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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## 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, 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.

OMB No. 1545-1150

2012

Open to Public  
Inspection

**A** For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
FOUR COUNTY CONSERVATION LEAGUE INC

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
P O BOX 427

City or town, state or country, and ZIP + 4  
Bellevue OH 44811

**D** Employer identification number  
34-1412058

**E** Telephone number  
(419) 483-8113

**F** Group Exemption Number ▶

**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: ▶ N/A

**J** Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(7) (insert no.) 4947(a)(1) or 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though 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 ▶ \$ 85,789

**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 ☐

|            |                                                                                                              |                                                                                                                                                                                                                      |        |         |
|------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|
| REVENUE    | 1                                                                                                            | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                 | 1      | 60      |
|            | 2                                                                                                            | Program service revenue including government fees and contracts . . . . .                                                                                                                                            | 2      | 5,252   |
|            | 3                                                                                                            | Membership dues and assessments . . . . .                                                                                                                                                                            | 3      | 22,070  |
|            | 4                                                                                                            | Investment income . . . . .                                                                                                                                                                                          | 4      | 20      |
|            | 5a                                                                                                           | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                      | 5a     |         |
|            | 5b                                                                                                           | Less: cost or other basis and sales expenses . . . . .                                                                                                                                                               | 5b     |         |
|            | 5c                                                                                                           | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                                    | 5c     |         |
|            | 6                                                                                                            | Gaming and fundraising events                                                                                                                                                                                        |        |         |
|            | 6a                                                                                                           | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                      | 6a     |         |
|            | 6b                                                                                                           | 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 exceeds \$15,000) . . . . . | 6b     | 33,572  |
| 6c         | Less: direct expenses from gaming and fundraising events . . . . .                                           | 6c                                                                                                                                                                                                                   | 17,499 |         |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | 6d                                                                                                                                                                                                                   | 16,073 |         |
| 7a         | Gross sales of inventory, less returns and allowances . . . . .                                              | 7a                                                                                                                                                                                                                   | 23,979 |         |
| 7b         | Less: cost of goods sold . . . . .                                                                           | 7b                                                                                                                                                                                                                   | 17,420 |         |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                     | 7c                                                                                                                                                                                                                   | 6,559  |         |
| 8          | Other revenue (describe in Schedule O) . . . . .                                                             | 8                                                                                                                                                                                                                    | 836    |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶                                    | 9                                                                                                                                                                                                                    | 50,870 |         |
| EXPENSES   | 10                                                                                                           | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                       | 10     | 3,350   |
|            | 11                                                                                                           | Benefits paid to or for members . . . . .                                                                                                                                                                            | 11     |         |
|            | 12                                                                                                           | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                        | 12     | 595     |
|            | 13                                                                                                           | Professional fees and other payments to independent contractors . . . . .                                                                                                                                            | 13     | 100     |
|            | 14                                                                                                           | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                | 14     | 40,089  |
|            | 15                                                                                                           | Printing, publications, postage, and shipping . . . . .                                                                                                                                                              | 15     |         |
|            | 16                                                                                                           | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                    | 16     | 10,819  |
|            | 17                                                                                                           | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶                                                                                                                                                           | 17     | 54,953  |
| NET ASSETS | 18                                                                                                           | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                            | 18     | -4,083  |
|            | 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     | 173,453 |
|            | 20                                                                                                           | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                       | 20     |         |
|            | 21                                                                                                           | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶                                                                                                                           | 21     | 169,370 |

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAY 31 2013

65 13



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.                                                                                                                                                  |     | X  |
| <b>34</b> 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).                                                           |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                 |     | X  |
| <b>b</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                                                                                                                                                                                             |     | X  |
| <b>c</b> 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                                                                                                       |     | X  |
| <b>36</b> 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  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>                                                                                                                                                                                                              |     |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                          |     | X  |
| <b>38a</b> 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?                                                                                         |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>                                                                                                                                                                                                                                  |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                       |     |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>                                                                                                                                   |     |    |
| <b>b</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 |     | X  |
| <b>c</b> 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 <b>40c</b>                                                                                                                             |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>                                                                                                                                                                                               |     |    |
| <b>e</b> 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 <b>40e</b>                                                                                                                                                    |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <b>41</b> NONE                                                                                                                                                                                                                                              |     |    |
| <b>42a</b> The organization's books are in care of <b>42a</b> See attachment #4 Telephone no. <b>42a</b><br>Located at <b>42a</b> ZIP + 4 <b>42a</b>                                                                                                                                                                            |     |    |
| <b>b</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)?                                                                               |     | X  |
| If "Yes," enter the name of the foreign country: <b>42b</b><br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>                                                                                                                         |     |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? <b>42c</b><br>If "Yes," enter the name of the foreign country: <b>42c</b>                                                                                                                                              |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                                                                                   |     |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                   |     | X  |
| <b>b</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                                                                                                                                                                              |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                 |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b> N/A                                                                                                                                                                     |     |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                              |     | X  |
| <b>45b</b> 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 may need to be completed instead of Form 990-EZ (see instructions) <b>45b</b>                                                        |     | 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

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

|     | Yes | No |
|-----|-----|----|
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |

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."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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 *Ronald Pocock* Date *5/7/13*

☐ Type or print name and title **RONAND POCOCH** **TREASURER**

Paid Preparer Use Only

|                                                        |                                                |                        |                                                 |                   |
|--------------------------------------------------------|------------------------------------------------|------------------------|-------------------------------------------------|-------------------|
| Print/Type preparer's name<br>Dennis Pocock            | Preparer's signature<br><i>Dennis Pocock</i>   | Date<br>4/30-2013      | Check <input type="checkbox"/> if self-employed | PTIN<br>P00101870 |
| Firm's name <input type="checkbox"/> HRB TAX GROUP INC | Firm's EIN <input type="checkbox"/> 43-1871840 | Phone no. 419-627-1581 |                                                 |                   |
| Firm's address <input type="checkbox"/> OUTBACK PLAZA  |                                                |                        |                                                 |                   |

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

**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               | (b) Event #2               | (c) Other events | (d) Total events                   |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------|----------------------------|------------------|------------------------------------|
|                                                                        |                                                                          | 4 GUN GIVE<br>(event type) | 52 GUN GIV<br>(event type) | (total number)   | (add col. (a) through<br>col. (c)) |
| R<br>E<br>V<br>E<br>N<br>U<br>E                                        | 1 Gross receipts . . . . .                                               | 8,740                      | 24,832                     |                  | 33,572                             |
|                                                                        | 2 Less<br>Contributions . . . . .                                        |                            |                            |                  |                                    |
|                                                                        | 3 Gross income (line 1<br>minus line 2) . . . . .                        | 8,740                      | 24,832                     |                  | 33,572                             |
| D<br>I<br>R<br>E<br>C<br>T<br><br>E<br>X<br>P<br>E<br>N<br>S<br>E<br>S | 4 Cash prizes . . . . .                                                  |                            |                            |                  |                                    |
|                                                                        | 5 Noncash prizes . . . . .                                               |                            |                            |                  |                                    |
|                                                                        | 6 Rent/facility costs . . . . .                                          |                            |                            |                  |                                    |
|                                                                        | 7 Food and beverages . . . . .                                           |                            | 190                        |                  | 190                                |
|                                                                        | 8 Entertainment . . . . .                                                |                            |                            |                  |                                    |
|                                                                        | 9 Other direct expenses . . . . .                                        | 3,006                      | 14,303                     |                  | 17,309                             |
|                                                                        | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                            |                            |                  | ( 17,499 )                         |
|                                                                        | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |                            |                            |                  | 16,073                             |

**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<br>bingo/progressive bingo                               | (c) Other gaming                                                               | (d) Total gaming (add<br>col. (a) thru col. (c)) |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                        |                                                                             |                                                                                |                                                                                |                                                                                |                                                  |
| R<br>E<br>V<br>E<br>N<br>U<br>E                                        | 1 Gross revenue . . . . .                                                   |                                                                                |                                                                                |                                                                                |                                                  |
| D<br>I<br>R<br>E<br>C<br>T<br><br>E<br>X<br>P<br>E<br>N<br>S<br>E<br>S | 2 Cash prizes . . . . .                                                     |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 3 Noncash prizes . . . . .                                                  |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 4 Rent/facility costs . . . . .                                             |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 5 Other direct expenses . . . . .                                           |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 6 Volunteer labor . . . . .                                                 | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" 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: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: \_\_\_\_\_

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

FOUR COUNTY CONSERVATION LEAGUE INC

NONE

Employer identification number

34-1412058

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

|                                                             |                                                             |
|-------------------------------------------------------------|-------------------------------------------------------------|
| Open to Public<br>Inspection                                | For calendar year 2012 or tax period beginning , and ending |
| Name of Organization<br>FOUR COUNTY CONSERVATION LEAGUE INC | Employer Identification Number<br>34-1412058                |

|                                                        |
|--------------------------------------------------------|
| Primary Purpose                                        |
| EDUCATIONAL, CHARITABLE, ANTI-DRUG MESSAGES AND SAFETY |

## 990 PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART III

FOUR COUNTY CONSERVATION LEAGUE INC.

34-1412058

|    |                                 |                       |       |
|----|---------------------------------|-----------------------|-------|
| 28 | SANDUSKY CAREER CENTER          | SCHOLARSHIPS          | \$500 |
|    | BGSU FIRELANDS                  | SCHOLARSHIPS          | \$500 |
|    | FALLEN SOLDIERS MEMORIAL FUND   | FLAG POLE             | \$600 |
|    | STEIN HOSPICE                   | DONATION              | \$250 |
|    | FIRELANDS MILITARY VEHICLE FUND | RESTORE CANNON        | \$200 |
|    | BACK TO THE WILD                | DONATION              | \$500 |
|    | TOYS FOR TOTS                   | DONATION              | \$300 |
|    | FISHES AND LOAVES               | DONATION              | \$300 |
|    | MIKE BLACK                      | SPONSOR BASEBALL TEAM | \$200 |

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

| Open to Public Inspection                                   |                                                | For calendar year 2012 or tax period beginning , and ending    |                                               |                                              |
|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Name of Organization<br>FOUR COUNTY CONSERVATION LEAGUE INC |                                                |                                                                |                                               | Employer Identification Number<br>34-1412058 |
| (A) Name and Title                                          | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp. | (E) Expense account & other compensation     |
| WILLIAM FERRES<br>PRESIDENT                                 | 6.00                                           | \$500.00 TOYS                                                  |                                               |                                              |
| TOM KERR<br>SECRETARY                                       | 4.00                                           |                                                                |                                               |                                              |
| RON POCOCK<br>TREASURER                                     | 6.00                                           | 595                                                            |                                               |                                              |
| WILLY GARDNER<br>VICE PRESIDENT                             | 6.00                                           |                                                                |                                               |                                              |
| CHUCK SEAMON<br>TRUSTEE                                     | 2.00                                           |                                                                |                                               |                                              |
| TED SEAMON<br>TRUSTEE                                       | 2.00                                           |                                                                |                                               |                                              |
| DAVE HORVATH<br>TRUSTEE                                     | 2.00                                           |                                                                |                                               |                                              |
| STEVE MICHEL<br>TRUSTEE                                     | 2.00                                           |                                                                |                                               |                                              |
| BOB LOWE<br>TRUSTEE                                         | 2.00                                           |                                                                |                                               |                                              |
| CLAYTON RENFRO<br>TRUSTEE                                   | 2.00                                           |                                                                |                                               |                                              |

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

|                                                             |                                                |                                              |
|-------------------------------------------------------------|------------------------------------------------|----------------------------------------------|
| Open to Public Inspection                                   | For calendar year 2012 or tax period beginning | , and ending                                 |
| Name of Organization<br>FOUR COUNTY CONSERVATION LEAGUE INC |                                                | Employer Identification Number<br>34-1412058 |
| Part V - Line 42a                                           |                                                |                                              |

Individual Name ..... RONALD POCOCK  
or

Business Name:  
\_\_\_\_\_  
\_\_\_\_\_

Street Address ..... 230 HAMILTON STREET  
\_\_\_\_\_

U.S. Address:  
Zip code 44811- City Bellevue State OH  
or

Foreign Address  
City .....  
Province or State .....  
Country .....  
Postal code .....  
Phone Number .....  
Fax Number .....

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2012**  
Attachment  
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

**Identifying number**  
34-1412058

FOUR COUNTY CONSERVATION LEAGUE FOR

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                                  |                           |                  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| 1  | Maximum amount (see instructions) . . . . .                                                                                                      | 1                         |                  |
| 2  | Total cost of section 179 property placed in service (see instructions) . . . . .                                                                | 2                         |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .                                               | 3                         |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .                                                       | 4                         |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. . . . . | 5                         | 500,000          |
| 6  | (a) Description of property                                                                                                                      | (b) Cost (busn. use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29 . . . . .                                                                                         | 7                         |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .                                                   | 8                         |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .                                                                             | 9                         |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . .                                                                  | 10                        |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .                     | 11                        | 500,000          |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .                                                  | 12                        |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 . . . . .                                                            | 13                        |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

|    |                                                                                                                                                       |    |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . | 14 |  |
| 15 | Property subject to section 168(f)(1) election . . . . .                                                                                              | 15 |  |
| 16 | Other depreciation (including ACRS) . . . . .                                                                                                         | 16 |  |

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

|    |                                                                                                                                             |    |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012 . . . . .                                                  | 17 | 834 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . |    |     |

**Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                        |                     |                |            |                            |
| b 5-year property              |                                      |                                                                        |                     |                |            |                            |
| c 7-year property              |                                      |                                                                        |                     |                |            |                            |
| d 10-year property             |                                      |                                                                        |                     |                |            |                            |
| e 15-year property             |                                      |                                                                        |                     |                |            |                            |
| f 20-year property             |                                      |                                                                        |                     |                |            |                            |
| g 25-year property             |                                      |                                                                        | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                        | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                        | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                        | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                        |                     | MM             | S/L        |                            |

**Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs  | MM | S/L |  |

**Part IV Summary (See instructions)**

|    |                                                                                                                                                                                                                         |    |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 21 | Listed property. Enter amount from line 28 . . . . .                                                                                                                                                                    | 21 |     |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions . . . . . | 22 | 834 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .                                                                       | 23 |     |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

**2012 DETAIL STATEMENTS**FOUR COUNTY CONSERVATION LEAGU  
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## STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

|                                          |    |
|------------------------------------------|----|
| INTEREST.....                            | 20 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 4..... | 20 |

## STATEMENT #2 - Other revenue (990-EZ PG 1 Line 8)

|                                          |     |
|------------------------------------------|-----|
| FESTIVAL INCOME.....                     | 474 |
| MISC INCOME.....                         | 302 |
| ON ACCOUNT.....                          | 2   |
| CASH OVER.....                           | 58  |
| TOTAL CARRIED TO 990-EZ PG 1 Line 8..... | 836 |

## STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

|                                           |        |
|-------------------------------------------|--------|
| CLUB GROUND MAINTENANCE.....              | 1,427  |
| CLUB HOUSE EXPENSE.....                   | 18,462 |
| CLUB HOUSE MAINTENANCE.....               | 226    |
| INSURANCE.....                            | 3,714  |
| RIFLE RANGE.....                          | 9,594  |
| UTILITIES.....                            | 6,666  |
| TOTAL CARRIED TO 990-EZ PG 1 Line 14..... | 40,089 |

## STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

|                                         |        |
|-----------------------------------------|--------|
| CASH SHORT.....                         | 101    |
| RENT REFUND.....                        | 1,300  |
| COYOTE BOUNTY.....                      | 850    |
| KIDS PROJECT EXPENSE.....               | 259    |
| MISC EXPENSE.....                       | 1,669  |
| OFFICE EXPENSE.....                     | 1,886  |
| ON ACCOUNT.....                         | 2      |
| POLE BARN.....                          | 1,204  |
| POND EXPENSE.....                       | 230    |
| TAXES.....                              | 2,546  |
| FESTIVAL EXPENSE.....                   | 680    |
| ARCHERY EXPENSE.....                    | 92     |
| TOTAL CARRIED TO EOEZ Pg 1 Line 16..... | 10,819 |

## STATEMENT #5 - Gross income from fundraising (990-EZ PG 1 Line 6b)

|                       |        |
|-----------------------|--------|
| 52 GUN GIVE AWAY..... | 24,832 |
| 4 GUN GIVE AWAY.....  | 8,740  |

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|                                           |        |
|-------------------------------------------|--------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 6b..... | 33,572 |
|-------------------------------------------|--------|

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STATEMENT #6 - Direct expenses from gaming (990-EZ PG 1 Line 6c)

|                       |        |
|-----------------------|--------|
| 52 GUN GIVE AWAY..... | 14,493 |
| 4 GUN GIVE AWAY.....  | 3,006  |

|                                           |        |
|-------------------------------------------|--------|
| TOTAL CARRIED TO 990-EZ PG 1 Line 6c..... | 17,499 |
|-------------------------------------------|--------|

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STATEMENT #7 - Gross sale of inventory (EZ1 Line 7a)

|                     |        |
|---------------------|--------|
| KITCHEN INCOME..... | 3,450  |
| SHELLS INCOME.....  | 123    |
| STILL INCOME.....   | 16,886 |
| TRAP INCOME.....    | 3,520  |

|                                   |        |
|-----------------------------------|--------|
| TOTAL CARRIED TO EZ1 Line 7a..... | 23,979 |
|-----------------------------------|--------|

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STATEMENT #8 - Less: Cost of goods sold (EZ1 Lione 7b)

|                      |       |
|----------------------|-------|
| KITCHEN EXPENSE..... | 4,074 |
| STLL EXPENSE.....    | 7,405 |
| TRAP EXPENSE.....    | 5,941 |

|                                    |        |
|------------------------------------|--------|
| TOTAL CARRIED TO EZ1 Lione 7b..... | 17,420 |
|------------------------------------|--------|

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