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A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492290004042

D Employer identification number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(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

, and ending 06-30-2012

Open to Public Inspection

\square Ad	ldress o	change Elgın Community Club		86-018427	3				
_	ame ch	Transport and street (or 1 or box) in main to not do in order dad to street dad to street dad to street data.	- h	E Telephone r					
_	ıtıal ret			(52	0) 455-5208				
_	erminat nended	•	Group Exemption						
_	plicatio	Number	>						
	plicatio	on pending							
		ting method	required	o attach S	organization is not chedule B , or 990-PF)				
J Tax	-Exemp	pt status(check only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527							
norm <u>ınstr</u>	nally n uction	if the organization is not a section 509(a)(3) supporting organization or a section 5 not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Fo organization chooses to file a return, be sure to file a complete return	rm 990-N (e-	postcard) r	may be required (see				
		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total asse Form 990 instead of Form 990-EZ	ets (Part II, line 2	25, column (B) below) are \$500,000 or				
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances Check if the organization used Schedule O to respond to any question in this Part I	(See the ins	tructions fo	or Part I)				
	1	Contributions, gifts, grants, and similar amounts received		1	170				
	2	Program service revenue including government fees and contracts		2	18,023				
	3	Membership dues and assessments		3	2,145				
	4	Investment income		4	2,280				
	5a	Gross amount from sale of assets other than inventory 5a							
9	b	Less cost or other basis and sales expenses 5b	0						
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
Re	6	Gaming and fundraising events							
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising reported on line 1) (attach Schedule G if the sum of such gross income and contributions \$15,000)							
		6b		0					
	С	Less direct expenses from gaming and fundraising events 6c		0					
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and sul	otract line 6 c	6d					
	7a	Gross sales of inventory, less returns and allowances							
	b	Less cost of goods sold		0					
	С	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, 6d, 7c, and 8		9	22,618				
	10	Grants and similar amounts paid (list in Schedule O)	•	10					
	11	Benefits paid to or for members		11					
	12	Salaries, other compensation, and employee benefits		12					
ses	13	Professional fees and other payments to independent contractors		. 13	350				
Expenses	14	Occupancy, rent, utilities, and maintenance		. 14					
Ë	15	Printing, publications, postage, and shipping		15	455				
	16	Other expenses (describe in Schedule O)		16	18,129				
	17	Total expenses. Add lines 10 through 16		17	18,934				
ភ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18	3,684				
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with						
et A		end-of-year figure reported on prior year's return)		19	70,031				
ž	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	<u></u> .►	21	73,715				

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in this	Part II		<u></u>
(See the instruct	cions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	21,116	22	23,124
23 Land and buildings		🗀	48,915	23	50,591
24 Other assets (describe in Schedule O)			24	
25 Total assets		$dash$	70,031	25	73,715
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 or	f column (B) must agree wit	th line 21) .	70,031	27	73,715
Part III Statement of Program S Check if the organization used	Schedule O to respond to		Part III .	1 '	Expenses equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt Elgin Community Club has several fundrais Scholarship The events also promote com Describe the organization's program servic measured by expenses In a clear and cond benefited, and other relevant information for	ing projects during the year munityfellowship and other e accomplishments for eac cise manner, describe the s	activities in the are th of its three larges	a t program services, as	org 494	anizations and section 47(a)(1) trusts, ional for others)
28 The Elgin Community Club runs several the Fern Collie Scholarship Fund Other ever activities in the area (Grants \$) If thi		ity fellowship and su	pport other civic	28a	
30	s amount includes foreign (·	29a	
<u> </u>	s amount includes foreign (grants, check here	· · · •	30a	
31 Other program services (describe in Sc (Grants \$) If thi	s amount includes foreign (grants, check here	. `. ` . ⊬ <u>†</u>	31a	
32 Total program service expenses (add line		<u> </u>	<u> </u>	32	
Part IV List of Officers, Directors, Tru				truction	ns for Part IV)
Check if the organization used	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)		lans &	(e) Expense
See Additional Data Table					

	Check if the organization used Schedule O to respond to any question in this Part V $$. $$.	<u>.Г_</u>					
				Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide detailed description of each activity in Schedule O	a	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change Schedule O (see instructions)		34		No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amo others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the inco Form 990-T						
	Did the organization have unrelated business gross income of \$1,000 or more during the year from busines activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		No		
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		35b		Νo		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, 'complete Schedule C, Part III .		35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets the year? If "Yes," complete applicable parts of Schedule N	luring	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨						
b	Did the organization file Form 1120-POL for this year?		37ь		Νo		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re –					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on line 9	0					
	Gross receipts, included on line 9, for public use of club facilities 39b						
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	-					
70u							
b	section 4911 \(\textstyle						
			40b		Νo		
	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	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						
41	List the states with which a copy of this return is filed AZ						
42a							
	PO Box 124 Located at Sonoita, AZ ZI	² +4 🕨	- 85	637			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authori	tv					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	Yes	No No		
	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 at Financial Accounts.				1		
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	Ľ	42c		Νo		
	If "Yes," enter the name of the foreign country 🕨	_					
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year						
				Yes	No		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		44a				
b	Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed				No		
_	Instead of Form990-EZ						
	c Did the organization receive any payments for indoor tanning services during the year?						
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explain Schedule O</i>		44d		No		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?						
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within t meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of	he	45a 45b		No No		

							Yes	No
	e organization engage, directly lates for public office? If "Yes,"			ehalf of or II	n opposition to	46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ 47-49b and 52.			_			_	stions
	Check if the organization used	d Schedule O to respond	to any question in this F	art VI .				Г
							Yes	No
	e organization engage in lobbyir s," complete Schedule C, Part I		ection 501(h) election in	effect durin	g the tax year?	47		
48 Is the	organization a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
49a Did the organization make any transfers to an exempt non-charitable related organization?								
b If"Ye:	s," was the related organization	a section 527 organizat	ion?			49b		
50 Compl	ete this table for the organization	on's five highest compen	sated employees (other	than officer	s, directors, trus	stees a	nd kev	
	yees) who each received more t	han \$100,000 of compe		ation If the	ere is none, ente	r "None	e "	
	and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	ac	e) Exper count a r allowa	and
NONE								
f Tota	I number of other employees pa	l .ud over \$100,000 .				<u> </u>		
•	ete this table for the organization		·	ractors who	each received n	nore th	an \$100	000,0
	me and address of each indepe			(b) Typ	e of service	(c) C	ompens	ation
NONE								
52 Dıd	l number of other independent o the organization complete Sche t attach a completed Schedule	dule A? NOTE: All Section	on 501(c)(3) organizatio	ons and 494			ritable /es	
	ies of perjury, I declare that I hav nd belief, it is true, correct, and co							
Т	<u> </u>			ı				
Sign	****** 2012-10-16							
Here	Signature of officer Date Jim Rowley President Type or print name and title							
	Preparer's Beth A Sullivan	D	sel	eck if f- iployed 🕨 🄽	Preparer's taxpay (See instructions)		ıfıcatıon r	umber
Preparer's	Firm's name (or yours if self-employed), address, and ZIP + 4	& SULLIVAN PLLC	VAN PLLC EIN ▶					
	Sonoita, AZ 85637 Phone no ▶ (520						5757	
May the IRS	discuss this return with the pre		e instructions		•	<u> </u>	es 「	No

Form 990-EZ (2011)

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As Filed Data -

DLN: 93492290004042

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization Elgin Community Club

Employer identification number

86-0184273

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	ACC Filing Fee \$10
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Donation \$100
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Misc Expense Other Events \$121
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Supplie - Cleaning \$308
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	Tools & Sm Equip \$330
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Clean Contract \$1740
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Steak Fry \$1910
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Repairs & Maint \$2411
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Misc Expense Other Events \$2499
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Utilities ⊟ectric \$3328
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Art Fair \$4005
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$785
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$582

Software ID: 11000144

Software Version: 2011v1.2

EIN: 86-0184273

Name: Elgin Community Club

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Steve Smith PO Box 124 Sonoita, AZ 85637	Director 0	0		
Suzanne Slattum PO Box 124 Sonoita, AZ 85637	Director 0	0		
Linda Surmacewicz PO Box 124 Sonoita, AZ 85637	Director 0	0		
Karrie Schroeder PO Box 124 Sonoita, AZ 85637	Director 0	0		
Jeanne Mathews PO Box 124 Sonoita, AZ 85637	Director 0	0		
Char Brown P O Box 124 Sonoita, AZ 85637	Director 0	0		
Beverly Becker PO Box 124 Sonoita, AZ 85637	Director 0	0		
Debra Fink PO Box 124 Sonoita, AZ 85637	Director 0	0		
Jennifer Rinaldi PO Box 124 Sonoita, AZ 85637	Secretary 0	0		
Gene Raymond PO Box 124 Sonoita, AZ 85637	Treasurer 0	0		
Jim Rowley PO Box 124 Sonoita, AZ 85637	President 0	0		