
17								
18								
19								
20								

13,175 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
100								
1,500								
375								
300								
500								
100								
300								
500								
500								
2,000								
2,000								
1,000								
1,000								
1,000								
1,000								
1,000								

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

800

	Description		Amount
1	Intracompany adjustment per year end	1	800
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

279 55

	Description	Beginning	End
1	Payroll taxes	279	55
2			
3			
4			
5			
6			
7			
8			
9			
10			