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DLN: 93493193006302

2011

OMB No 1545-0047

Form **990**

Department of the Treasury

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)

Open to Public

	r the		 endar year, or tax year beginning 01-01-2011 an	d ending 12-31-201	11	·	Inspection	
		pplicable	C Name of organization Ancient Free & Accepted Masons of NM Albuquerque Lodge (D Employer i	dentification number	
Add	dress ch	nange	Doing Business As			85-00199 E Telephone		
	me cha		Doing Business As			-		
_	ial retu		Number and street (or P O box if mail is not delivered to st 6600 Zuni Road SE	reet address) Room/s	uite	(505) 407 G Gross receip	ts \$ 1,399,104	
	mınate							
	ended		City or town, state or country, and ZIP + 4 Albuquerque, NM 87108					
J App	plication	n pending						
			F Name and address of principal officer Chris Fogel		H(a) Is the affilia	s a group retu tes?	ırn for ┌ Yes	
			3916 Juan Tabo NE Albuquerque,NM 87111					
			Albuquerque, Nili 37111		1 ' '	l affiliates inclu	uded? Yes V No st (see instructions)	
I Ta	x-exem	npt status	501(c)(3) ✓ 501(c)(8) ◀ (insert no)	a)(1) or		p exemption		
J W	ebsite	e: ► N/A						
K For	n of or	ganızatıon	Corporation Trust Association Other ►		L Year of fo	mation	M State of legal domicile	
Da	rt I	Sum	mary		•		NM	
Pa			iniary escribe the organization's mission or most significal	at activities				
			n of Masonic relief, charity, community service and		s and other no	n-profit organ	ızatıons	
Activities & Governance								
ē	:							
Ş	2 (Check th	is box দ if the organization discontinued its opera	ations or disposed	of more than 2	5% of its net	assets	
ট অ	3	Number	of voting members of the governing body (Part VI, \ln	ne 1a)		3	3	
ጭ ያያ	4	Number	of independent voting members of the governing boo	dy (Part VI, line 1b)	. 4	3	
Ě	5	Total nur	nber of individuals employed in calendar year 2011	(Part V, line 2a)		5	0	
ਤੂ			nber of volunteers (estimate if necessary)			6		
•	1		elated business revenue from Part VIII, column (C			7a		
	Ь	Net unre	ated business taxable income from Form 990-T, li	ne 34	n.i.	r Year		
	8	Contri	outions and grants (Part VIII, line 1h)		Prio	13,684	Current Year	
₽	9		m service revenue (Part VIII, line 2g)			13,004	10,692	
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and		62,218			
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		-26,508	-17,388		
	12		evenue—add lines 8 through 11 (must equal Part V	ne	· · ·			
					49,394	139,358		
	13		and similar amounts paid (Part IX, column (A), line		82,393			
	14		s paid to or for members (Part IX, column (A), line s, other compensation, employee benefits (Part IX)		9,490	7,370		
\$	15	5-10)	is, other compensation, employee benefits (Part 1X)			5,750		
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11			0		
ਨੂੰ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨					
_	17	Other	expenses (Part IX, column (A), lines 11a–11d, 11f	-24e)		18,905	21,521	
	18		xpenses Add lines 13–17 (must equal Part IX, co			110,788		
. 02	19	Reven	ue less expenses Subtract line 18 from line 12 .		 	-61,394	19,914	
Net Assets or Fund Balances						of Current ear	End of Year	
384 384	20	Total a	ssets (Part X, line 16)			2,137,754	2,157,668	
A A	21		abilities (Part X, line 26)			3,906	3,905	
	22		sets or fund balances Subtract line 21 from line 20			2,133,848	2,153,763	
	rt II		ature Block					
know			rjury, I declare that I have examined this return, includ , it is true, correct, and complete. Declaration of prepa					
		****				12-05-10		
Sign		Signa	ture of officer		Da	ite		
Here	е		es Cameron Secretary or print name and title					
		 	. Date	Г	Check If	Dranamata ta ::	navor identification	
Data		Preparer signature		(see instruction	payer identification number ns)			
Paid Pren:	arer's	employed F emplo						
Use (ıf self-er	nployed),			EIN 🕨		
_ J J ,		address,	and ZIP + 4 T 3916 JUAN TABO NE			Phone no •	(505) 217-2323	
			ALBUQUERQUE, NM 87111			I HONE NO F	(-55) 227 2525	

May the IRS discuss this return with the preparer shown above? (see instructions)

1 0111	1990 (2011)				Page Z
Par			ce Accomplishments onse to any question in this Part I	ш	
1	Briefly describe th	ne organization's mission			
<u>P ro v</u>	ısıon of Masonıc relı	ef, charity, community se	rvice and support to members and	d other non-profit organization	s
2	the prior Form 990	or 990-EZ?	nt program services during the ye		┌ Yes ┌ No
		these new services on Sc			
3	services?			conducts, any program · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe t	these changes on Schedu	le O		
4	expenses Section	501(c)(3) and 501(c)(4)	accomplishments for each of its organizations and section 4947 (openses, and revenue, if any, for e	(a)(1) trusts are required to re	
	(Code) (Expenses \$	119,445 including grants of \$	84,803) (Revenue \$	139,359)
-ru	The Masonic Lodge pi	rovided fraternal activites for its raternity members in need of a	s members and gave charitable contributi id Fraternal Activities included twelve reg	ions totaling \$75,000 to the Boy Scou	ts of America and \$9,803 to other
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se (Expenses \$	rvices (Describe in Sche inclu	dule O) ding grants of \$) (Revenue \$)
4e	Total program sei	rvice expenses►\$	119,445		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI , XII , and $XIII$	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		_

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$.	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Νo
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
J.	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	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 or securities account)?	4a		No
h				INO
U	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See machidetions for mining requirements for Form בים בים המשומים או המוחד ווחוחק ופקטות אוניסטות אוניסטות בים המשומים בים בים המשומים בים המשומים בים המשומים בים המשומים בים המשומים בים בים המשומים בים המשומים בים המשומים בים המשומים בים המשומים בים בים בים בים בים בים בים בים בים ב			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
_	Contract?			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4.4				
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
42	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	42-		NI -
	allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand			
•	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		Nο

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
	other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No			
13	Did the organization have a written whistleblower policy?	13		No			
14	Did the organization have a written document retention and destruction policy?	14		No			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	15a		No				
ь	Other officers or key employees of the organization	15b		No			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No			
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶NM						
							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Wade Villanueva

6600 Zunı SE

Albuquerque, NM 87108 (505) 217-2323

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) Charles Cameron Treasurer	10 00	х						3,000	0	0
(2) Alan Varela Lodge Master		х		х				0	0	0
(3) Chris Fogel Sr Warden		х		Х				0	0	0
(4) Wade Villanueva Treasurer	5 00	х						2,750	0	0
(5) Bret Sant Jr Warden		х		х				0	0	0
										Form 990 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth)		Repo compo fro organiz	(D) ortable ensation m the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	((F) Estima mount o compens from t rganizati	ted fother ation he on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	I .
1b	Sub-Total				•	•		F	•					
c d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	•	•		>		5,750				
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		<u>a</u> bove) who	receive	,	ın			
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								r highes	t compens	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza										or individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												\perp		
												\pm		
	Total number of independent conti \$100,000 of compensation from t			ot lin	nıted	d to	those	liste	d above)	who recei	ved more than			

Form 9								Page 9
Part \	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
# # # # # # # # # # # # # # # # # # #	1a	Federated cam	paigns 1a					
E E	ь	Membership du	es 1b	5,362				
S, Ç	C	Fundraising eve	ents 1c					
Contributions, gifts, grants and other similar amounts	d	Related organiz	zations 1d					
E, S	e	Government grant	s (contributions) 1e					
er s	f	All other contribute similar amounts no	ons, gifts, grants, and 1f	5,330				
들	g		butions included in					
걸	١.	lines 1a-1f \$ h		10,692				
<u>Q @</u>	h	lotal. Add lines	sia-ir	· · · •	10,092			
∃le	2a			Business Code				
ever	b							
or GE								
r vic	d		_					
æ	e	-						
Ta Ta	f	All other progra	am service revenue					
Program Service Revenue		Total Add lines	s 2a-2f					
	3		ome (including dividen					
			aramounts)		-3,801	-3,801		
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u> </u>					
			(i) Real	(II) Personal				
	6a b	Gross rents Less rental	47,213 64,601					
		expenses Rental income	-17,388					
	C	or (loss)			47.000	47.000		
	d	Net rental inco	me or (loss)		-17,388	-17,388		
	7a	Gross amount	(ı) Securities	(II) Other 1,345,000				
		from sales of assets other						
	Ь	than inventory Less cost or		1,195,145				
		other basis and sales expenses		, ,				
	c	Gain or (loss)		149,855				
	d	Net gain or (los	ss)	▶	149,855	149,855		
anı	8a	events (not inc \$						
Other Revenue			reported on line 1c)					
her	b	Less direct ex	penses b					
ᅙ	c		(loss) from fundraising	events ►	0			
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a		inventory, less owances .					
	ь	=	a oods sold b					
	С	Net income or i	(loss) from sales of inv	entory F Business Code				
	11a	miscellaffeou	3 Nevellue	Dusiliess Code				
	ь							+
	_ c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	· · · ·				
				• [
	12	Total revenue.	See Instructions .	· · •	139,358	128,666		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Program service expenses 82,203 82,203 82,203 2,600 2,600 7,370 7,370 7,370 7,370 5,750 5,750 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Program service in the United Section 401(k) and section 403(b) employee contributions (include section 401(k) and section 403(b) employee benefits Described in section 4958(c)(3)(B) Amanagement Described in section 401(k) and section 403(b) employee contributions (include section 401(k) and section 403(b) employee benefits Amanagement Benefits paid to or for members 7,370 7,37	(D)	<u> </u>			heck if Schedule O contains a response to any question in this Part IX	
In the United States See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 2,600 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 7,370 7,370 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes	Fundraising expenses	Management and	Program service		•	
2 Grants and other assistance to individuals in the United States See Part IV, line 22 2,600 2,600 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 7,370 7,370 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes			82,203	82.203		1
Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						2
Compensation of current officers, directors, trustees, and key employees			2,000	2,000	organizations, and individuals outside the United	3
5 Compensation of current officers, directors, trustees, and key employees			7,370	7,370	Benefits paid to or for members	4
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes			·		Compensation of current officers, directors, trustees, and	5
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes					Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	6
403(b) employer contributions) 9 Other employee benefits					Other salaries and wages	7
10 Payroll taxes						8
10 Payroll taxes					Other employee benefits	9
11 Fees for services (non-employees) a Management						10
a Management		+			·	
b Legal		-				_
A			4 0 70	4.070		
c Accounting			1,979	1,979		_
d Lobbying						d
e Professional fundraising See Part IV, line 17						е
		7,690		7,690		f
g Other					Other	g
12 Advertising and promotion					Advertising and promotion	12
13 Office expenses			8,458	8,458	Office expenses	13
14 Information technology					Information technology	14
15 Royalties					Royalties	15
16 Occupancy			1,857	1,857	Occupancy	16
17 Travel			1,124	1,124	Travel	17
Payments of travel or entertainment expenses for any federal, state, or local public officials						18
19 Conferences, conventions, and meetings					Conferences, conventions, and meetings	19
20 Interest					Interest	20
21 Payments to affiliates					Payments to affiliates	21
22 Depreciation, depletion, and amortization						22
23 Insurance			413	413	Insurance	23
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)					Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	24
a						а
b						b
с						C
d						d
e						е
f All other expenses					All other expenses	f
25 Total functional expenses. Add lines 1 through 24f 119,444 111,754 7,690		7,690	111,754	119,444	Total functional expenses. Add lines 1 through 24f	25
Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		, -	,	,	Joint costs. Check here ► ☐ If following	26

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		5,162	1	9,513
	2	Savings and temporary cash investments		-,	2	-,
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,480		
	5	Receivables from current and former officers, directors, trustees, k highest compensated employees Complete Part II of	ey employees, and	,,,,,,	-	
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sect persons described in section 4958(c)(3)(B) Complete Part II of				
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	480,500
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	300,000			
	ь	Less accumulated depreciation	10Ь	1,392,199	10c	300,000
	11	Investments—publicly traded securities		732,913	11	1,367,655
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,137,754	16	2,157,668
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue		3,906	19	3,905
	20	Tax-exempt bond liabilities			20	
10	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ap		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related to and other liabilities not included on lines 17-24) Complete Part X D			25	
	26	D Total liabilities. Add lines 17 through 25		3,906	+	3,905
—- Ф		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	e lines 27	5,555	20	3,555
Š	27	Unrestricted net assets		2,133,848	27	2,153,763
Balance	28	Temporarily restricted net assets			28	_,,,
<u></u>	29	Permanently restricted net assets			29	
r Fund		Organizations that do not follow SFAS 117, check here ► and colines 30 through 34.	complete			
0	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
25.0	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net /	33	Total net assets or fund balances		2,133,848		2,153,763
Ź	34	Total liabilities and net assets/fund balances		2 137 754	\vdash	2 157 668

- (-)	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-1	120 25
2	Total expenses (must equal Part IX, column (A), line 25)	2			139,35 119,44
3	Revenue less expenses Subtract line 2 from line 1	3			19,91
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,1	133,84
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,1	153,76
Par	Time Financial Statements and Reporting Check of Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

Additional Data

Software ID:

Software Version:

EIN: 85-0019984

Name: Ancient Free & Accepted Masons of NM Albuquerque

Lodge 60

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493193006302

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organız	ation				
Ancient	Free &	Accepted	Masons	of NM	Albuquerq	jue Lodge (60

Employer identification number

85-0019984

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete if the	organization is	exempt under	section 501(c)(3)) .

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes √ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
- organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	cart II-A Complete if the organization is under section 501(h)).	s exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to an expenses, and share of excess lobbying the filing organization checked box A	ng expenditures)		_	oup member's name	e, address, EIN,
	Limits on Lobbying Ex (The term "expenditures" means amo	penditures			(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro columns	m the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	1 ' ' '	\$175,000 plus 10% of the	' '	<i>'</i>		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter-	-0-		l		
j	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to co		ne five
	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

d Grassroots non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011	10= 5			Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT f	iled Fo	orm 5	/68
		((a)		b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?		No		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i		1		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
Ь	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
	, ,		No		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), d		
	Ware substantially all (000% or more) dues resoured pendeductible by members?		_	1 Y	es No
1 2	Were substantially all (90% or more) dues received nondeductible by members?		\vdash	2	No
3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3	No
	tt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/-)/F) a		
Pel	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2011

DLN: 93493193006302

pen to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection
Employer identification number

Name of the organization						Employer identif	ication number
Ancient Free & Accepted Masons of NM Albuquerque Lodge 60							
Part I General Inform	nation on Grants	and Assistance				I	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the grants of ganization's procedur	or assistance? es for monitoring the us	e of grant funds in the	United States			√ Yes
Form 990, Part I	V, line 21 for any r	Governments and ecipient that received of additional space	d more than \$5,000.	. Check this box if r	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Boy Scouts of America - Great Southwest Council 5841 Office Blvd NE Albuquerque, NM 87109	85-0102305		75,000				Renovation of Scout Ranch
(2) Endorphin Power Company509 Cardenas Dr SE Albuquerque, NM 87108	68-0549099		2,000				Replace windows in dormitory
(3) Ballut Abyad Shrine6600 Zuni Rd NE Albuquerque, NM 87108	85-0019981		1,100				Transportation Fund/O perations
(4) MIscellaneous Organizations6600 Zuni Rd NE Albuquerque, NM 87108			4,103				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III	Grants and Other Assistance to Individuals in the United States. C	omplete if the organization answered	"Yes" to Form 990	Part IV line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	omplete ii the organization anomerea	100 10 101111 330,	raiciv, inic 22.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
(1) Medical Assistance	2	2,600							
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493193006302

OMB No 1545-0047

2011

Open to Public Inspection

(Form 990 or 990-EZ)
Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization Ancient Free & Accepted Masons of NM Albuquerque Lodge 60 Employer identification number

85-0019984

Identifier	Return Reference	Explanation					
		Presented to the Lodge and all officers for approval					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493193006302

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

► See separate instructions.

► Attach to your tax return.

Attachment

nternal Revenue Service (99)								Dequence No 275
Name(s) shown on return Ancient Free & Accepted N	lasons of NM Al	buquerque	Business	or activity to w	hich this form	n relates	Id	lentifying number
Lodge 60							8 !	5-0019984
	To Expense (
Note: If y	ou have any li	sted proper	ty, comple	<u>te Part V befo</u>	ore you com	plete Part I.		
1 Maximum amount (see	ınstructions)						1	\$ 500,000
2 Total cost of section 1	79 property plac	ed in service	(see ınstru	ctions) .			2	
3 Threshold cost of sect	ion 179 property	/ before reduc	tion in limit	atıon (see ınstr	uctions) .		3	\$ 2,000,000
4 Reduction in limitation	Subtract line 3	from line 2 I	fzero or les	s, enter -0-			4	
5 Dollar limitation for tax	year Subtract	line 4 from lin	e 1 Ifzero	or less, enter - ()- If married	filing		
separately, see instruc							5	
6 (a)	Description of pr	operty		(b) Cost (bu		(c) Elected c	ost	
				onl	у)			
71		1 2.0			T -			
7 Listed property Enter							ı	
8 Total elected cost of s	ection 179 prop	erty Addamo	ounts in colu	ımn (c), lınes 6	and 7 .		8	
9 Tentative deduction E	nter the smaller	of line 5 or lir	ne 8 .				. 9	
10 Carryover of disallowed	d deduction from	line 13 of yo	ur 2010 For	m 4562 .			10	
11 Business income limitation	Enter the smaller of	business income	(not less than	n zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense of	deduction Add I	nes 9 and 10	but do not	enter more that	n line 11		12	
13 Carryover of disallowed			•		. 13			
<u> </u>								
Note: Do not use Part Part III Special De						include lieted n	ronorti	/) (Coo instructions)
14 Special depreciation a								/) (See instructions)
tax year (see instruction		med property	(other than	listed property) piaced in se	rvice during the	14	
		Jackian					\vdash	
15 Property subject to see	,	election .					15	
16 Other depreciation (inc		<u> </u>	· · ·			<u> </u>	16	
Part IIII MACRS De	preciation (I	Do not inclu			e instructio	ns.)		
4-111				ction A			1 1	
17 MACRS deductions for							17	38,447
18 If you are electing t		•	l in service	e during the ta	ax year into	one or more		
general asset accou	•					▶l		
Section B—Ass	ets Placed in	Service D	uring 201	<u>l1 Tax Year</u>	Using the	<u>General Dep</u>	<u>recia</u>	tion System
		(c) Bas						
(a) Classification of	(b) Month and year placed in	depreci (business/ir		(d) Recovery	(e) Convent	ion (f) Metho	l	(g)Depreciation
property	service	use		period	(e) Convent	(I) Meth	, I	deduction
		only—see ins						
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property	1			25 yrs		S/L		
h Residential rental				27 5 yrs	ММ	S/L		
property				27 5 yrs	ММ	S/L		
i Nonresidential real				39 yrs	ММ	S/L		
property				· · · · · · · · · · · · · · · · · · ·	ММ	S/L		
	n C—Assets Plac	ed in Service	During 2011	L Tax Year Using	the Alternat		n Syste	e m
20a Class life				•		S/L	Ī	
b 12-year	1			12 yrs	i	S/L		
c 40-year				40 yrs	ММ	S/L		
	y (see instruc	tions)	l	, -				
21 Listed property Enter		•					21	
22 Total. Add amounts fro			7 lines 10 :	and 20 in colum	n (a) and line	- 21 Enter here		
and on the appropriate							22	38,447
23 For assets shown above portion of the basis att				t year, enter the	23			

Form 4562 (2011) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -S/L -S/I -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Ouestions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the

vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44