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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending											
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td>C Name of organization CUSHING-DRUMRIGHT ELKS LODGE 2712</td> <td>D Employer identification number 73-1275450</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) P O BOX 2712</td> <td>E Telephone number</td> </tr> <tr> <td>City, town, or country CUSHING</td> <td>F Group Exemption Number 1156</td> </tr> <tr> <td>State OK</td> <td></td> </tr> <tr> <td>ZIP + 4</td> <td></td> </tr> </table>	C Name of organization CUSHING-DRUMRIGHT ELKS LODGE 2712	D Employer identification number 73-1275450	Number and street (or P O box, if mail is not delivered to street address) P O BOX 2712	E Telephone number	City, town, or country CUSHING	F Group Exemption Number 1156	State OK		ZIP + 4	
C Name of organization CUSHING-DRUMRIGHT ELKS LODGE 2712	D Employer identification number 73-1275450										
Number and street (or P O box, if mail is not delivered to street address) P O BOX 2712	E Telephone number										
City, town, or country CUSHING	F Group Exemption Number 1156										
State OK											
ZIP + 4											

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

G Accounting Method ☐ Cash ☐ Accrual
Other (specify) ►

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

I Website: ►

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 82,813**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	1,925
	2 Program service revenue including government fees and contracts	2	37,164
	3 Membership dues and assessments	3	1,756
	4 Investment income	4	12
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. ☐		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a	41,956	
b Less cost of goods sold	7b	23,124	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	18,832	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	59,689	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4,918
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	12,261
	13 Professional fees and other payments to independent contractors	13	600
	14 Occupancy, rent, utilities, and maintenance	14	11,673
	15 Printing, publications, postage, and shipping	15	409
	16 Other expenses (describe ► See Attached Statement)	16	32,519
	17 Total expenses. Add lines 10 through 16	17	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	62,380
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	147,072
	20 Net changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	-2,691

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

		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		20,663	22 18,770
23 Land and buildings		123,732	23 124,732
24 Other assets (describe ►)		2,677	24 2,217
25 Total assets		147,072	25 145,719
26 Total liabilities (describe ►)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		147,072	27 145,719

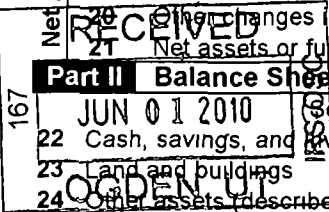
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

SCANNED JUL 26 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? CHARITY & BENEVOLENCE

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

Expenses

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

28	 (Grants \$ 0) If this amount includes foreign grants, check here ☐	28a	0
29	 (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	0
30	 (Grants \$ 0) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here ☐	31a	0
32	Total program service expenses. (add lines 28a through 31a) ☐	32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RONALD ELSHEIMER P O BOS 464, DRUMRIGHT, OK 74030	Title EXALTED RULER Hr/WK 3 00	0	0	0
PEGGY FOX 924 E 4TH, CUSHING, OK 74023	Title LEADING KNIGHT Hr/WK 2 00	0	0	0
RON STOCKING JR 223 W KATY ST, CUSHING, OK 74023	Title LOYAL KNIGHT Hr/WK 1 00	0	0	0
JASON BRYANT 404 S KINGS HWY, CUSHING, OK 74023	Title LECTURING KNIGHT Hr/WK 2 00	0	0	0
JOE BROYLES 1022 E GRANDSTAFF, CUSHING OK 74023	Title SECRETARY Hr/WK 3 00	4,500	0	0
JAMES SHAW 325 M JONES, DRUMRIGHT, OK 74030	Title TREASURER Hr/WK 2 00	3,000	0	0
PATTY BAKER 515 S KINGS HWY, CUSHING, OK 74023	Title TRUSTEE Hr/WK 2 00	0	0	0
RICK ROBINSON 351253 E 750 RD, CUSING, OK 74023	Title TRUSTEE Hr/WK 2 00	0	0	0
RONALD ELSHEIMER JR P O BOS 867, DRUMRIGHT, OK 74030	Title TRUSTEE Hr/WK 2 00	0	0	0
JAMES ROBERTS 1816 N COAL, DRUMRIGHT, OK 74030	Title TRUSTEE Hr/WK 2 00	0	0	0
DONALD ST ANDREWS P O BOX 391, WELLSTON, OK 74881	Title TRUSTEE Hr/WK 2 00	0	0	0
JEAN HOWARD 1205 N OAK D, DURMRIGHT, OK 74030	Title TILER Hr/WK 2 00	0	0	0
SCOTT MARRS P O BOX 632, DRUMRIGHT, OK 74030	Title CHAPLAIN Hr/WK 2 00	0	0	0
DANA L SMITH 1022 E GRANDSTAFF, CUSHITNG, OK 74023	Title INNER GUARD Hr/WK 2 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		
41 List the states with which a copy of this return is filed 41 OKLAHOMA		
42 a The organization's books are in care of 42a JAME SHAW Telephone no 42a Located at 42a 701 N NORFOLK City CUSHING ST OK ZIP + 4 42a 74023		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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

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

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

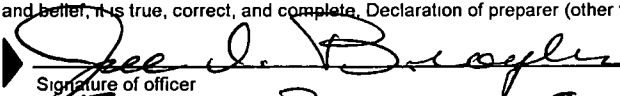
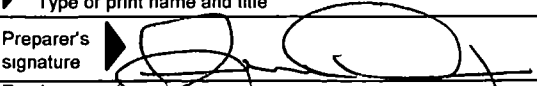
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u>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

f Total number of other employees paid over \$100,000 0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		
Name _____ Str _____		
City <u>ST</u> ZIP <u>00</u>		

d Total number of other independent contractors each receiving over \$100,000 0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>5/27/10</u>	
Paid Preparer's Use Only	Type or print name and title <u>JOE I. BROYLES, SECRETARY</u>			
	Preparer's signature 	Date <u>4/30/2010</u>	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>GENE DIXON PA INC</u> <u>P O BOX 36, WOODWARD, OK 73802</u>		EIN <u> </u>	Phone no <u> </u>

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No