

Form **990** 

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

2017

Open to Public

| Inter                   | mal Reven    | ue Service                            | ► Go to www.irs  | gov/Form990 to            | or instructions and the               | re latest           | information  | <u> </u>   | Inspection   |
|-------------------------|--------------|---------------------------------------|--|---------------------------|---------------------------------------|---------------------|--|--|--|
| Α                       | For the      | 2017 cale                             | ndar year, or tax year beginni   | ng                        | , <b>2017</b> , a                     | ınd endir           | ng   | _  | , 20   |
| В                       | Check if     | applicable.                           | C Name of organization_Albuque   | que Masonic Lo            | odge 60                               |                     | _  | D Employ   | er identification number                           |
|                         | Address      |                                       | Doing business as  |                           |                                       |                     |  | 1  | 85-0019984   |
|                         | Name ch      |                                       | Number and street (or P.O. box if  | mail is not delivered     | d to street address)                  | Room/su             | ute  | E Telephor                                       | ne number  |
| $\bar{\Box}$            | Initial reti | _                                     | 6600 Zuni SE   |                           |                                       | [                   |  |  | 505-269-8626                                       |
| Ħ                       |              | m/terminated                          | <u> </u>   | untry, and ZIP or fo      | reign postal code                     | ·                   | <del></del>  | <del>                                     </del> |  |
| H                       | Amende       |                                       | Albuquerque NM 87108   | ,,                        | 3. F                                  |                     |  | G Gross re                                       | ceipts \$ 97,728.76                                |
| Η                       |              |                                       | F Name and address of principal of   | lear                      |                                       |                     | und bemis  |  | subordinates? Yes No                               |
| لسا                     | Applicati    | on pending                            | re Name and address of principal of  | ica.                      |                                       |                     | 1  |  |  |
| _                       |              |                                       |  |                           |                                       |                     |  |  | s included? L Yes L No<br>list. (see instructions) |
| <u>!</u>                |              | mpt status                            | ☐ 501(c)(3) 🗹 501(c  | ) ( 8 ) <b>⊲</b> (inser   | t no.) 4947(a)(1) or                  | ☐ 527) <sub>7</sub> | ~  |  |  |
| <u>:-</u>               | Website      |                                       |  |                           |                                       |                     | <u>`</u>   | p exemption                                      |  |
| K                       |              | organization                          | <del></del>  | clation                   | LYea                                  | ar of forma         | tion 192   | M State  | of legal domicile: NM                              |
| Р                       | art I        | Summ                                  | - <del></del>  |                           | · · · · · · · · · · · · · · · · · · · |                     |  |  |  |
|                         | 1            | -                                     | escribe the organization's mi  |                           | -                                     |                     |  |  |  |
| 5                       |              | Provision                             | of masonic relief, charity, co   | nmunity service           | , and support to mer                  | nbers ar            | nd other nor   | n-profit org                                     | anizations.  |
| nai                     | 1            |                                       |  |                           |                                       |                     |  |  | ,  |
| Activities & Governance | 1            |                                       | is box $ ightharpoonup \square$ if the organizatio                               |                           | •                                     | sposed              | of more tha  |  | its net assets.                                    |
| Ĝ                       | 3            | Number                                | of voting members of the go  | verning body (F           | Part VI, line 1a)                     |                     |  | . 3  | 3  |
| ಹ                       | 4            | Number                                | of independent voting memb   | ers of the gove           | rning body (Part VI,                  | , line 1b)          |  | . 4  | 0  |
| ţ                       | 5            | Total nur                             | nber of individuals employed   | l in calendar ye          | ar 2017 (Part V, line                 | 2a) .               |  | . 5  | 0  |
| ₹                       | 6            | Total nur                             | nber of volunteers (estimate   | ıf necessa <del>ry)</del> |                                       | <u> </u>            |  | . 6  | 0  |
| ě                       | 7a           | Total unr                             | elated business revenue from   | n Part VIII, colu         | m型缸(加)型2/压                            | D                   | ]  | . 7a   | 0  |
|                         | Ь            |                                       | lated business taxable incon   |                           |                                       |                     |  | . 7b   | 0  |
|                         |              |                                       |  | 12                        | MAY 2 5 27118                         | (ý                  | Prior '  | Year   | Current Year                                       |
| Revenue                 | 8            | Contribu                              | 8,626  | 10,399                    |                                       |                     |  |  |  |
|                         | 1            |                                       | service revenue (Part VIII, III  | . 1 41                    |                                       |                     |  | 0  | 895  |
|                         |              |                                       | ent income (Part VIII, column  |                           | IN MENDEN                             | <del>-</del> 1      |  | 217,916  | 86,435   |
| č                       |              |                                       | renue (Part VIII, column (A), li   |                           |                                       | 1                   | 1  | 5  | 0  |
|                         |              |                                       | enue – add lines 8 through 11  |                           | 226,547                               | 97,729              |  |  |  |
|                         |              |                                       | nd similar amounts paid (Par   |                           |                                       |                     |  | 545  | 48,815   |
|                         |              |                                       | paid to or for members (Part   | 0                         | 0                                     |                     |  |  |  |
|                         |              |                                       | other compensation, employe  |                           | •                                     | 5-10)               |  | 3,750  | 0  |
| Expenses                |              |                                       | onal fundraising fees (Part IX   | -                         |                                       | " .s,               |  | 0,.00  | 0  |
| ĕ                       | 1            |                                       | draising expenses (Part IX, c  |                           | •                                     |                     | 14.7960  |  |  |
| ă                       |              |                                       | penses (Part IX, column (A), l   | •                         | ************                          |                     | The state of the s | 25,890   | 11.537   |
|                         |              |                                       | •  |                           | •                                     | · }                 |  | 30,185   | 60,352   |
|                         |              |                                       | penses. Add lines 13–17 (mu  | •                         | • • •                                 | " · }               |  |  |  |
|                         |              | Revenue                               | less expenses. Subtract line   | 18 from line 12           | <u> </u>                              |                     | Beginning of   | 196,362  | 37,377<br>End of Year                              |
| sets or<br>plances      |              | T-4-1                                 | ote (Dart V. Ivan 40)  |                           |                                       | ŀ                   | pedinguid or   | 2.444.014  |  |
| Base                    | 20           |                                       | ets (Part X, line 16)  |                           |                                       | ٠ ٠ إ               |  | <u></u>  | 2,440,834  |
| Net Ass<br>Fund Ba      | 21           |                                       | ulities (Part X, line 26)  |                           |                                       |                     |  | 3,180  | 11,141   |
| _                       |              |                                       | ts or fund balances. Subtrac   | t line 21 from ili        | ne 20                                 | <u>· · ·</u> _      |  | 2,440,834  | 2,429,693  |
|                         | art II       |                                       | ture Block   |                           |                                       |                     |  |  |  |
|                         |              |                                       | ry, I declare that I have examined th<br>lete. Declaration of preparer (other th |                           |                                       |                     |  |  | my knowledge and belief, it is                     |
|                         |              |                                       | A Property Control of  | ear officery is based     |                                       | on prepare          | Tida dily idio   |  |  |
| 0:-                     |              |                                       | Challes  |                           |                                       |                     |  | May 1  | 2 <del>2, 2918</del>                               |
| Sig                     |              | y / Sign                              | ature of officer   | •                         |                                       |                     |  | Date   |  |
| He                      | re           | , , , , , , , , , , , , , , , , , , , | C. Sky Olsen,  | Secretar                  | <del>y</del> _                        |                     |  |  |  |
|                         |              | Type                                  | or print name and title  | 15:-                      | -                                     |                     |  |  | Intri  |
| Pa                      | id           | Print/Ty                              | pe preparer's name   | Preparer's signa          | ature                                 |                     | ate  | Check  |  |
| _                       | epare        | r                                     |  |                           |                                       |                     |  | self-em  | ployed   |
|                         | e Onl        | I                                     | ame 🕨  |                           |                                       |                     | F  | ım's EIN 🕨                                       |  |
|                         |              | Firm's a                              | ddress <u></u>   |                           | -                                     |                     |  | hone no.   |  |
| Ma                      | y the IP     | RS discus                             | s this return with the prepare   | r shown above             | ? (see instructions)                  | <u> </u>            | · · · ·  | <u> </u>   | Yes No   |
| For                     | Paperw       | vork Redu                             | ction Act Notice, see the sepa   | rate instruction          | S.                                    | Cat.                | No. 11282Y   |  | Form <b>990</b> (2017)                             |

|      | 0 (201 |  |                        | Page Z                |
|------|--------|--|------------------------|-----------------------|
| Part | Ш      | Statement of Program Service Accomplishments   |                        |                       |
|      | Dmal   | Check if Schedule O contains a response or note to any line in this Part III   | · · · ·                | <u> L</u>             |
| 1    |        | fly describe the organization's mission:<br>vision of masonic relief, charity, community service, and support to members and other non-profit organizations  | _                      |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        | ·  |                        |                       |
| 2    | Did 1  | the organization undertake any significant program services during the year which were not listed on the   |                        |                       |
|      | prior  | r Form 990 or 990-EZ?  | ☐ Yes                  | ✓ No                  |
| _    |        | es," describe these new services on Schedule O.  |                        |                       |
| 3    |        | the organization cease conducting, or make significant changes in how it conducts, any program   |                        | _                     |
|      |        | rices?   | ☐ Yes                  | <b>∠</b> No           |
|      |        | es," describe these changes on Schedule O.   |                        |                       |
| 4    | expe   | cribe the organization's program service accomplishments for each of its three largest program services enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowable total expenses, and revenue, if any, for each program service reported.   | , as mea<br>cations to | sured by<br>o others, |
| 4a   | (Cod   | de: ) (Expenses \$ 60,352 including grants of \$ 48,815 ) (Revenue \$  | 10.39                  | 8 )                   |
|      | bene   | s were made to 501(c)3 organizations shown as grants above, individuals seeking relief. Also provided services<br>efit of members including fraternal meetings, attendance at Grand Lodge by officers and other related costs  | to or for              | the                   |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        | <del>-</del>          |
| 4b   | (Cod   | de:) (Expenses \$including grants of \$) (Revenue \$   |                        | 1                     |
|      | ,000   |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
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|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
| 4c   | (Cod   | le:) (Expenses \$including grants of \$) (Revenue \$   |                        | )                     |
|      |        |  |                        |                       |
|      |        |  | ••••••                 |                       |
|      |        |  |                        |                       |
|      |        |  |                        | <b></b>               |
|      |        |  | ••••                   |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
|      |        |  |                        |                       |
| A &  | Otha   | y program confine (Decembe in Cabadula O.)   |                        |                       |
| 4d   |        | er program services (Describe in Schedule O.) enses \$ including grants of \$ ) (Revenue \$ )  |                        |                       |
| 40   | Total  | Introduction Control C |                        |                       |



| Form 99 | 0 (2017)  |            |           | Page \$ |
|---------|---|------------|-----------|---------|
| Part    | V Checklist of Required Schedules   |            |           |         |
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1          | Y63       | No      |
| 2<br>3  | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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   | 3          |           | v<br>v  |
| 4       | Section 501(c)(3) organizations. 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  | 4          |           |         |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5          |           |         |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |           | ,       |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |           | ~       |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8          |           | ,       |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9          |           | •       |
| 10      | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10         |           | ~       |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |            |           |         |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a        |           | ,       |
| b       | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |           | ,       |
| С       | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |           | ,       |
| d       | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |           | ,       |
|         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e        |           | •       |
| 12 a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 11f<br>12a |           | ~       |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |           | ,       |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |           | ~       |
| 14 a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        | ļ <u></u> | ~       |
| ь       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  | 14b        |           | v       |
| 15      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         | · · · ·   | ,       |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16         |           | ,       |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17         |           | ,       |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         |           | ,       |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19         |           | ~       |
|         |   |            | ~ QQC     | 1004    |

| Part     | Checklist of Required Schedules (continued)  |            |     |          |
|----------|--|------------|-----|----------|
| 20 -     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        | Yes | No       |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     |          |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | ~        |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | ~        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23         |     | <b>V</b> |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                     | 24a        |     | ,        |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |     |          |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d<br>25a |     |          |
| b        | Is the organization 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  | 25b        |     |          |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |     | ,        |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III          | 27         |     | v        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            |     | 10       |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | ~        |
| C        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |     | ,        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                  | 30         |     | V        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | ,        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |     | ~        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | v        |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |     | v        |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | •        |
| 36       | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                 | 35b<br>36  |     | -        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  | 36         |     | -        |
|          | Part VI  | 37         |     | ~        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38         | ~   |          |

| -    |   |                    |           |     | aye ( |
|------|---|--------------------|-----------|-----|-------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  |                    |           |     |       |
|      | oncert if concedure of contains a response of note to any line in this Part V   | <del></del>        | <u> </u>  | Yes | No    |
| 4.   |   |                    |           | 108 | NO    |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a 3               | d '       |     |       |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b 0               |           |     |       |
| C    | Did the organization comply with backup withholding rules for reportable payments   | to vendors and     |           |     |       |
|      | reportable gaming (gambling) winnings to prize winners?   |                    | 1c        | /   |       |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |                    |           |     |       |
|      | Statements, filed for the calendar year ending with or within the year covered by this return   | 2a 0               | , i       |     |       |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment   | tax returns?       | 2b        | ~   |       |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst  |                    |           |     |       |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year  |                    | 3a        |     | ~     |
| Ь    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So   |                    | 3b        |     | Ť     |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature of   |                    | 30        |     |       |
| 70   |   |                    | İ         |     |       |
|      | over, a financial account in a foreign country (such as a bank account, securities account, account)?   | or other linancial |           |     | ~     |
|      | ·   |                    | <u>4a</u> |     |       |
| b    | If "Yes," enter the name of the foreign country: ▶  |                    |           |     |       |
|      | See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Fin   | nancial Accounts   |           |     |       |
|      | (FBAR).   |                    |           |     |       |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax   | year?              | _5a       |     | ~     |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte  | r transaction?     | 5b        |     | ~     |
| C    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |                    | 5c        |     |       |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,0   | 00, and did the    |           |     |       |
|      | organization solicit any contributions that were not tax deductible as charitable contributions'  | 7                  | 6a        |     | ~     |
| b    | If "Yes," did the organization include with every solicitation an express statement that such   |                    | <u> </u>  |     |       |
|      | gifts were not tax deductible?  |                    | 6b        |     |       |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |                    |           |     |       |
| 'а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and  | partly for goods   |           |     |       |
|      | and services provided to the payor?   | partly for goods   |           |     |       |
|      |   |                    | 7a        |     | _     |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                    | 7b        |     |       |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property f   | or which it was    | _         |     |       |
|      | required to file Form 8282?   |                    | 7c        |     | ~     |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   | _7d                |           |     |       |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be  |                    | 7e        |     | 7     |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene   | fit contract? .    | 7f        |     | ~     |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form  | 8899 as required?  | 7g        |     | >     |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file   |                    | 7h        |     | ~     |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m  | aintained by the   |           |     |       |
|      | sponsoring organization have excess business holdings at any time during the year?  |                    | 8         |     |       |
| 9    | Sponsoring organizations maintaining donor advised funds.   |                    |           |     |       |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  |                    | 9a        |     |       |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers  |                    | 9b        |     |       |
| 10   | Section 501(c)(7) organizations. Enter:   |                    |           |     |       |
| а    | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                |           |     |       |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   | 10b                |           |     |       |
| 11   | Section 501(c)(12) organizations. Enter:  | 100                |           |     |       |
| ''a  | Gross income from members or shareholders   | 11a                |           |     | Ì     |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources  | IIa                |           |     |       |
| _    | against amounts due or received from them.)   | 446                |           |     |       |
| 40-  | •   | [11b]              |           |     |       |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of the second of the |                    | 12a       |     |       |
| ь    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                |           |     |       |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                    |           |     |       |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  |                    | 13a       |     |       |
|      | Note. See the instructions for additional information the organization must report on Schedul   | e O.               |           |     |       |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which  |                    |           |     |       |
|      | the organization is licensed to issue qualified health plans  | 13b                |           |     |       |
| C    | Enter the amount of reserves on hand  | 13c                |           |     |       |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year? .  |                    | 14a       |     | ~     |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S  | Schedule O .       | 14b       |     |       |
|      |   |                    |           |     |       |

| Part  | Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.       |           |             |  |  |  |  |  |
|-------|--|-----------|-------------|--|--|--|--|--|
|       | Check if Schedule O contains a response or note to any line in this Part VI  |           |             |  |  |  |  |  |
| Secti | on A. Governing Body and Management  |           |             |  |  |  |  |  |
| _     |  |           | Yes         | No   |  |  |  |  |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year 1a 3   |           |             |  |  |  |  |  |
|       | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar                                      |           |             |  |  |  |  |  |
|       | committee, explain in Schedule O.  |           |             |  |  |  |  |  |
| ь     | Enter the number of voting members included in line 1a, above, who are independent . 1b 0  |           |             |  |  |  |  |  |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |           |             |  |  |  |  |  |
| _     | any other officer, director, trustee, or key employee?   | 2         |             | 7  |  |  |  |  |
| 3     | Did the organization delegate control over management duties customarily performed by or under the direct  | -         |             | <del>-</del>                                     |  |  |  |  |
|       | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3         |             | 1  |  |  |  |  |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4         |             | ~  |  |  |  |  |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5         |             | ~  |  |  |  |  |
| 6     | Did the organization have members or stockholders?   | 6         | ~           |  |  |  |  |  |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |           |             |  |  |  |  |  |
|       | one or more members of the governing body?   | 7a        | 1           | <u> </u>   |  |  |  |  |
| b     | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | 1         |             | 1  |  |  |  |  |
|       | stockholders, or persons other than the governing body?  | 7b        | ~           |  |  |  |  |  |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during   |           |             |  |  |  |  |  |
|       | the year by the following:   |           |             |  |  |  |  |  |
| a     | The governing body?  | 8a        | <b>&gt;</b> | <u> </u>   |  |  |  |  |
| þ     | Each committee with authority to act on behalf of the governing body?  | 8b        | <b>&gt;</b> | <u> </u>   |  |  |  |  |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O         | 9         |             | <b>.</b>   |  |  |  |  |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven  |           | ode l       |  |  |  |  |  |
| GCCL  | on b. Folicies (This decitor b requests information about policies not required by the internal riever   | <u> </u>  | Yes         | No   |  |  |  |  |
| 10a   | Did the organization have local chapters, branches, or affiliates?   | 10a       |             | ~  |  |  |  |  |
| b     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |           |             | <del>                                     </del> |  |  |  |  |
|       | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10ь       |             |  |  |  |  |  |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?   | 11a       | ~           |  |  |  |  |  |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 1.5       |             |  |  |  |  |  |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a       | >           |  |  |  |  |  |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b       | >           |  |  |  |  |  |
| C     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |           |             |  |  |  |  |  |
|       | describe in Schedule O how this was done   | 12c       | ~           |  |  |  |  |  |
| 13    | Did the organization have a written whistleblower policy?  | 13        |             | /  |  |  |  |  |
| 14    | Did the organization have a written document retention and destruction policy?   | 14        |             | ~  |  |  |  |  |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? |           |             |  |  |  |  |  |
| а     | The organization's CEO, Executive Director, or top management official   | 15a       |             | ~  |  |  |  |  |
| b     | Other officers or key employees of the organization  | 15b       | ~           |  |  |  |  |  |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |           |             |  |  |  |  |  |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a       |             | <b>V</b>   |  |  |  |  |
| h     | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |           |             |  |  |  |  |  |
|       | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |           |             |  |  |  |  |  |
|       | organization's exempt status with respect to such arrangements?  | 16b       |             |  |  |  |  |  |
|       | on C. Disclosure   |           |             |  |  |  |  |  |
| 17    | List the states with which a copy of this Form 990 is required to be filed ▶   |           |             |  |  |  |  |  |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.          | n 501(    | (c)(3)s     | only)  |  |  |  |  |
|       | ☐ Own website ☐ Another's website ☐ Upon request ☑ Other (explain in Schedule O)   |           |             |  |  |  |  |  |
| 19    | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.                                       | terest    | polic       | y, and   |  |  |  |  |
| 20    | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords     | :▶          |  |  |  |  |  |
| _     | Jeff Johnson, 5612 Cometa Court NE, Albuquerque NM 87111 505-269-8626  | J = 1 = 0 |             |  |  |  |  |  |

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|      |   |

| Form 990 (2017) | Form | 990 | 1201 | 7 |
|-----------------|------|-----|------|---|
|-----------------|------|-----|------|---|

|          | · '  |     |
|----------|--|-----|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, | and |
|          | Independent Contractors  |     |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization no | r any relate                                     | d orga                            | aniz                  | atio    | n c  | ompe   | nsa      | ited any curren | t officer, director      | r, or trustee.              |
|---|--|-----------------------------------|-----------------------|---------|--|--|----------|-----------------|--------------------------|-----------------------------|
|   |  |                                   |                       | (0      | <b>C)</b>  |  |          | -               |                          |                             |
| (A)   | (B)  | /                                 |                       |         | ition  |  |          | (D)             | (E)                      | (F)                         |
| Name and Title                                | Average  |                                   |                       |         |  | than of the street is the street in the stre |          | Reportable      | Reportable               | Estimated                   |
|   | hours per  |                                   |                       |         |  | or/trus  |          |                 | compensation from        | amount of                   |
|   | week (list any<br>hours for                      | 유글                                | 교                     | Q       | <u>ڇ</u>   | 육포   | 77       | from<br>the     | related<br>organizations | other<br>compensation       |
|   | related  | d in                              | 葦                     | Officer | 9  | P S  | Former   | organization    | (W-2/1099-MISC)          | from the                    |
|   | organizations<br>below dotted                    | 호텔                                | ğ                     |         | 큧  | 9 C  | =        | (W-2/1099-MISC) |                          | organization<br>and related |
|   | ine)   | Individual trustee<br>or director | 1 2                   | l       | Key employee                                     | ğ  |          |                 |                          | organizations               |
|   |  | e                                 | Institutional trustee | l       | •  | Highest compensated<br>employee  |          |                 |                          |                             |
|   |  |                                   | L°.                   |         | <u> </u>   | ted  | L        |                 |                          |                             |
| (1) Wade Villanueva                           | 2  |                                   |                       |         |  |  |          |                 |                          |                             |
| W Master                                      | <del> </del>                                     |                                   |                       | ,       |  |  |          |                 |                          |                             |
| (2) HC (Sky) Olsen                            | 6  |                                   |                       |         |  |  | F        |                 |                          |                             |
| Secretary                                     |  |                                   | _                     | ~       |  |  |          |                 |                          |                             |
| (3)   |  |                                   |                       |         |  |  |          |                 |                          |                             |
|   | ļ  |                                   | <u> </u>              | <u></u> | L_   |  | <u> </u> |                 |                          |                             |
| (4)   | ļ  |                                   |                       |         |  |  |          |                 |                          | 1                           |
|   |  |                                   | _                     |         |  |  | <u> </u> | ļ               |                          |                             |
| (5)   | <del> </del>                                     |                                   |                       |         | İ  |  |          |                 |                          |                             |
| (6)   |  |                                   | _                     | -       | ├  |  | -        |                 |                          |                             |
| (0)   | <del> </del>                                     |                                   | ĺ                     |         |  |  |          |                 |                          |                             |
| (7)   |  |                                   |                       | _       |  |  |          |                 |                          |                             |
| _   | <del></del>                                      |                                   |                       |         |  |  |          |                 |                          |                             |
| (8)   |  |                                   |                       |         |  |  |          |                 |                          |                             |
|   |  | ļ                                 |                       |         |  |  |          |                 |                          |                             |
| (9)   | ļ  |                                   |                       | ĺ       |  | Į  | l        |                 | ļ                        |                             |
| <del></del>                                   |  |                                   | <u> </u>              | Ĺ       | <u>_</u>   | <u> </u>   | L_       |                 | ļ                        |                             |
| (10)  | ļ <b>-</b>                                       | }                                 |                       | ļ       |  |  |          |                 |                          |                             |
|   | <del></del>                                      | <u> </u>                          | -                     | -       | <u> </u>   |  | -        | -               | <u> </u>                 |                             |
| (11)  | <del> </del>                                     |                                   | 1                     | 1       |  |  |          |                 |                          |                             |
| (12)  | <del>                                     </del> |                                   | -                     | -       | -  | ├  | ╁─       |                 |                          | <u> </u>                    |
| Y:77  | †  |                                   |                       |         |  |  | ĺ        |                 |                          |                             |
| (13)  | <del>                                     </del> |                                   |                       | t       | <del>                                     </del> | $\vdash$   | 1        |                 |                          |                             |
| F   | † <del></del>                                    | 1                                 |                       |         |  |  |          |                 |                          |                             |
| (14)  | I  |                                   |                       |         | Г  |  | Ι_       |                 |                          |                             |
|   | 1  | 1                                 | 1                     | 1       | 1  | l  | 1        | 1               | 1                        | i                           |

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |   |               |                                |  |          |  |                              |          |  |  |                 |          |
|---|---|---------------|--------------------------------|--|----------|--|------------------------------|----------|--|--|-----------------|----------|
|   | (C)   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   | (A)   | (B)           | /do.n                          | ~+ ~+  |          | ition  | than 4                       |          | (D)  | (E)  | (F)             | )        |
|   | (do not check more than one )                                       |               |                                |  |          |  |                              |          | Reportable                                       | Estima   | ated            |          |
|   | hours per officer and a director/trustee) compensation compensation |               |                                |  |          |  |                              |          |  | compensation                                   |                 |          |
|   | week (list any 의료 교육 의표 판 from relate                               |               |                                |  |          |  |                              |          |  | related<br>organization                        | oth             |          |
|   |   | related       | 흑호                             | 왍  | Officer  | e e  | 를                            | Former   | the organization                                 | W-2/1099-MI                                    |                 |          |
|   |   | organizations | 호흡                             | 흏  | "        | Į  | ye c                         | 8        | (W-2/1099-MISC)                                  | (  | organiz         |          |
|   |   | below dotted  | Individual trustee or director | Institutional trustee                            | ł        | Key employee                                     | ä                            |          | İ  |  | and rel         |          |
|   |   | line)         | E                              | 2  |          | #  | <b>B</b>                     |          |  |  | organiza        | ations   |
|   |   |               | •                              | 8  |          |  | Highest compensated employee |          |  |  | ļ               |          |
|   |   |               |                                |  | _        | _  | ă.                           | _        |  |  |                 |          |
| (15)  |   |               |                                |  |          |  |                              |          | İ  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
| (16)  |   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   |   |               |                                |  | l        |  | l                            |          |  |  |                 |          |
| (17)  |   |               |                                | Г  |          |  |                              |          |  |  |                 |          |
| 3   |   | <b></b>       |                                |  |          |  |                              |          | İ  |  |                 |          |
| (18)  |   |               | <b>-</b>                       | <del>                                     </del> |          |  |                              | -        | <u> </u>   |  |                 |          |
| 3   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
| (40)  |   | -             |                                | $\vdash$   | -        | <del>                                     </del> | <b></b> -                    | -        |  |  | <del></del> -   |          |
| (19)  |   | ļ             |                                |  |          |  |                              | l        |  |  |                 |          |
|   |   | ļ             |                                | _  | <u> </u> |  | ļ                            | L.,      | <b>_</b>   |  |                 |          |
| (20)  |   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   |   |               | L                              | _  | L_       |  |                              |          |  |  |                 |          |
| (21)  |   |               |                                |  | İ        |  |                              | ŀ        |  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
| (22)  |   |               |                                |  |          |  |                              | П        |  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
| (23)  |   |               |                                |  |          |  | _                            |          |  |  |                 |          |
| 3==2  |   |               |                                |  |          | 1  |                              |          |  |  |                 |          |
| (24)  | <del></del>   | <del></del>   |                                |  |          |  |                              | -        | <del> </del> -                                   |  | <del></del>     |          |
| \ <del>****/</del>  |   |               |                                |  | i        |  |                              | İ        |  |  |                 |          |
| (25)  |   |               |                                | $\vdash$   | <u> </u> |  |                              | $\vdash$ | <del>                                     </del> |  | <del></del>     |          |
| (25)  |   |               |                                |  |          |  |                              |          |  |  | İ               |          |
|   |   |               | L                              | L  |          | L!   |                              | Ļ_       |  |  |                 |          |
| 1b  | Sub-total   |               | • •                            | •  | •        |  | •                            | •        |  |  |                 |          |
| C   | Total from continuation sheets to Part                              | -             |                                | •  | •        |  | •                            |          |  |  |                 |          |
| <u>d</u>  | Total (add lines 1b and 1c)   |               |                                |  |          |  |                              | <u> </u> | 0  |  | 0               | 0        |
| 2   | Total number of individuals (including but                          |               | I to th                        | iose   | list     | ted a  | above                        | e) w     | ho received m                                    | ore than \$10                                  | 0,000 of        |          |
|   | reportable compensation from the organi                             | zation 🕨      |                                |  |          |  |                              |          |  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          |  |  |                 | res No   |
| 3   | Did the organization list any former of                             | ficer, direc  | tor, c                         | r tr   | uste     | ee,  | key e                        | emp      | oloyee, or high                                  | est comper                                     | sated           |          |
|   | employee on line 1a? If "Yes," complete s                           | Schedule J    | for su                         | ıch  | indi     | ividu  | ual                          |          |  |  | . 3             | ~        |
| 4   | For any individual listed on line 1a, is the                        | sum of rei    | portal                         | ble (  | con      | ner  | nsatio                       | n a      | nd other comp                                    | ensation fro                                   | m the           |          |
| •   | organization and related organizations                              |               |                                |  |          |  |                              |          |  |  |                 | ł        |
|   |   |               |                                |  |          |  |                              |          | -  |  | 4               | ~        |
| 5   | Did any person listed on line 1a receive of                         |               |                                |  |          |  |                              |          |  | ration or indi                                 |                 |          |
| 3   | for services rendered to the organization                           |               |                                |  |          |  |                              |          |  |  |                 |          |
| <u></u>   | <del></del>   | 11 103, 0     | Ginpi                          | 010  | 001      | IOUL   | <i>1</i> 10 0 1              | Oi s     | - Person   | <u>· · · · ·                              </u> | . 5             | <u> </u> |
|   | on B. Independent Contractors                                       |               |                                |  |          |  |                              |          |  | <del> </del>                                   | <u> </u>        |          |
| 1   | Complete this table for your five highest                           |               |                                |  |          |  |                              |          |  |  |                 |          |
|   | compensation from the organization. Rep                             | ort compe     | nsatio                         | on to  | or tr    | 1e c   | alend                        | lar y    | year ending wit                                  | n or within ti                                 | ne organization | rs tax   |
|   | year.   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   | (A)   |               |                                |  |          |  |                              |          | (B)  |  | (C)             |          |
|   | Name and business add   | ress          |                                |  |          |  |                              |          | Description of s                                 | ervices  | Compensat       | ion      |
|   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   |   |               |                                |  | _        |  |                              |          |  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          |  |  |                 |          |
|   |   |               |                                |  |          | -  |                              | Ī        |  |  |                 |          |
|   |   |               |                                |  |          |  |                              |          | ····   |  | _               |          |
| 2   | Total number of independent contractor                              | rs (ıncludir  | ng bu                          | rt n   | ot l     | limit  | ed to                        | o th     | nose listed ab                                   | ove) who                                       |                 |          |
|   | received more than \$100,000 of compens                             | ation from t  | the or                         | gan  | izat     | ion  | <b>&gt;</b>                  |          |  |  |                 |          |

| Par  | VIII     | Statement of Reve                              |                  |                  |                   | D - 4 \ 400                            |   |  |
|--|----------|--|------------------|------------------|-------------------|--|---|--|
|  |          | Check if Schedule O                            | contains a res   | ponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ats<br>its   | 1a       | Federated campaigns                            | 1a               |                  |                   |  |   |  |
| Ē  | ь        | Membership dues .                              | 1b               | 10,399           |                   |  |   |  |
| Š, C   | С        | Fundraising events .                           | 1c               |                  |                   |  |   |  |
| F  | d        | Related organizations                          |                  |                  |                   |  |   |  |
| S.<br>imi  | е        | Government grants (con                         |                  |                  |                   |  |   |  |
| 育  | f        | All other contributions, gi                    |                  |                  |                   |  |   |  |
| 혈  |          | and similar amounts not incl                   |                  |                  |                   |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 9        | Noncash contributions includ                   | -                |                  |                   |  |   |  |
|  | h        | Total. Add lines 1a-1                          | <u>f</u>         | Business Code    | 10,399            |  |   |  |
| E S  |          | d  |                  | Business Code    | 205               |  |   |  |
| leve   | 2a       | degree fees                                    |                  |                  | 895               |  |   |  |
| 8  | b        |  |                  |                  |                   | · -                                    |   | <del>_</del>   |
| Š  | ď        |  |                  |                  |                   |  |   |  |
| S<br>E   | e        |  |                  |                  |                   | _                                      |   |  |
| Program Service Revenue                                | f        | All other program serv                         |                  |                  |                   | -                                      |   |  |
| 5  | g        | Total. Add lines 2a-2                          | f                | >                | 895               |  |   |  |
|  | 3        | Investment income                              | (including divid | lends, interest, |                   |  |   |  |
|  |          | and other similar amo                          | •                | l.               | 86,435            |  |   | 86,435   |
|  | 4        | Income from investment                         | •                | , ,              |                   |  |   |  |
|  | 5        | Royalties                                      |                  |                  |                   |  |   |  |
|  | ١        | •  | (I) Heal         | (ii) Personal    |                   |  |   |  |
|  | 6a       | Gross rents                                    |                  | <u> </u>         |                   |  |   |  |
|  | b        | Less: rental expenses Rental income or (loss)  |                  |                  |                   |  |   |  |
|  | d        | Net rental income or (                         | l                | <u> </u>         |                   | <u> </u>                               |   |  |
|  | 7a       | Gross amount from sales of                     | (i) Securities   | (ii) Other       |                   |  |   |  |
|  |          | assets other than inventory                    |                  |                  |                   |  |   |  |
|  | b        | Less: cost or other basis                      |                  |                  |                   |  |   |  |
|  |          | and sales expenses .                           |                  |                  | •                 |  |   |  |
|  | С        | Gain or (loss)                                 |                  |                  |                   |  |   |  |
|  | d        | Net gain or (loss) .                           |                  | ▶                |                   |  |   |  |
| venue  | 8a       | Gross income from fu                           | ındraısing       |                  |                   |  |   |  |
| e ve   |          | events (not including \$                       |                  |                  |                   |  |   |  |
| Other Re   |          | of contributions reported See Part IV, line 18 |                  |                  |                   |  |   |  |
| je<br>He   |          |  | _                |                  |                   |  |   |  |
| δ  |          | Less, direct expenses  Net income or (loss) fi |                  |                  |                   |  |   |  |
|  |          | Gross income from ga                           |                  | events .         |                   |  |   |  |
|  |          | See Part IV, line 19 .                         |                  |                  |                   |  |   |  |
|  | ь        | Less: direct expenses                          |                  |                  |                   |  |   |  |
|  |          | Net income or (loss) f                         |                  |                  |                   |  |   |  |
|  | 10a      | Gross sales of in                              |                  |                  |                   |  |   |  |
|  |          | returns and allowance                          | es a             |                  |                   |  | ·                                       |  |
|  |          | Less: cost of goods s                          |                  |                  |                   |  |   |  |
|  | <u> </u> | Net income or (loss) f                         |                  |                  |                   |  | <del> </del>                            |  |
|  | <u> </u> | Miscellaneous R                                | levenue          | Business Code    |                   |  |   |  |
|  | 11a      |  |                  |                  |                   |  |   |  |
|  | b        |  |                  |                  | <del></del>       |  |   |  |
|  | d        | All other revenue .                            |                  |                  | _                 |  |   |  |
|  | e        | Total. Add lines 11a-                          |                  |                  | `                 |  |   |  |
|  | 12       | Total revenue. See in                          |                  |                  | 97,729            | 0                                      | 0                                       | 86,435   |

| Part IX Statement of Functional Expense | Part IX | Statement of | <b>Functional</b> | Expenses |  |
|---|---------|--------------|-------------------|----------|--|
|---|---------|--------------|-------------------|----------|--|

| Section              | on 501(c)(3) and 501(c)(4) organizations must con  | nplete all columns. A | II other organization        | s must complete co                  | olumn (A).                     |
|----------------------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
|                      | Check if Schedule O contains a respon  | se or note to any lin | ne in this Part IX .         |                                     | 🗆                              |
|                      | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1                    | Grants and other assistance to domestic organizations  |                       |                              |                                     |                                |
|                      | and domestic governments. See Part IV, line 21   | 48,815                | 48,815                       |                                     |                                |
| 2                    | Grants and other assistance to domestic individuals. See Part IV, line 22  |                       |                              |                                     |                                |
| 3                    | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                               |                       |                              |                                     |                                |
| <b>4</b><br><b>5</b> | Benefits paid to or for members  | 0                     | 0                            |                                     |                                |
| 6                    | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                  |                       |                              |                                     |                                |
| 7<br>8               | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                    |                       |                              |                                     |                                |
| 9                    | Other employee benefits  |                       |                              |                                     |                                |
| 10                   | Payroll taxes  |                       |                              |                                     |                                |
| 11                   | Fees for services (non-employees):   |                       |                              |                                     |                                |
| a<br>b               | Management   |                       |                              |                                     |                                |
| C                    | Accounting   |                       | <del></del>                  | <del></del>                         |                                |
| d                    | Lobbying   |                       |                              |                                     |                                |
| e                    | Professional fundraising services. See Part IV, line 17  |                       | *9, / ***                    | 3,- "                               |                                |
| f                    | Investment management fees   | 0                     | 0                            |                                     |                                |
| g                    | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                              |                                     |                                |
| 12                   | Advertising and promotion  | 500                   | 500                          |                                     |                                |
| 13                   | Office expenses  | 1,520                 | 1,520                        |                                     |                                |
| 14                   | Information technology   |                       |                              |                                     |                                |
| 15                   | Royalties  |                       |                              |                                     |                                |
| 16                   | Occupancy  | 6,000                 | 6,000                        |                                     |                                |
| 17                   | Travel   |                       |                              |                                     |                                |
| 18                   | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                              |                                     |                                |
| 19                   | Conferences, conventions, and meetings .   | 70                    | 70                           |                                     |                                |
| 20<br>21             | Interest   | 3060                  | 3,060                        |                                     |                                |
| 22                   | Depreciation, depletion, and amortization .  | 3060                  | 3,000                        |                                     |                                |
| 23                   | Insurance  | 387                   | 387                          |                                     |                                |
| 24                   | Other expenses Itemize expenses not covered  |                       |                              |                                     |                                |
|                      | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column  |                       |                              |                                     |                                |
|                      | (A) amount, list line 24e expenses on Schedule O.)   |                       |                              |                                     |                                |
| а                    |  |                       |                              |                                     |                                |
| b                    |  | ļ                     |                              |                                     |                                |
| C                    | •••••  |                       |                              |                                     |                                |
| d                    | All ather evenes   |                       |                              | <u> </u>                            |                                |
| 9<br>25              | All other expenses  Total functional expenses. Add lines 1 through 24e   | (0.250                | /0.350                       |                                     | <del> </del>                   |
| 25<br>26             | Joint costs. Complete this line only if the  | 60,352                | 60,352                       |                                     |                                |
| 20                   | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) |                       |                              |                                     |                                |

| P                           | art X | Balance Sheet   |                          |     |                    |
|-----------------------------|-------|---|--------------------------|-----|--------------------|
| •                           |       | Check if Schedule O contains a response or note to any line in this Par   | rt X                     |     |                    |
|                             |       |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1     | Cash—non-interest-bearing   | 7,776                    | 1   | 9,731              |
|                             | 2     | Savings and temporary cash investments  | 2,335,883                | 2   | 2,419,962          |
|                             | 3     | Pledges and grants receivable, net  |                          | 3   |                    |
|                             | 4     | Accounts receivable, net  |                          | 4   | 0                  |
|                             | 5     | Loans and other receivables from current and former officers, directors,  |                          |     |                    |
|                             |       | trustees, key employees, and highest compensated employees.   |                          |     |                    |
|                             |       | Complete Part II of Schedule L  |                          | 5   |                    |
|                             | 6     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6   |                    |
| ë                           | _     | - · · · · · · · · · · · · · · · · · · ·   | 100.255                  |     |                    |
| Assets                      | 7     | Notes and loans receivable, net   | 100,355                  | 7   |                    |
| 4                           | 8     | Inventories for sale or use   |                          | 8   |                    |
|                             | 9     | Prepaid expenses and deferred charges   |                          | 9   |                    |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                          |     |                    |
|                             | ь     | Less: accumulated depreciation 10b  |                          | 10c |                    |
|                             | 11    | Investments—publicly traded securities  |                          | 11  | -                  |
|                             | 12    | Investments—other securities. See Part IV, line 11  |                          | 12  |                    |
|                             | 13    | Investments—program-related. See Part IV, line 11   |                          | 13  |                    |
|                             | 14    | Intangible assets   |                          | 14  |                    |
|                             | 15    | Other assets. See Part IV, line 11  |                          | 15  |                    |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 2,444,014                | 16  | 2,429,693          |
|                             | 17    | Accounts payable and accrued expenses   |                          | 17  |                    |
|                             | 18    | Grants payable  |                          | 18  |                    |
|                             | 19    | Deferred revenue  | 3,180                    | 19  | 0                  |
|                             | 20    | Tax-exempt bond liabilities   |                          | 20  |                    |
|                             | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D .   |                          | 21  |                    |
| Š                           | 22    | Loans and other payables to current and former officers, directors,   |                          |     |                    |
| 謹                           |       | trustees, key employees, highest compensated employees, and   |                          |     |                    |
| Liabilities                 |       | disqualified persons. Complete Part II of Schedule L  |                          | 22  |                    |
| Ë                           | 23    | Secured mortgages and notes payable to unrelated third parties  |                          | 23  |                    |
|                             | 24    | Unsecured notes and loans payable to unrelated third parties  |                          | 24  |                    |
|                             | 25    | Other liabilities (including federal income tax, payables to related third  |                          |     |                    |
|                             |       | parties, and other liabilities not included on lines 17-24). Complete Part X  |                          |     |                    |
|                             |       | of Schedule D   |                          | 25  |                    |
|                             | 26    | Total liabilities. Add lines 17 through 25  | 3,180                    | 26  | 0                  |
|                             |       | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and  |                          |     |                    |
| Net Assets or Fund Balances |       | complete lines 27 through 29, and lines 33 and 34.  |                          |     |                    |
| ē                           | 27    | Unrestricted net assets   | 2,440,834                | 27  | 2,429,693          |
| Bal                         | 28    | Temporarily restricted net assets   |                          | 28  |                    |
| 豆                           | 29    | Permanently restricted net assets   |                          | 29  |                    |
| בַּ                         |       | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and   |                          |     |                    |
| -                           |       | complete lines 30 through 34.   |                          |     |                    |
| ţ                           | 30    | Capital stock or trust principal, or current funds  |                          | 30  |                    |
| Se                          | 31    | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31  |                    |
| Ä                           | 32    | Retained earnings, endowment, accumulated income, or other funds  |                          | 32  |                    |
| ē                           | 33    | Total net assets or fund balances   | 2,440,834                |     | 2,429,693          |
| Z                           | 34    | Total liabilities and net assets/fund balances  | 2,444,014                |     | 2,429,693          |

| Form 9 | 90 (2017)  |         |         | Pa   | ige <b>12</b> |
|--------|--|---------|---------|------|---------------|
| Par    | t XI Reconciliation of Net Assets  |         |         |      |               |
|        | Check if Schedule O contains a response or note to any line in this Part XI                              |         | <u></u> |      | <u> </u>      |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |         | 9    | 7,729         |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2       |         | 6    | 0,352         |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3       |         | 3    | 37,377        |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                | 4       |         | 2,44 | 0,834         |
| 5      | Net unrealized gains (losses) on investments   | 5       |         |      |               |
| 6      | Donated services and use of facilities   | 6       |         |      |               |
| 7      | Investment expenses  | 7       |         |      |               |
| 8      | Pnor penod adjustments   | 8       |         |      |               |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)                                     | 9       |         | (41  | 8,518)        |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line           | [       |         |      |               |
|        | 33, column (B))  | 10      |         | 2,42 | 29,693        |
| Part   | XII Financial Statements and Reporting   |         |         |      |               |
|        | Check if Schedule O contains a response or note to any line in this Part XII                             |         | <u></u> |      |               |
|        |  |         |         | Yes  | No            |
| 1      | Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other                                  |         |         |      |               |
|        | If the organization changed its method of accounting from a prior year or checked "Other," ex            | plain i | n       |      |               |
|        | Schedule O.  |         | -       |      |               |
| 2a     | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?       |         |         |      | 1             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were com           | piled o | or 💮    |      |               |
|        | reviewed on a separate basis, consolidated basis, or both:   |         |         |      |               |
|        | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                             |         |         |      |               |
| b      |  |         |         | T    | ~             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audito        | ed on   | a       |      |               |
|        | separate basis, consolidated basis, or both:   |         |         |      |               |
|        | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                             |         |         |      |               |
| C      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or     | versigl | nt 🗔    |      |               |
|        | of the audit, review, or compilation of its financial statements and selection of an independent account | ntant?  | ?   2c  | 1    |               |
|        | If the organization changed either its oversight process or selection process during the tax year, ex    | plain   | n T     |      |               |
|        | Schedule O.  | -       |         |      | .d 2          |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set       | forth   | ın 📉    |      |               |
|        | the Single Audit Act and OMB Circular A-133?   |         | . 3a    | 1    | 1             |
| ь      | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   | rgo th  | ie –    |      |               |
|        | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a       | udits.  | 3b      |      |               |

Form **990** (2017)

## 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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Albuquerque Masonic Lodge #60

Employer identification number 85-0019984

| <del></del>  |
|--|
| 01. Members or stockholder classes and rights (Part VI, line6)                       |
| Members have acheived the rank of master mason and are entitled                      |
| to vote on all businesss coming before the lodge.                                    |
| 02. Member election for additional members (Part VI, line 7a)                        |
| Master masons are entitled to vote on election of lodge master.                      |
| Senior Warden, Jr Warden, Secretary, Treasurer.                                      |
| 03. Governing-body-decisions (Part. VI, line 7b)                                     |
| All-major-decisions-are-voted-on-by-the-members-of-the-lodge.                        |
| 04. Form 990 Governing body review (Part VI, line 11)                                |
| The executive committee of the lodge reviews the tax return prior                    |
| to it being filed. Any required changes are made priot to filing.                    |
| 05. Conflict of interest policy compliance (Part VI, line 12c)                       |
| Conflict of interest policies are open to public inspection. Actions                 |
| of management are governed by the rules, regulations and bylaws of the organization. |
| 06CEO, executive director, top management comp (Part VI, line 15a)                   |
| CEO-and-elected-officers-receive-no-compensation-                                    |
| 07. Other officer or other employee compensation (Part VI, line 15b)                 |
| Elected secretary and Treasurer may receive compensation, but have                   |
| not this year for mequired additional time to perform their duties.                  |
| 08. Form 990 Availability to public (Part VI, line 18)                               |
| Form 990 is available upon request through the Grand Lodge of                        |
| New Mexico. 09. Governing documents, etc, available to public (Part VI, line 19)     |
| Governing documents are available to the public upon request through                 |
| the Grand Lodge of New Mexico  |
| 10. Other changes in fund balances (Part 11, line9)                                  |
| Loans receivable were cancelled and deferred revenue adjusted                        |