

Short Form

Return of Organization Exempt From Income Tax

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection 1911Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

DEC 1, 2018

and ending

NOV 30, 2019

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Ancient Free & Accepted Masons of Colo
1 Golden City

D Employer identification number

84-0005938

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

400 10th Street

City or town, state or province, country, and ZIP or foreign postal code

08

Golden, CO 80401

E Telephone number

(303) 279-9902

F Group Exemption

Number ► 0341

H Check ► if the organization is

not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.goldencitylodge1.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

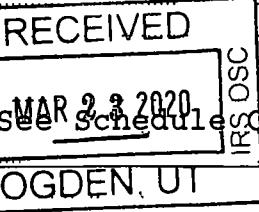
52,752.

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

1	Contributions, gifts, grants, and similar amounts received	1	3,517.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	9,918.
4	Investment income	4	7,513.
5a	Gross amount from sale of assets other than inventory	5a	31,804.
b	Less: cost or other basis and sales expenses	5b	29,236.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,568.
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	
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	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,516.
10	Grants and similar amounts paid (list in Schedule O)	10	1,450.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	2,249.
13	Professional fees and other payments to independent contractors	13	900.
14	Occupancy, rent, utilities, and maintenance	14	12,825.
15	Printing, publications, postage, and shipping	15	1,911.
16	Other expenses (describe in Schedule O)	16	20,141.
17	Total expenses Add lines 10 through 16	17	39,476.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<15,960. >
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	235,690.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	219,730.

See Schedule O



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

Ancient Free & Accepted Masons of Colo
Form 990-EZ (2018) 1 Golden City

84-0005938

Page 3

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 Sch. 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 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

35a 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 N/A

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X 38a X

b Did the organization file Form 1120-POL for this year? 38b N/A

38a 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? 39a N/A 39b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A 40b N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40c N/A 40d N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f N/A

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 41 List the states with which a copy of this return is filed None

42a The organization's books are in care of The Organization Telephone no. (303) 279-9902 Located at 400 10th Street, Golden, CO ZIP + 4 80401

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: 42b X 42c X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44a 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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 45c 45d 45e 45f 45g 45h 45i 45j 45k 45l 45m 45n 45o 45p 45q 45r 45s 45t 45u 45v 45w 45x 45y 45z 45aa 45ab 45ac 45ad 45ae 45af 45ag 45ah 45ai 45aj 45ak 45al 45am 45an 45ao 45ap 45aq 45ar 45as 45at 45au 45av 45aw 45ax 45ay 45az 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua 45va 45wa 45xa 45ya 45za 45ba 45ca 45da 45ea 45fa 45ga 45ha 45ia 45ja 45ka 45la 45ma 45na 45oa 45pa 45qa 45ra 45sa 45ta 45ua <input type

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	Yes	No
		X

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 Sch. C, Part II

47	Yes	No

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

48	Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No

b If "Yes," was the related organization a section 527 organization?

49b	Yes	No

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 N/A	(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

f Total number of other employees paid over \$100,000 ► _____

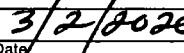
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

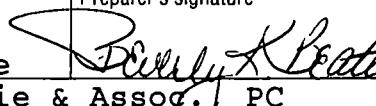
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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►  Date  3/2/2020

► Richard Wenzel

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Beverly K Beattie	Preparer's signature 	Date 01/28/20	Check <input type="checkbox"/> if self-employed	PTIN P00238372
	Firm's name ► BK Beattie & Assoc. PC			Firm's EIN ► 84-1072096	
	Firm's address ► 5728 S Gallup St Littleton, CO 80120			Phone no. (303) 231-1040	

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization	Ancient Free & Accepted Masons of Colo 1 Golden City	Employer identification number 84-0005938
--------------------------	---	--

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
Interest - Savings	2.
Interest & dividends - Securities	7,511.
<u>Total Included on Form 990-EZ, line 4</u>	<u>7,513.</u>

Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:Activity Classification: BenevolenceGrantee Name: Various entities (2)Grantee Relationship: NoneProperty Description: Cash

<u>Amount Given:</u>	450.
----------------------	------

Activity Classification: ScholarshipsGrantee Name: Various entities (2)Grantee Relationship: NoneProperty Description: Cash

<u>Amount Given:</u>	1,000.
----------------------	--------

<u>Total included on Form 990-EZ, line 10</u>	<u>1,450.</u>
---	---------------

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
Meetings	1,341.
Supplies	409.
Public relations	358.

Name of the organization **Ancient Free & Accepted Masons of Colo
1 Golden City** Employer identification number **84-0005938**

<u>Brokerage fees</u>	1,703.
<u>Dues</u>	14,590.
<u>Presentation exp</u>	654.
<u>Computer</u>	956.
<u>Miscellaneous</u>	130.
Total to Form 990-EZ, line 16	20,141.

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Securities	216,083.	206,907.

Form 990-EZ, Part III, Primary Exempt Purpose - The Organization is a fraternal lodge, devoted to relief, education, benevolent and charitable purposes.