SCANNED JAN 0 6 2022

(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Department of the Treasury

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.

Open to Public

later	nai Reven	ue Service	Go to www.irs.gov/Form990 for instructions and the latest i	mormation.	UU I	inspection			
$\overline{\mathbf{A}}$	For the	2019 calend	dar year, or tax year beginning May 1 , 2019, and ending	Apřil	30	, 20 20			
В	Check if	applicable	D Emplo	oyer identification number					
	Address	change	Doing business as Loyal Order of Moose	ose 23-7158037					
	Name ch	ange	om/suite	E Telephone number					
	Initial reti	urn	514 N Main Street			575-524-1088			
$\bar{\Box}$	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code						
$\overline{\Box}$	Amended	d return	Las Cruces, NM 88001		G Gross	receipts \$ 668,136			
$\overline{\Box}$	Applicati	on pending	F Name and address of principal officer Paul Herrera	H(a) Is this a gr	oup return fo	or subordinates? Yes Vo			
_	••		514 N Main Street, Las Cruces, NM 88001	H(b) Are all s	ubordinat	es included? Yes No			
$\overline{\Gamma}$	Tax-exer	npt status	501(c)(3)	If "No," a	attach a lis	st (see instructions)			
<u></u>	Website	: ▶ n/a	xemption	number ▶					
ĸ			on 1986	M State	of legal domicile NM				
	art I	Summa	Corporation ☐ Trust ☐ Association ☑ Other ➤ Non-Profit ☐ L Year of formation						
			cribe the organization's mission or most significant activities: The Organization	anization unite	ed it mei	mbers in the bonds of			
ģ			enevolence & charity. This is accomplished through a year-round schedu						
Governance	1		their families, estimated at 350	<u></u>					
Ĕ			box ► ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.			
Š			voting members of the governing body (Part VI, line 1a)		3	9			
G			independent voting members of the governing body (Part VI, line 1b)		4	8			
Se	1		per of individuals employed in calendar year 2019 (Part V, line 2a)		5	29			
Ę			per of volunteers (estimate if necessary) . RECEIVED .		6	21			
Activities &			ated business revenue from Part VIII, polymn (C), fine 12		7a				
•			to discuss as to color income from Eal Odoo T line 20		7b	0			
_	ь	ivet unreia	ted business taxable income from Forth 990-J-lipe 39	Prior Yea		Current Year			
	_		(S)-	Prior rea					
ne			ons and grants (Part VIII, line 1h).	···	1263	1776			
ē		-	ervice revenue (Part VIII, line 2g) OGDEN, UT		851,198	666,359			
Revenue			t income (Part VIII, column (A), lines 3, 4, and 7d)		0	0			
_			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0			
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		852,461	668,136			
	13		d sımılar amounts paid (Part IX, column (A), lines 1-3)	 	83,201	76,021			
	14		aid to or for members (Part IX, column (A), line 4)		0	0			
S	15	Salaries, ot	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		192,030	175,507			
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), Ilne 11e) [0	0			
Ř	b		raising expenses (Part IX, column (D), line 25) ▶						
ũ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		629,483	539,888			
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		904,714	791,416			
	19	Revenue le	ess expenses. Subtract line 18 from line 12		-52,253	-125,057			
Net Assets or Fund Balances			E	Beginning of Cun	ent Year	End of Year			
ets	20	Total asset	ts (Part X, line 16)		555,463	590,227			
Ass	21		ities (Part X, line 26)		-2,335	-329			
Fee	22	Net assets	or fund balances. Subtract line 21 from line 20		553,128	589, 898			
	art II		ire Block			<u>-</u>			
Un	der pena	Ities of penury	. I declare that I have examined this return, including accompanying schedules and state	nents, and to the	best of r	ny knowledge and belief, it is			
tru	e, correct	t, and complet	e Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	dge				
					9/13	12020			
Sign Here		Signat	proticer //	Date					
		1 1	rel HEAMON ADMINISTRATION						
		Type o	or print name and title						
		' 	e preparer's name Preparer's signature Da	ite	Check	nf PTIN			
Pa		-			self-emp				
	epare	Curren's non	mo	Firm's	s EIN ▶	-			
Us	se Onl	y Firm's nar		Phon					
NA-	v the IP	Firm's add	this return with the preparer shown above? (see instructions)			· Yes No			
_					<u>· · · · · · · · · · · · · · · · · · · </u>	Form 990 (2019)			
FOI	' Paperv	vork Reduct	tion Act Notice, see the separate instructions. Cat. N	o 11282Y		rom 330 (2019)			

Page 2

🗆
ar-round
Yes_☑ No
_
Yes ☑ No
measured by
ns to others,
)
)
```
)

Total program service expenses ▶

DRO

Part	V Checklist of Required Schedules			
•			Yes	No
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		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	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		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		<b>√</b>
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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>√</b>	
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		<b>✓</b>
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	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		1
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		1
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		1
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		1
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		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
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		/

Part	V Checklist of Required Schedules (continued)			
		,	Yes	No
<b>22</b>	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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓_
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>✓</b>
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		✓
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	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, Part VI	37		1
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	1	
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	1c	_ ✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
٠.	Statements, filed for the calendar year ending with or within the year covered by this return  2a	2b	<u></u>	<b>├</b>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20	<b>V</b>	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		<b>-</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	30		<b></b>
-4a-	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
<b>L</b>	If "Yes," enter the name of the foreign country ►	70		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	 	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		,
_	gifts were not tax deductible?	6b	<del> </del>	<b>✓</b>
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?	7a		<b>7</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		· · · · · ·	<u> </u>
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ <u>.</u>	✓_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.	9a	<del> </del>	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		1
10	Section 501(c)(7) organizations. Enter:	30		\ \ \ \
10 a	Initiation fees and capital contributions included on Part VIII, line 12		1	-
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	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.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
С	Enter the amount of reserves on hand	<u> </u>		
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 on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	ļ	<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.		<u> </u>	
16_	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	L	l	L

Part '	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 on Schedule O. Schedule O contains a response or note to any line in this Part VI	See in:	struci	tions.
Section	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 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .   1b   8	Ì		1
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		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓_
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		<b>√</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	
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	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<b>✓</b>	<del></del> ,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
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 on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Co		N1-
	City is a straight of the stra	10a	Yes	No ✓
10a b	Did the organization have local chapters, branches, or affiliates?	IUa		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<del></del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	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		<b>✓</b>
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		
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	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	<u>-</u>	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)			
19_	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	<b>&gt;</b>	
	Loyal Order Of Moose#2081, 514 N Main Street, Las Cruces, NM 88001 575-524-1088			

Page	7

•	·	_
Part V	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
•	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII .

# 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization not	r any related	a orga	anız	atio	n c	ompe	nsa	ited any current o	onicer, airector,	or trustee.
				((	C)					
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					than c		Reportable	Reportable	Estimated amount
Name and time	hours					ıs both or/trust		compensation	compensation	of other
	per week		_					from the	from related	compensation
	(list any	걸로	132	≩	9	혈	ġ'	organization	organizations	from the
	hours for	a a	豆	Officer	9	Jo nes	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	용률	9		힣	8 0	`			related organizations
	organizations below	ੇ ਵੱ	20 ↔		Key employee	뵑				
	dotted line)	Individual trustee or director	Institutional trustee		٩	<u> </u>				
		"	e e			Highest compensated employee				
			_	<u> </u>		ã.			,	
(1)	<b></b>		ļ							
				L_			L			
(2)										
			1	İ						
(3)										
	<b>+</b>	1		ļ						ļ
(4)				<b>-</b>						
(4)	<b>+</b> -	1	l							
			├─	-			$\vdash$	· · · · · · · · · · · · · · · · · · ·		
(5)	ļ		l	Ì						
			ļ	<u> </u>	<u> </u>		_			
(6)			İ							
					<u> </u>					
(7)										
		1	1							
(8)				· · ·						
	<b>+</b>	1	1							
(0)			┼	-	_			<del> </del>	<del></del> ·· · · · · - <del>· ·</del>	-
(9)	<b></b>		1					1		
			ļ	<u> </u>	ļ_					
(10)	<b></b>									
		<u> </u>								
(11)					ł					
3	<b>T</b>	1	1					İ		
(12)		$\vdash$			T			1		
(12)	<del> </del>	1								
	<del>                                     </del>		$\vdash$	-			├─		<u> </u>	
(13)	<del> </del>	ł								
			<u> </u>		L					
(14)	1	]	1				1			
		1	l	I	1	l	l		I	1

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	olo	yee	s, an	d H	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title		box,	ot ch unles:	(C) Position leck more than is person is bot d a director/true			an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	grap same	hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employe∈	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	Darryl Gerber	5									
Gover	· · · · · · · · · · · · · · · · · · ·		<del> </del>		<b>✓</b>						!
	Rafael Garcia	3	ł		<b>✓</b>	ļ					
	Governor	3		$\vdash$	•						
	William Baker st Govenor	3	İ		1						
	Orlando Flores	5	<b>-</b>		<u> </u>						
Treas					1						
(19)	Charles Singhn	3									
Prelat					✓	_					
(20)	Jose Garcia	3					[				
	Trustee		ļ		✓	-					<u> </u>
	Javier Torres	3	-		./						
	Trustee Paul Herrera	40	-	$\vdash$	•	├					
	Paul Herrera histrator	<del></del>	1				🗸		36,400		
(23)	1130401										
3			1								
(24)											
						<u> </u>					
(25)			ł			ļ					
	Subtotal		l	li		<u> </u>			36,400	0	0
ai C	Total from continuation sheets to Part		n A	•	•	•	•		36,400		
d								<b>&gt;</b>	36,400		0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w			of
3	Did the organization list any former employee on line 1a? If "Yes," complete							mpl	loyee, or highes	st compensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	porta an \$	ble ( 150,	000	npe )? /	nsatio f "Ye:	n a s,"	nd other compe	nsation from the dule J for such	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat lete	tion Sch	fro hedi	m any ule J f	un or s	related organiza	tion or individual	
Sect	ion B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Rep	nest comport comper	ensat Isatio	ed i n for	inde the	epe e ca	ndent lenda	co r ye	entractors that in ar ending with or	eceived more to within the organ	than \$100,000 of ization's tax year.
	(A) Name and business add	Iress							(B) Description of sen	vices	(C) Compensation
			<del></del> -	<del></del>							<del> </del>
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
•		Check ii denedule O	CONTAINS &	respor	ise of flote to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
इ इ	1a	Federated campaigns		1a	0							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	688							
G É	С	Fundraising events .		1c	0							
iifts ar A	d	Related organizations		_ 1d	0	-						
S,E	е	Government grants (c			0							
Sig	f	All other contributions,										
out:		and similar amounts not i			0							
Ē	9	Noncash contributions lines 1a-1f										
So a	h	Total. Add lines 1a-1f		1g	19 0	688						
	***	Total. Add lines Ta-11	<del>' · · · · ·</del>	···	Business Code	088		<del>- ,</del>				
ë	2a	Gaming			723,210	390,347	390,347					
Program Service Revenue	b	Social Quarters			722,410	262,320	262,320					
Se	c	Kitchen			722,513	204	204					
gram Ser Revenue	d	Pull Tabs			713,290	0	0					
ğ	е	NM Lottery			713,290	0	0					
Ę.	f	All other program serv	ice revenue									
	g	Total. Add lines 2a-2f				652,871		-				
	3	Investment income (i	•									
		other similar amounts)			о	0						
	4	•			ond proceeds	0	0					
	5	Royalties				0			<u> </u>			
		Crass route	(i) R	eai	(II) Personal	1						
	6a		Sa	<del></del>					. s			
	b	· · · · · · · · · · · · · · · · · ·										
	d							ļ <u>.</u>				
	7a	Gross amount from	(i) Seci	rities	(II) Other			· · · · · · · · · · · · · · · · · · ·				
	1 a	sales of assets	<u> </u>		1				!			
			7a		1							
e	b	Less: cost or other basis										
enne		and sales expenses . 7	7b					-				
ev	С	Gain or (loss) 7	7c		l							
er F	d	• • •			<u> ▶</u>							
Other Rev	8a	Gross income from	fundraising		]	į						
0		events (not including \$_	A - d P -		1				ļ			
		of contributions report 1c). See Part IV, line 1						I	1			
				8a 8b	<u> </u>		Ì	-	ŀ			
		Less: direct expenses Net income or (loss) from			ents							
		Gross income from						-·· <del>-</del> -	7			
	94	activities. See Part IV,		9a								
	b	Less: direct expenses		9b			İ					
		Net income or (loss) fr			es <b>&gt;</b>			· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inve										
		returns and allowance		10a								
		Less: cost of goods so		10b								
	Ç	Net income or (loss) from	om sales of	invento	ory ▶							
g 7			· · <del>_</del>		Business Code							
e e	11a		<b></b>									
	<b>b</b>				ļ							
scellaneo Revenue	C	A 11	·		ļ <del>.</del>				<del></del>			
Miscellaneous Revenue		All other revenue .			L							
		Total Add lines 11a-1				252.25						
	12	Total revenue. See in:	structions	• •	<u> P</u>	652,871	652,871					

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	4) organizations must complete all columi	ns. All other organizations mu:	st complete column (A).
011-10-11	J. O	u line in Ahie Deut IV	

	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u> </u>	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	76,021	76,021		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		at .
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	22.004	32,901		
6	Compensation not included above to disqualified	32,901	32,901		
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	142,605	142,605		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			<del></del>	
10	Payroll taxes	44,216	44,216		
11	Fees for services (nonemployees):	_	_		
a	Management	0	0		<u> </u>
b	Legal	0	0		
d	Lobbying	0	0		
e	Professional fundraising services See Part IV, line 17				
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)	0	0		
12	Advertising and promotion	0	0		
13	Office expenses	2946	2946		
14	Information technology	798 0	798 0		
15 16	Royalties	36,837			
17	Travel	7078	7078		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0		
19	Conferences, conventions, and meetings .	7078	7078		
20	Interest	0	0	<del> </del>	
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	7303	7303		
23	Insurance	7583	7583		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>
а	Gaming	285,798	285,798		
b	Cost of Goods Sold	90,695	90,695		
С	Membership Promotion	19,456			<del> </del>
đ	Social Quarters Supplies	14,572	14,572		
е	All other expenses 18710				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	699,866	699,866		
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				000

Fom	n 990 (20	019)			Page II
P	art X				
		Check if Schedule O contains a response or note to any line in this Par	t X		<u>.</u> 🗀
-			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	101,995	1	195,123
	2	Savings and temporary cash investments	0		0
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	0
_	5 -	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
	,	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
Ś	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	41,211	8	41,211
As	9	Prepaid expenses and deferred charges	0		0
	10a	Land, buildings, and equipment: cost or other			
	1.50	basis. Complete Part VI of Schedule D   10a   324,622		i i	
	ь	Less: accumulated depreciation	324,622	10c	324,621
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	Q
	15	Other assets. See Part IV, line 11	0	15	C
	16	Total assets. Add lines 1 through 15 (must equal line 33)	467,828	16	560,995
	17	Accounts payable and accrued expenses	2974	17	2708
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	C
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	G
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons	0	22	(
ت	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	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	0	<del></del>	
	26	Total liabilities. Add lines 17 through 25	2974	26	2708
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			<del></del>
ala	27	Net assets without donor restrictions	579,307		590,227
Ö	28	Net assets with donor restrictions	0	28	
JI.		Organizations that do not follow FASB ASC 958, check here ▶ □			
Ē		and complete lines 29 through 33.		.	
ō	29	Capital stock or trust principal, or current funds	0		
šet	30	Paid-in or capital surplus, or land, building, or equipment fund	0		
ASS	31	Retained earnings, endowment, accumulated income, or other funds	0	<del> </del>	
et /	32	Total net assets or fund balances	579,307		590,227
Ž	33	Total liabilities and net assets/fund balances	467,828	33	560,995

Form **990** (2019)

590,227

560,995

Page <b>12</b>
🗆
666,359
652 <u>,</u> 871
13,488
553,128

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . 2 - 2 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses . . . . . . . . 8 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) . . . . . . . . . . . . . . . . Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 539,640 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . Yes No Accounting method used to prepare the Form 990: 
Cash
Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Form **990** (2019)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Cat No 52283D

Schedule D (Form 990) 2019

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| Employer identification number

Las Cruces Lodge #2081 23-7158037 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page	1
raye	4

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Oth	ner Similar As	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	followi	ing that make s	ignificant u	se of its
· a	☐ Public exhibition		d	☐ Loan d	or exchange	progra	ım		
b	☐ Scholarly research		e	☐ Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	tion's collections a	ınd expla	ain how t	hey further t	he orga	anization's exen	npt purpose	ın Part
5.	During the year, did the organization assets to be sold to raise funds rather								□ No
Part						<del></del>			<del></del>
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, F	Part IV, line	9, or r	eported an am	nount on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		· · · · · · · · · · · · · · · · · · ·		<del></del>
							Aı	mount	<del></del>
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
70	Ending balance						account liability	2   Ves	□ No
2a b	If "Yes," explain the arrangement in P								
	V Endowment Funds.			1					
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses		<del></del>						
g	End of year balance	<u>.                                    </u>	<del></del>		L				
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	i, column (a)	) held a	s:		
a	Board designated or quasi-endowment	ητ <b>ν</b>	%						
C	Permanent endowment ►  Term endowment ► %	70							
C	The percentages on lines 2a, 2b, and	2c should equal 10	00%						
3a	Are there endowment funds not in the			zation tha	at are held a	and adn	ninistered for th	e	
oa -	organization by:	possession or an	o organi	Lation the	2. 4.0			Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.			· · · · · · · · · · · · · · · · · · ·	<del></del>
Part									40
	Complete if the organization								
	Description of property	(a) Cost or oth			r other basis ther)		ccumulated preciation	(d) Book v	
1a	Land	•			83,800				83,800
b	Buildings	-		ļ	214,426	<del></del> .			217,426
C	Leasehold improvements	•			23,396				23,396
d	Equipment	•			189		-		7036
<u>e</u> Total	Other	nust equal Form 00	90 Part	K column	60,923 (B) line 10	c )			60,923 392,581
	riaa iiriga ta arrougii teli (Ooluliii) (U) li	ioocoquui i Oiiii 30	, : 4:6/	.,	· ,—,, <u>·</u> ,	, • •			JUL, JO 1

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11b. See Form 990. Part X. line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	··-
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, Iin	e 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	<del></del>	1	
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 990, Part X, line	15.
	(a) Description		(b) Book value	
(1)				
(2)		<del></del>		
(3)				
(4)	<del></del>			
(5) (6)				
(7)		<del></del>	<del></del>	
(8)				
(9)		<del></del>		
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. See Form 990, Part >	Κ,
1.	(a) Description of liability		(b) Book value	<del></del>
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				<del>- ,</del>
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization	n's financial statements that reports the	
	liability for uncertain tax positions under FASB ASC 740. Check			

Part				Retu	m.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	
·2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				•
а	Net unrealized gains (losses) on investments	2a		] ]	
b	Donated services and use of facilities	2b		] '	•
С	Recoveries of prior year grants	2c		]	
d		2d		]	
e -	Add lines 2a through 2d			.2e.	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		]	
b	Other (Describe in Part XIII.)	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Ret	turn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		]	
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)	2d		بمصدر	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		] [	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.) .	<u> </u>	5	
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provia	e any additional ir	itorma	tion.
					·····

Schedule D (Fo	rm 990) 2019	Page <b>5</b>
	Supplemental Information (continued)	
•		
		<del>-</del>
	<b>,</b>	,

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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

Open to Public Inspection

Employer identification number

Las Cruces Lodge #2081	23-7158037
Form 990, Part VI, Line 6 Our Organization is made up of 350 members	
Form 990, Part VI, Line 7a, Our Member elect the Board of Officers.	
Form 990, Part VI, Line 7b The Lodge, as a whole, approves the recommendations of the Officers.	
Form, Part VI, Line 11a & b The Board of Officers were able to review Form 990 individually	
Form 990, Part VI, Line 19 Form 990 are available upon request	
······································	
	······
	·····
<del></del>	
	***************************************

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization		Employer identification number
•		
		······
<u></u>		
······	· • • • • • • • • • • • • • • • • • • •	
	••••••	
		<del></del>

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047	

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Open to Public Inspection 2019

**Employer identification number** 

Partl	Identification of Disregarded Entities. Complete if		the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Par	t IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Primi	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of year assets	(f) Direct controlling entity	olling
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the ring the tax year.	he organization a	nswered "Yes" or	1 Form 990, Part	t IV, line 34, bec	ause it ha	ا و
	(a)  Name, address, and EIN of related organization .	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) S Direct controlling entity	g Section 512(b)(13) controlled entity?	12(b)(13)
(1)Moose	(1)Moose International, Inc.	:					3	
155 S Inter	155 S International Drive	Fraternal	11	501(c)(8)		Sole		>
(2)Mooseh 36-140812C	(2)Mooseheart, IL 60539 36-140812C	Organization				Member		
(2)								
(4)						;		
(2)								
(9)								
(7)								
, For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Ö	Cat N	Cat No 50135Y		Schedule	Schedule R (Form 990) 2019	0) 2019

(i) Section 512(b)(13) controlled (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. entity? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 390, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? ž (h) Percentage ownership Yes amount ir box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets Code V-UBI (h)
Disproportionate
allocations? ŝ (f) Share of total income Sole Yes (g) Share of end-of- D. (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) 501(c)(8) tax under (state or foreign country) (c) Legal domicite (d)
(Direct controlling entity (b) Pnmary activity (c) Legal domicile (state or foreign country) Fraternal Primary activity (a)
Narrie, address, and EIN of related organization (a) Name, address, and EIN of (1)Moose International, Inc related organization 155 S International Drive Part III Part IV Ξ <u>8</u> E 2 ල **3** ₹ 9 9 E ල 3 9

Schedule R (Form 990) 2019

2019 saction	chedule R (Form 990) 2019  Part V Transaction		is With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Part V Tran	2019	sactions With Re

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of thi	V of this schedule				Yes	oN s
1 During the tax year, did the organization engage in any of the	of the following transactions with one or more related organizations listed in Parts II-IV?	nore related organi	zations listed in Parts	II-IV		<u> </u>
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity	rent from a controlled entity		•		1a	>
b (Sift grant or capital contribution to related organization(s)	(5)0				4	<u> </u>
					2	•
c Git, grant, or capital contribution from related organization(s)	tion(s)				<del>၂</del>	>
<b>d</b> Loans or loan quarantees to or for related organization(s)	· · · · · · · · · · · · · · · · · · ·	•			1q	>
			•	•	!	. \ 
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>					<u>е</u>	>
t Dividends from related organization(s)					1ŧ	<b>\</b>
g Sale of assets to related organization(s)					1a	/
					7 4	
יי יי יי יי יי יי יי יי יי יי יי יי יי					=	>
i Exchange of assets with related organization(s)					<b>;</b> =	>
<ul><li>j Lease of facilities, equipment, or other assets to related organization(s)</li></ul>	d organization(s)				1į	<i>&gt;</i>
k Lease of facilities, equipment, or other assets from related organization(s)	ted organization(s)	•			<del>+</del>	_
Performance of services or membership or fundraising solicitations for related organization(s)	solicitations for related organization(s)				7	>
	coloutotions by roloted executation(c)		•		: 1	<u> </u>
	solicitations by related organization(s)				E	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ssets with related organization(s)				1u	>
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			•		10	>
		•	•	•	!	
					-	1
p ne moursement paid to related organization(s) for expenses	Sesui		•		d L	>
q Re mbursement paid by related organization(s) for expenses	enses			•	19	>
r Other transfer of cash or property to related organization(s)	(S)uc				1.	_
S Other transfer of cash or property from related organization(s)	ation(s)		• • •	· ·	: 4	-
	· · · · · · · · · · · · · · · · · · ·				2	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	uctions for information on who must comp	lete this line, ınclu	ding covered relation	iships and transactio	on thresh	olds
(e)		9	(5)	(6)		
Name of related organization		Transaction type (a – s)	Amount involved	Method of determining amount involved	g amount in	volved
( <del>)</del>						
(2)						
(2)						
(7)						
(9)						
				Schedule R (Form 990) 2019	(Form 98	90) 2019

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(9)	(D)	(4)	5	(2)	3	9	3	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related.	Are all partners	ry Sp	Share of end-of-vear	Disproportionate			e e
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	partner	
			sections 512-514)	Yes No			Yes No	<u> </u>	Yes No	·-
(1)										
(2)										
(6)										
(4)										
(9)										
(9)										
ω)										
(8)										
(6)										
(10)										
(11)								!		
(12)										
(13)										
(14)										
(15)										
(16)			i l							
								Sche	edule R (Fo	Schedule R (Form 990) 2019

Page	į
rage	•

Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
•	
· <b></b>	
·	
`	