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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 private foundations)

OMB No. 1545-1150

2015

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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Accounting Method:	=			Rio Rancho NM 87124	Nun	Number >			
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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] Centrolutions are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II							- 1.		
Part 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 S S					tal assets				
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23					[400181		400181
24		er assets (describe in Sch	nedule O)				24	0
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27		assets or fund balance				434281	27	4221967
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32	Total	program service expen	ses (add lines 28a	through 31a)			32	
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secte Don Mexalte Jack I Jack I Jeadin Jim Loruste Janis Janis Jenste Ken V Loyal Mariar Gary /	hursto ary lott d rule ding g knig ehman e Semra e alovcir knight n Orteg ng kni	Check if the organizati (a) Name and title n Exalted Ruker r qht	ion used Schedul	(b) Average hours per week devoted to position 14.00 5.00 6.00 6.00	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 8400	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of
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Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mondetions for Part V) Officer if the organization used ochequie o to respond to any question in this	1 ait	Yes	 =
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		1
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	├	├ ✓
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		✓
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	1
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		V
þ	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	4]
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶]]
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	40b		1
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
41	List the states with which a copy of this return is filed ▶ New Mexico			
42a	The organization's books are in care of ▶ Telephone no. ▶			
L	Located at ► ZIP + 4 ►		T-2	т
D	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	Yes	No
	If "Yes," enter the name of the foreign country: ▶		1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		√
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		. !	▶ ☑
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	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	-	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	<u></u>	✓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	✓
	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	-	J

Form 9	90-EZ (2	2015)						P	Page 4
								Yes	No
46	Did t	he organization engage, directly or ir	ndirectly, in political c	ampaign activities	on behalf o	of or in oppositio	n		
	to ca	andidates for public office? If "Yes," o		, Part I		<u> </u>	46		1
Part	VI	Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	complete the	tables f	or line	es
		50 and 51.							
		Check if the organization used Sci	hedule O to respond	I to any question i	n this Part	<u>VI</u>	<u> </u>		
								Yes	No
47		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) elec		~	47	<u> </u>	1
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								1	
49a Did the organization make any transfers to an exempt non-charitable related organization?							49a		1
b		es," was the related organization a se					49b		
50		plete this table for the organization's					rs, truste	es an	d key
		loyees) who each received more thar							
			(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	bonofit of	nons to employee (eans, and deferred	e) Estimate other con		
			devoted to position	(Forms W-2/1099-MIS		mpensation	ouiei con	iponsai	1011
none				 					
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			•	1		f			
				 					
					- [
]]	}			
f	Tota	number of other employees paid ov	er \$100 000		!	-			
51		plete this table for the organization				— tors who each i	received	more	thar
٠.		,000 of compensation from the orga			one continuo	iors who caom	COCITO	111010	· ti içti
				Γ			·		
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c) C	compensati	on	
none				 					
				1		1			
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				1					
		·				-			
				1		}			
				1					
				1					
d	Total	number of other independent contra	actors each receiving	Over \$100 000		0			
52		the organization complete Schedu			manizations	<u>_</u>			
		pleted Schedule A	ile A: Note: All Se	ction sortojoj o	ganzadons		` ►∐ Yes	[7] I	No
Undern	<u>'</u>	of perjury, I declare that I have examined this i	return including accompany	una cohodulos and stat	omente and to			===	
true, coi	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has any kn	owledge.	wicage and	i Dellei,	11.13
		1 64							
Sign		Signature of officer		Date					
Here	ĺ	Gary Anderson Treasurer			4-1-	16			
		Type or print name and title					• 2		
—		, 	Preparer's signature		Date		PTIN		
Paid		Print/Type preparer's name				Check L if self-employe	f		
Prep			<u> </u>		<u> </u>		<u>" </u>		
Use (Only	Firm's name		Firm's EIN ▶					
May th	e IPS	Firm's address ▶ discuss this return with the preparer	shown above? See :	netructions	i	Phone no.	77 4		Nc.
viay ii	5 11 10	giocass tilis territti Mitti tile brebatet	SHOWIT ADOVE! See I	nstructions	<u> </u>	. <u> </u>	✓ Yes		No

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 20**15**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization				Employer identification number
Rio Rancho Elks Lodge#	2500			23-7383006
Taxes Property	\$6325			
Cable TV	¢2204			
Cable TV	\$3201			
Laundry	\$2659			
Janitorial supplies	\$601	••••••		
Credit card Expenses	\$2579			
Licenses	\$1225			
	·			
Maintenance	\$1260			
Officer Expence	\$646			
Lodge supplies	\$1008			
Digatary Visit	\$1090			
Bank fee	\$405			
Auto	\$569			
<u> </u>	\$303			
Key Card	\$629			
			-	

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