



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning		, 2010, and ending																																																																																								
B Check if applicable		C Name of organization																																																																																								
Address change	ENID JOINT RECREATION TRIAD, INC.																																																																																									
Name change	Number and street (or P O box, if mail is not delivered to street address)																																																																																									
Initial return	Room/suite																																																																																									
Termination	P.O. BOX 89																																																																																									
Amended return	City or town, state or country, and ZIP + 4																																																																																									
Application pending	ENID, OK 73702																																																																																									
G Accounting method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►																																																																																								
I Website: ► WWW.EJRTSPORTS.COM		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																																								
J Tax-exempt status (check only one):		501(c)(3) <input checked="" type="checkbox"/>	501(c)(4) <input type="checkbox"/> (insert no) 4947(a)(1) or 527																																																																																							
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return																																																																																										
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 198,313.																																																																																										
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																																										
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> <td>25,000.</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td>117,025.</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td></td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td>571.</td> </tr> <tr> <td>5 a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td></td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> <td></td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td>6</td> <td></td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> <td></td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)</td> <td>6b</td> <td>55,717.</td> </tr> <tr> <td> c Less direct expenses gaming and fundraising events</td> <td>6c</td> <td>41,569.</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d</td> <td>14,148.</td> </tr> <tr> <td>7 a Gross sales of inventory less returns and allowances</td> <td>7a</td> <td></td> </tr> <tr> <td> b Less cost of goods sold</td> <td>7b</td> <td></td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> <td></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> <td></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td> <td>9</td> <td>156,744.</td> </tr> <tr> <td>10 Grants and similar amounts paid (see Schedule O)</td> <td>10</td> <td></td> </tr> <tr> <td>11 Benefits paid to officers and members</td> <td>11</td> <td></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> <td>88,497.</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td>4,075.</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> <td>13,424.</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> <td></td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>45,311.</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17</td> <td>151,307.</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>5,437.</td> </tr> <tr> <td>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)</td> <td>19</td> <td>135,805.</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> <td></td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21</td> <td>141,242.</td> </tr> </table>				1 Contributions, gifts, grants, and similar amounts received	1	25,000.	2 Program service revenue including government fees and contracts	2	117,025.	3 Membership dues and assessments	3		4 Investment income	4	571.	5 a Gross amount from sale of assets other than inventory	5a		b Less cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events	6		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	55,717.	c Less direct expenses gaming and fundraising events	6c	41,569.	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,148.	7 a Gross sales of inventory less returns and allowances	7a		b Less cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O)	8		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	156,744.	10 Grants and similar amounts paid (see Schedule O)	10		11 Benefits paid to officers and members	11		12 Salaries, other compensation, and employee benefits	12	88,497.	13 Professional fees and other payments to independent contractors	13	4,075.	14 Occupancy, rent, utilities, and maintenance	14	13,424.	15 Printing, publications, postage, and shipping	15		16 Other expenses (describe in Schedule O)	16	45,311.	17 Total expenses. Add lines 10 through 16	17	151,307.	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,437.	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	135,805.	20 Other changes in net assets or fund balances (explain in Schedule O)	20		21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	141,242.
1 Contributions, gifts, grants, and similar amounts received	1	25,000.																																																																																								
2 Program service revenue including government fees and contracts	2	117,025.																																																																																								
3 Membership dues and assessments	3																																																																																									
4 Investment income	4	571.																																																																																								
5 a Gross amount from sale of assets other than inventory	5a																																																																																									
b Less cost or other basis and sales expenses	5b																																																																																									
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																																																																																									
6 Gaming and fundraising events	6																																																																																									
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																																																																																									
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	55,717.																																																																																								
c Less direct expenses gaming and fundraising events	6c	41,569.																																																																																								
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,148.																																																																																								
7 a Gross sales of inventory less returns and allowances	7a																																																																																									
b Less cost of goods sold	7b																																																																																									
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c																																																																																									
8 Other revenue (describe in Schedule O)	8																																																																																									
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	156,744.																																																																																								
10 Grants and similar amounts paid (see Schedule O)	10																																																																																									
11 Benefits paid to officers and members	11																																																																																									
12 Salaries, other compensation, and employee benefits	12	88,497.																																																																																								
13 Professional fees and other payments to independent contractors	13	4,075.																																																																																								
14 Occupancy, rent, utilities, and maintenance	14	13,424.																																																																																								
15 Printing, publications, postage, and shipping	15																																																																																									
16 Other expenses (describe in Schedule O)	16	45,311.																																																																																								
17 Total expenses. Add lines 10 through 16	17	151,307.																																																																																								
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,437.																																																																																								
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	135,805.																																																																																								
20 Other changes in net assets or fund balances (explain in Schedule O)	20																																																																																									
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	141,242.																																																																																								

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

22
65

Part II Balance Sheets. (see the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	ATTACHMENT 4	70,944 .
23	Land and buildings	64,861 .	22 50,420 .
24	Other assets (describe in Schedule O)		24
25	Total assets	135,805 .	25 141,242 .
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,805 .	27 141,242 .

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? YOUTH SUMMER RECREATION PROGRAM

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

28	SUMMER RECREATION PROGRAMS FOR YOUTH		
(Grants \$) If this amount includes foreign grants, check here ►	28a	151,307.
29			
(Grants \$) If this amount includes foreign grants, check here ►	29a	
30			
(Grants \$) If this amount includes foreign grants, check here ►	30a	
31	Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here ►	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	151,307.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ATTACHMENT 5		-0-	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part V)
Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► OK,		
42a The organization's books are in care of ► ENID JOINT RECREATION TRIAD Telephone no ► (580) 233-1000 Located at ► P.O. BOX 89 ENID, OK ZIP + 4 ► 73701		
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 ► _____		
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 ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	45	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	45a	X
		46	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI

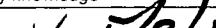
		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer	 ✓ 5/9/11 Date	
	 Ron Janzen, Treasurer Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name		
	 Gary A. Lewis		
	Preparer's signature  Gary Janzen		
Date		<input type="checkbox"/> if self-employed	PTIN
			P00365539
Firm's name		Firm's EIN	
► BKD, LLP		► 44-0160260	
Firm's address		Phone no	
► 205 W. MAPLE, STE 200 ENID, OK 73701-4026		580-237-3300	

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

SCHEDULE G
(Form 990 or 990-EZ)

**Department of the Treasury
Internal Revenue Service**

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number
73-1000111

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
 b Internet and email solicitations f Solicitation of government grants
 c Phone solicitations g Special fundraising events
 d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 CONCESSIONS (event type)	(b) Event #2 (event type)	(c) Other Events 0. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,344.			51,344.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2).	51,344.			51,344.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	23,807.			23,807.
	8 Entertainment				
	9 Other direct expenses	17,762.			17,762.
	10 Direct expense summary Add lines 4 through 9 in column (d)				► (41,569.)
	11 Net income summary Combine line 3, column (d), and line 10				► 9,775.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary Combine line 1, column d, and line 7				►

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	571.
TOTAL	571.

ATTACHMENT 2

FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
CONCESSIONS	51,344.	41,569.	9,775.
FUND RAISERS	4,373.		4,373.
TOTALS	55,717.	41,569.	14,148.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	3,527.
ADVERTISING	4,829.
BANK FEES	131.
DEPRECIATION	15,199.
FEES & LICENSES	35.
INSURANCE	9,948.
TELEPHONE	1,157.
TROPHIES & AWARDS	3,920.
REGISTRATION FEES	6,565.
TOTAL	45,311.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	7,131.	21,886.
SAVINGS	63,813.	68,936.
TOTALS	70,944.	90,822.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

ENID JOINT RECREATION TRIAD, INC.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 5

73-1000111

NAME AND ADDRESS

TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

TROY ENMEIER
410 S. JACKSON
ENID, OK 73701

RON JANZEN
2426 ROBIN RIDGE
ENID, OK 73703

RAY FEIGHTNER
402 RIDGEWAY DRIVE
ENID, OK 73703

MIKE DOTSON
218 N. TAFT
ENID, OK 73703

BILL PETERS
1920 HURON STREET
ENID, OK 73703

L. D. RAPP
3007 BARN SWALLOW RD
ENID, OK 73703

KIM BAUGH
1814 BUCKBOARD LN.

ENID JOINT RECREATION TRIAD, INC.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 5 (CONT'D) 73-1000111

NAME AND ADDRESS TITLE AND AVERAGE
HOURS PER WEEK
DEVOTED TO POSITION

ENID, OK 73703

SANDY MCCLAIRN
2059 LANTERN LANE
ENID, OK 73701

DIRECTOR

RANDY MCCLENDON
4609 SUNSHINE CIRCLE
ENID, OK 73703

DIRECTOR

BRIAN SKAGGS
3833 ROCKWOOD
ENID, OK 73703

DIRECTOR

SCOTT CLEMENS
4013 SHILOH AVE
ENID, OK 73703

DIRECTOR

ROBERT FAULK
118 E RANDOLPH
ENID, OK 73701

DIRECTOR

GRAND TOTALS

Tax Comprehensive Depreciation

Asset Location	Property Description	Date In Service	Tax Cost	d	Tax Meth Conv	Tax Period	Tax Credit Amount	Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
Group: 1823													
40 CROSSTIN STORAGE BUILDING		4/05/05	2,105		S/L-MM	390	0	0	254	0	54	308	1,797
60 RELOCATING BUILDING FROM EHS TO		6/12/07	4,500		S/L-MO	150	0	0	775	0	300	1,075	3,425
1823			6,605						1,029		354		5,222
Group: 2823													
1 MISC FIELD EQUIPMENT		1/01/85	2,755		PRE-HY	50	0	0	2,755	0	0	2,755	0
3 SCOREBOARD CABLE		3/31/86	432		PRE-HY	50	0	0	432	0	0	432	0
8 LAWN MOWER		9/21/87	135		200DBHY	70	0	0	135	0	0	135	0
10 POWER VAC/JACK		1/08/88	130		200DBHY	70	0	0	130	0	0	130	0
11 PITCHING MACHINE		4/10/88	400		200DBHY	70	0	0	400	0	0	400	0
12 11HP RIDING MOWER		4/13/88	350		200DBHY	70	0	0	350	0	0	350	0
18 JOHN DEERE TRACTOR		1/13/95	13,649		150DBHY	70	0	0	13,649	0	0	13,649	0
19 FRONT END LOADER		4/09/96	2,743		S/L-HY	50	0	0	2,743	0	0	2,743	0
21 BUNKER RAKE		4/21/00	5,100		200DBHY	50	0	0	5,100	0	0	5,100	0
23 FIELD EQUIPMENT		9/20/01	1,156		200DBHY	70	0	0	1,156	0	0	1,156	0
26 TILLER		4/29/02	812		200DBHY	70	0	0	812	0	0	812	0
28 PITCHING MACHINE		6/17/02	1,325		200DBHY	70	0	0	1,325	0	0	1,325	0
29 MISC EQUIPMENT		6/25/02	3,399		200DBHY	70	0	0	3,399	0	0	3,399	0
30 GRASSHOPPER MOWER		6/25/03	9,367		S/L-HY	70	0	0	8,698	0	0	9,367	0
31 PROTECTIVE EQUIPMENT		5/14/03	211		S/L-HY	70	0	0	196	0	0	15	211
37 FENCE SAFETY TOPPER		4/21/05	1,838		S/L-MO	70	0	0	1,225	0	0	263	1,488
38 PITCHING MACHINE		6/23/05	750		S/L-MO	70	0	0	482	0	0	107	589
39 POWER WASHER		7/09/05	243		S/L-MO	70	0	0	156	0	0	35	191
41 PA SYSTEM		6/29/05	774		S/L-MO	70	0	0	498	0	0	110	608
42 BAGGER FOR GRASSHOPPER		8/29/05	1,879		S/L-MO	70	0	0	1,163	0	0	269	1,432
43 FENCE TOPPER FOR SOUTH COMP		11/15/05	1,152		S/L-MO	70	0	0	686	0	0	164	850
45 T-BALL FIELD CONCRETE		3/15/06	920		S/L-MO	150	0	0	235	0	0	296	624
46 T-BALL DUGOUT		4/27/06	800		S/L-MO	150	0	0	196	0	0	53	249
47 FENCE AT T-BALL FIELD		4/15/06	2,410		S/L-MO	150	0	0	602	0	0	161	763
50 EZ UP TENTS		1/09/06	637		S/L-MO	70	0	0	364	0	0	91	455
51 SCOREBOARDS		2/15/06	18,573		S/L-MO	70	0	0	10,392	0	0	2,653	13,045
52 GATOR		5/22/06	5,195		S/L-MO	70	0	0	2,659	0	0	742	3,401
53 WEED EATER		6/10/06	268		S/L-MO	150	0	0	137	0	0	38	175
54 BB WATER REEL TRAVELING SPRINKL		3/01/06	6,473		S/L-MO	70	0	0	3,544	0	0	925	4,469
55 PORTABLE PITCHER'S MOUND		2/23/06	1,631		S/L-MO	70	0	0	893	0	0	233	1,126
56 DELL COMPUTER		2/23/06	451		S/L-MO	70	0	0	247	0	0	64	311
57 PRINTER		2/23/06	200		S/L-MO	70	0	0	109	0	0	29	138
59 LIGHTS- SOUTH FIELD		8/10/06	17,275		S/L-MO	150	0	0	3,935	0	0	1,152	5,087
61 2 PITCHING MACHINES		4/20/07	2,320		S/L-MO	50	0	0	1,237	0	0	464	1,701
64 TRACTOR TILLER		5/14/09	1,800		S/L-MO	50	0	0	240	0	0	360	600
65 CHALKER		7/22/09	313		S/L-MO	50	0	0	26	0	0	63	89
2823			104,866						67,306		0	8,721	28,839
Group: 3823													
2 CONCESSION EQUIPMENT		1/01/85	1,680		PRE-HY	50	0	0	1,680	0	0	0	1,680
4 MICROWAVE		5/04/86	99		PRE-HY	50	0	0	99	0	0	0	99
5 BUILDING IMPROVEMENT		6/30/86	535		PRE-HY	50	0	0	535	0	0	0	535
6 REFRIGERATOR		5/01/87	450		200DBHY	70	0	0	450	0	0	0	450
7 SKEL ICE BIN		9/10/87	125		200DBHY	70	0	0	125	0	0	0	125
14 AIR COND FOR CONCESS		7/14/88	527		200DBHY	70	0	0	527	0	0	0	527
15 NACHO CHEESE MACHINE		5/02/90	174		200DBHY	50	0	0	174	0	0	0	174
16 CARTS W/ROLLERS		2/08/91	135		200DBHY	50	0	0	135	0	0	0	135

卷之三

HISTOGRAMS OF THE HUMAN BRAIN 113

Period Tax Credit Amount Bonus Amt