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## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, 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.

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning	5/1/2012	, and ending	4/30/2013
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	ROYAL ARCH MASONS OF COLORADO 2 DENVER CHAPTER		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	1614 WELTON STREET	509	
<input type="checkbox"/> Amended return	City or town	state or country	ZIP + 4
<input type="checkbox"/> Application pending	DENVER	CO	80202-4221
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____
I Website:	► N/A		
J Tax-exempt status (check only one) —	<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

K Check ►  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

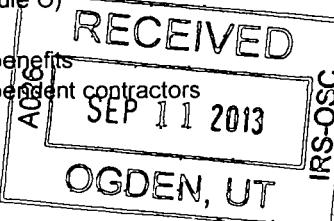
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 92,562

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	21
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	3,060
	4 Investment income	4	89,481
	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		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 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	92,562
	10 Grants and similar amounts paid (list in Schedule O)	10	11,570
	11 Benefits paid to or for members	11	10,571
	12 Salaries, other compensation, and employee benefits	12	7,719
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	1,040
	15 Printing, publications, postage, and shipping	15	1,156
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	32,056
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	60,506
	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	424,661
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	4
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	485,171

SCANNED  
SUPPORT  
Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2012)

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**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	424,904	22	485,630
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
<b>25 Total assets</b>	<b>424,904</b>	<b>25</b>	<b>485,630</b>
26 Total liabilities (describe in Schedule O)	243	26	459
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>424,661</b>	<b>27</b>	<b>485,171</b>

**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 ► <input type="checkbox"/>	28a
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29

(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
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30

(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$	) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
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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 title	(b) 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 Secretary	Hr/WK 5 00	4,400		
Claud Dutro Treasurer	Hr/WK 2 00	1,800		
Ralph Lacy Sentinel	Hr/WK 1 00	850		
Dann M Roen High Priest	Hr/WK 2 00			
David C Schweitzer King	Hr/WK 1 00			
Robert Salazar Scribe	Hr/WK 1 00			
James C Crenner Captain of Host	Hr/WK 1 00			
Jered E Minter Principle Sojourner	Hr/WK 1 00			
Umar Shabazz Royal Arch Captain	Hr/WK 1 00			
Charles E Baldwin Master 3rd Veil	Hr/WK 1 00			
Charles A McAlister Master 2nd Veil	Hr/WK 1 00			
Bruce E Lawrence Master 1st Veil	Hr/WK 1 00			

**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

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  Yes  No

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  Yes  No

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  Yes  No  
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  Yes  No  
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  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No  
b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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? 38a  Yes  No  
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No  
a Initiation fees and capital contributions included on line 9 39b  Yes  No  
b Gross receipts, included on line 9, for public use of club facilities 39c  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a  Yes  No, section 4912 ► 40b  Yes  No, section 4955 ► 40c  Yes  No  
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 40d  Yes  No  
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 40e  Yes  No  
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f  Yes  No  
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 40g  Yes  No

41 List the states with which a copy of this return is filed ► 41  Yes  No

42 a The organization's books are in care of ► Claud E Dutro, Treasurer Telephone no ► 42a  Yes  No  
Located at ► 1614 Welton Street, Suite 509 City Denver ST CO ZIP + 4 ► 42b  Yes  No 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 ► 42c  Yes  No  
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ► 42d  Yes  No

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  Yes  No

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  Yes  No  
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  Yes  No  
c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No  
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  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b  Yes  No

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

46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 title of each employee paid more than \$100,000	(b) 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				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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

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	Signature of officer Claud E Dutro	9/9/2013
		Date Treasurer
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			Phone no
	Firm's address ►				

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

►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**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

**2012**

Open to Public  
Inspection

Name of the organization

ROYAL ARCH MASONS OF COLORADO 2 DENVER CHAPTER

Employer identification number

84-0381048

Form 990-EZ, Part I, Line 20, Net Assets Rounding errors 4

Form 990-EZ, Part II, Line 26, Liabilities Payroll taxes Beginning of year 243, End of  
year 459

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