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Short Form  
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011

Open to Public  
Inspection

<b>A For the 2011 calendar year, or tax year beginning</b>		5/1/2011	<b>, and ending</b>	4/30/2012
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change		ROYAL ARCH MASONS OF COLORADO 2 DENVER CHAPTER		84-0381048
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
<input type="checkbox"/> Initial return		1614 WELTON STREET	509	303-252-1900
<input type="checkbox"/> Terminated		City or town	state or country	<b>F Group Exemption Number</b>
<input type="checkbox"/> Amended return		DENVER	CO	80202-4221
<input type="checkbox"/> Application pending		Other (specify) ►		<b>G Accounting Method</b>
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>
<b>I Website:</b> ► N/A				
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 10 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return</b>				
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 66,439</b>				
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I )</b>				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
<b>SCANNED OCT 03 2012</b>  <b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received .	1	35	
	2 Program service revenue including government fees and contracts .	2		
	3 Membership dues and assessments .	3	2,487	
	4 Investment income .	4	63,917	
	5a Gross amount from sale of assets other than inventory .	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	5c	0	
	6 Gaming and fundraising events <i>REMOVED</i>			
	a Gross income from gaming (attach Schedule G if greater than \$15,000) <i>SEP 14 2012</i> .	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less direct expenses from gaming and fundraising events.	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .	6d	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 in Schedule O) .	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,439	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) .	10	18,092	
	11 Benefits paid to or for members .	11	18,396	
	12 Salaries, other compensation, and employee benefits .	12	5,131	
	13 Professional fees and other payments to independent contractors .	13		
	14 Occupancy, rent, utilities, and maintenance .	14	1,150	
	15 Printing, publications, postage, and shipping .	15	1,201	
	16 Other expenses (describe in Schedule O) .	16		
	17 Total expenses. Add lines 10 through 16	17	43,970	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .	18	22,469	
	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	402,192	
	20 Other changes in net assets or fund balances (explain in Schedule O) .	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	424,661	
	<b>Net Assets</b>			

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	402,425	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	402,425	25
26	Total liabilities (describe in Schedule O)	233	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	402,192	27
			424,661

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Fraternal Association

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Fraternal organization

(Grants \$ ) If this amount includes foreign grants, check here ► 

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ► 

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ► 

31a

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)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Warren Glover 359 Quentin St Aurora CO 80010	Title Secretary Hr/WK 5.00	3,600		
Claud Dutro 10205 E Aberdeen Av Englewood CO 80111	Title Treasurer Hr/WK 2.00	600		
Ralph Lacy 3216 Raleigh St Denver CO 80212	Title Sentinel Hr/WK 1.00	450		
Wally C. McLean 1720 W 55th Pl Denver CO 80221-1712	Title High Priest Hr/WK 2.00	0		
Thomas M. Thompson 11994 E Kepner Dr Aurora CO 80012	Title King Hr/WK 1.00	0		
Darin M. Roen 19937 E Loyola Pl Aurora CO 80013-5516	Title Scribe Hr/WK 1.00	0		
David C. Schweitzer 8801 Ithaca Wy Westminster CO 80030	Title Captain of Host Hr/WK 1.00	0		
Robert Salazar 2796 S Benton St Denver CO 80227	Title Principle Sojourne Hr/WK 1.00	0		
James C. Crenner 4775 S Cherokee St Englewood CO 80110	Title Royal Arch Captai Hr/WK 1.00	0		
Jered E. Minter P. O. Box 2249 Denver CO 80201-2249	Title Master 3rd Veil Hr/WK 1.00	0		
Umar Shabazz 511 N Flatrock Cr Aurora CO 80018-1587	Title Master 2nd Veil Hr/WK 1.00	0		
Charles E. Baldwin 884 Braun Ct Golden CO 80401-4109	Title Master 1st Veil Hr/WK 1.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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	37b	X
b	Did the organization file Form 1120-POL for this year?	38a	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 tax year covered by this return?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	
39	Section 501(c)(7) organizations Enter.	39b	
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
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 ►	40b	
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
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	X
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. ►	303-756-4588
	Located at ► 1614 Welton Street, Suite 509 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)? 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 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		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
46				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 47-49b and 52, and complete the tables for lines 50 and 51  
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
47				

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	<input type="checkbox"/>	48
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

	<input type="checkbox"/>	49a
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b If "Yes," was the related organization a section 527 organization?

	<input type="checkbox"/>	49b
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
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		
Name Str City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000		

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here			9/11/2012	
	Signature of officer	Claud E. Dutro	Date Treasurer	
Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 9/10/2012	Check <input type="checkbox"/> if self-employed
	Firm's name ►	Firm's EIN ►		PTIN
	Firm's address ►			Phone no

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Page 1 of 1 of Part IV

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**Name of Organization**

**Employer identification number**

84-0381048

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

ROYAL ARCH MASONS OF COLORADO 2 DENVER CHAPTER

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

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Employer identification number

84-0381048

Form 990-EZ, Part I, Line 10, Grants Paid: Activity Charitable, Grantee Royal Arch Research

Assoc, Cash Grant: 2,747, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Charitable, Grantee Able Kids

Foundation, Cash Grant 13,500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Charitable, Grantee S. T. O. M. O., Cash

Grant 300, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity Charitable, Grantee Jobs Daughters, Cash

Grant 500, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity Charitable, Grantee OES Masonic Center,

Cash Grant 325, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Charitable, Grantee Colorado Masonic

Band Camp, Cash Grant 600, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity Charitable, Grantee Colorado DeMolay,

Cash Grant 120, Relationship

Form 990-EZ, Part II, Line 26, Liabilities Payroll taxes: Beginning of year 233, End of

year 243

Name of the organization

ROYAL ARCH MASON'S OF COLORADO 2 DENVER CHAPTER

Employer identification number

84-0381048