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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 4/1/2009 , and ending 3/31/2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Rio Rancho Elks Lodge #2500

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O Box 15052

City, town, or country State ZIP + 4
Rio Rancho NM 871745052

D Employer identification number
23-7383006

E Telephone number
(505) 892-1920

F Group Exemption Number ▶ 1156

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one)— ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 135,788

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	2,470
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	20,670
	4	Investment income		4	451
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 21,296		
	b	Less direct expenses other than fundraising expenses	6b 13,013		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	8,283
	7a	Gross sales of inventory, less returns and allowances	7a 35,525		
	b	Less: cost of goods sold	7b 39,810		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-4,285
	8	Other revenue (describe ▶ See Attached Statement)		8	55,376
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	82,965
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	3,735
	12	Salaries, other compensation, and employee benefits		12	13,500
	13	Professional fees and other payments to independent contractors		13	2,265
	14	Occupancy, rent, utilities, and maintenance		14	20,052
	15	Printing, publications, postage, and shipping		15	6,365
	16	Other expenses (describe ▶ See Attached Statement)		16	37,558
	17	**Total expenses.** Add lines 10 through 16 ▶		17	83,475
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-510
	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	449,898
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	449,388

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	48,372	22	49,494
23 Land and buildings	432,955	23	434,394
24 Other assets (describe ▶ Other)	0	24	2,720
25 **Total assets**	481,327	25	486,608
26 **Total liabilities** (describe ▶)	31,429	26	37,220
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	449,898	27	449,388

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Fraternal Organization

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	Elks National Foundation: Financial support for the foundation's distribution for scholarships, community support, veterans, and youth activities (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	C & B Trust. Financial support for the trust's distributions for local scholarships, community support, veterans, and youth activities. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	CP Fund Financial support to the local effort for the support of children with Cerebral Palsy (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Annette Lucero 3807 Rose Circle Rio Rancho NM 87124	Title Exalted Ruler Hr/WK 10 00	0	0	0
Linda Rogers 4706 El Alamo Ct Rio Rancho NM 87124	Title Leading Knight Hr/WK 5 00	0	0	0
Ron Grandstaff 7200 Movave St NW Albuquerque NM 87120	Title Loyal Knight Hr/WK 5 00	0	0	0
Louis Dassie III 3804 32nd Circle Rio Rancho NM 87124	Title Lecturing Knight Hr/WK 5 00	0	0	0
Liz Maes 7430 Waxwing Pl NW Albuquerque NM 87114	Title Secretary Hr/WK 20 00	8,400	0	0
Rudy Goetz 10536 Monte Rosso NW Albuquerque NM 87114	Title Treasurer Hr/WK 20 00	5,100	0	0
Delsie Trujillo 1201 10th Street Rio Rancho NM 87124	Title Tiler Hr/WK 5 00	0	0	0
Angelo Garcia 6333 Gaprock Ct. NE Rio Rancho NM 87124	Title Esquire Hr/WK 5 00	0	0	0
Mary Pauline Cordova 1353 Tiffany Ln. Rio Rancho NM 87124	Title Chaplin Hr/WK 5 00	0	0	0
Clarence Fultz 720 Karen Ln SE Rio Rancho NM 87124	Title Inner Guard Hr/WK 5.00	0	0	0
James Beard 9633 Del Fuego Albuquerque NM 87125	Title Trustee Hr/WK 5 00	0	0	0
Robert Thurston 79 Spring Rd SE Rio Rancho NM 87124	Title Trustee Hr/WK 5 00	0	0	0
Daniel Loy 1407 Margie Ct SE Rio Rancho NM 87124	Title Trustee Hr/WK 5 00	0	0	0
Richie Vallon 309 Coronado Ct NE Rio Rancho NM 87124	Title Trustee Hr/WK 5 00	0	0	0
John McCarthy 10901 Sandreed NW Albuquerque NM 87114	Title Trustee Hr/WK 5.00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The organization's books are in care of ▶ _____ Telephone no ▶ _____ Located at ▶ _____ City _____ ST _____ ZIP + 4 ▶ _____			
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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			
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			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

f Total number of other employees paid over $100,000 ▶

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Sign Here

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

▶ Signature of officer — Date: 7-10-2010

▶ Annette Lucero, Exalted Ruler — Type or print name and title — Date: 06/10/2010

Paid Preparer's Use Only

Preparer's signature ▶		Date 6/9/2010	Check if self-employed ▶ [X]	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Rogers and Associates 2929 Coors Blvd NW Suite 100M, Albuquerque, NM 87120		EIN ▶ P00187034	Phone no ▶ (505) 268-7533

May the IRS discuss this return with the preparer shown above? See instructions ▶ [ ] Yes [X] No

Part I, Line 8 (990-EZ) - Other Revenue

55,376

	Description		Amount
1	Rent	1	29,500
2	Club Transfer	2	24,000
3	Misc.	3	1,876
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

37,558

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,928
6	Depreciation	6	9,860
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	1,079
10	Supplies	10	269
11	Telephone	11	2,745
12	Unrelated business income taxes	12	0
13	Audit	13	1,000
14	Dignatary Entertainment	14	242
15	Insurance	15	7,261
16	Janitorial Expense	16	8,904
17	Officer Expense	17	344
18	Property Taxes	18	2,324
19	Bank Fees	19	507
20	Miscellaneous	20	1,095
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	