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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning APRIL 01 , 2011, and ending MARCH 31 , 20 12

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

C Name of organization
Las Vegas Elks Lodge #408

Number & street (or P O. box, if mail is not delivered to street addr) | Room/ suite
P.O. Box 397

City or town, state or country, and ZIP + 4
Las Vegas NM 87701-0397

D Employer identification number
85-0022485

E Telephone number
(505)425-6181

F Group Exemption Number ▶ 1156

G Accounting Method. [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶ N/A

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

J **Tax-exempt status** (check only one) -- [ ] 501(c)(3) [X] 501(c)(8) ◀ (insert no) [ ] 4947(a)(1) or [ ] 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 . . . . . ▶ $ 186,199

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	6,760
	2	Program service revenue including government fees and contracts		2	9,688
	3	Membership dues and assessments		3	14,831
	4	Investment income		4	
	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	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 49,294		
	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 25,828		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	23,466
	7a	Gross sales of inventory, less returns and allowances	7a 75,334		
	b	Less: cost of goods sold	7b 71,853		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	3,481
	8	Other revenue (describe in Schedule O)		8	30,292
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	88,518
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	4,990
	12	Salaries, other compensation, and employee benefits		12	6,000
	13	Professional fees and other payments to independent contractors		13	4,606
	14	Occupancy, rent, utilities, and maintenance		14	29,459
	15	Printing, publications, postage, and shipping		15	3,694
	16	Other expenses (describe in Schedule O)		16	42,157
	17	**Total expenses.** Add lines 10 through 16 ▶		17	90,906
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,388
	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	404,437
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	22,133
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	424,182

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	13,334	22	33,675
23	Land and buildings	399,963	23	399,963
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	413,297	25	433,638
26	**Total liabilities** (describe in Schedule O)	8,860	26	9,456
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	404,437	27	424,182

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 ☐

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

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

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.

28

(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 instr 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 (Form W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #1				

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
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		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
37a	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
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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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			
40a	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 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	40b		X
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. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #2 Telephone no. ▶ Located at ▶ 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)? 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			

			Yes	No
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 N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive ant 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

		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		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 ☐

		Yes	No
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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a 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 title 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

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
NONE		

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

▶ Taylor Read 7-9-12
Signature of officer Date

▶ Taylor Read Exalter Ruler
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
STEVEN ROGERS		6-20-12		P00187034
Firm's name ▶ Steven Rogers			Firm's EIN ▶	
Firm's address ▶ 2929 Coors Blvd NW Suite 100 M			Phone no 505-503-8821	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col. (c))
REVENUE	1 Gross revenue	49,294			49,294
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	25,828			25,828
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(25,828)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				23,466

9 Enter the state(s) in which the organization operates gaming activities. NM

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

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

2011

Open to Public Inspection

Name of the organization	Employer identification number
Las Vegas Elks Lodge #408	85-0022485

The FY year-end balances of several bank accounts were included in the current year balance sheet but excluded in the prior year balance sheet.

990 BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning 04-01 , and ending 03-31-2012.

Name of Organization	Employer Identification Number
Las Vegas Elks Lodge #408	85-0022485

Part V - Line 42a

Individual Name or Business Name: Geraldine Madrid

Street Address: 1231 Park

U.S Address

Zip code 87701 City Las Vegas State NM

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (505)425-7107

Fax Number (505)425-6181

2011 DETAIL STATEMENTS

Las Vegas Elks Lodge #408
85-0022485

STATEMENT #1 - Prog. Service Revenue (990-EZ PG 1 Line 2)

Lodge Activities	3,881	
Special Activities	1,893	
Charity Activities	3,914	
TOTAL CARRIED TO 990-EZ PG 1 Line 2		9,688

STATEMENT #2 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

Bingo Salaries	16,718	
Bingo Taxes	9,110	
TOTAL CARRIED TO 990-EZ PG 1 Line 6c		25,828

STATEMENT #3 - Other revenue (990-EZ PG 1 Line 8)

Rent	20,604	
Miscellaneous		
Lodge Activities	3,881	
Special Activities	1,893	
Recreation Room		
Charity	3,914	
TOTAL CARRIED TO 990-EZ PG 1 Line 8		30,292

STATEMENT #4 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

GL Per Capita	3,962	
State Per Capita	1,028	
TOTAL CARRIED TO 990-EZ PG 1 Line 11		4,990

STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

Insurance	3,684	
Janitorial Expenses	3,883	
Supplies	3,614	
Rent Expense	941	
Repairs	1,218	
Taxes - Other	989	
Utilities	15,130	
TOTAL CARRIED TO 990-EZ PG 1 Line 14		29,459

STATEMENT #6 - Other expenses (EOEZ Pg 1 Line 16)

Conventions	2,055	
Dignatory Visits	74	
Officer Expenses	424	
Taxes-Payroll	878	
Telephone	1,738	
Miscellaneous	18,820	
Lodge Activities	7,565	
Badges-Pins	734	
Key Cards	181	
Other	9,688	
TOTAL CARRIED TO EOEZ Pg 1 Line 16		42,157

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 1: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection | For calendar year 2011 or tax period beginning 04-01-2011, and ending 03-31-2012

Name of Organization: Las Vegas Elks Lodge #408

Employer Identification Number: 85-0022485

(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def. comp	(E) Expense account & other compensation
Taylor Read 733 Williams Drive Las Vegas, NM 87701	Exalted Ruler 10.00	0	0	0
Matthew Solano 827 4th Street Las Vegas, NM 87701	Leading Knight 5.00	0	0	0
Dwight Torres 1302 1st Street Las Vegas, NM 87701	Loyal Knight 5.00	0	0	0
Manny Benavides 1913 Hot Springs Blvd Las Vegas, NM 87701	Lecturing Knight 5.00	0	0	0
Keith Morris PO Box 514 Las Vegas, NM 87701	Secretary 10.00	3,600	0	0
Geraldine Madrid 1231 Park Las Vegas, NM 87701	Treasurer 10.00	2,400	0	0
Paul Sanchez 2335 N. Grand Las Vegas, NM 87701	Tiler 5.00	0	0	0
Veronica Morris P.O. Box 514 Las Vegas, NM 87701	Esquire 5.00	0	0	0
Elvie Guitierrez 726 Lee Drive Las Vegas, NM 87701	Chaplin 5.00	0	0	0
Michael Romero PO Box 274 Las Vegas, NM 87701	Inner Guard 5.00	0	0	0
Philip Leger PO Box 2734 Las Vegas, NM 87701	Trustee 5.00	0	0	0
Mary Archibeque PO Box 1925 Las Vegas, NM 87701	Trustee 5.00	0	0	0
Mike Trujillo 1811 8th Street Las Vegas, NM 87701	Trustee 5.00	0	0	0
Ben Archibeque P.O. Box 1925 Las Vegas, NM 87701	Trustee 5.00	0	0	0
Donald Montoya 4395 El Llano Las Vegas, NM 87701	Trustee 5.00	0	0	0