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Short Form  
Return of Organization Exempt From Income TaxDepartment 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

2012

Open to Public  
Inspection

<b>A For the 2012 calendar year, or tax year beginning</b>		<b>, 2012, and ending</b>	
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	ENID JOINT RECREATION TRIAD, INC.		
	Number and street (or P O box if mail is not delivered to street address)		Room/suite
	P.O. BOX 89		
	City or town, state or country, and ZIP + 4		
	ENID, OK 73702		
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			
<b>I Website:</b> ► WWW.EJRTSPORTS.COM		<b>H Check</b> ► <input type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
Tax-exempt status (check only one): <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Check</b> ► <input type="checkbox"/> <b>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</b>			
<b>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. ► \$ 167,623.</b>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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"/>			
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	25,000.
	2 Program service revenue including government fees and contracts . . . . .	2	96,001.
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	268.
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	395.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	-395.
	6 Gaming and fundraising events		
	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 exceeds \$15,000) . . . . .	6b	46,354.	
c Less direct expenses from gaming and fundraising events . . . . .	6c	34,693.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	11,661.	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less cost of goods sold . . . . .	7b	0	
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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	132,535.	
<b>Expenses</b>	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	82,902.
	13 Professional fees and other payments to independent contractors . . . . .	13	4,565.
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	17,040.
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe in Schedule O) . . . . .	16	36,041.
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	140,548.
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-8,013.
	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	143,946.
	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	135,933.

For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2012)

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10

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	ATTACHMENT 4 . . . . .	98,828. 22 91,912.
23	Land and buildings . . . . .		45,118. 23 44,021.
24	Other assets (describe in Schedule O) . . . . .		0 24 0
25	Total assets . . . . .		143,946. 25 135,933.
26	Total liabilities (describe in Schedule O) . . . . .		0 26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .		143,946. 27 135,933.

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

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

28	SUMMER RECREATION PROGRAMS FOR YOUTH			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		28a	140,548.
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 (describe in Schedule O) . . . . .			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►		31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ►		32	140,548.

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter 0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TROY ENMEIER PRESIDENT	2.00	0	0	0
RON JANZEN TREASURER	2.00	0	0	0
BILL PETERS DIRECTOR	2.00	0	0	0
L.D. RAPP SECRETARY	2.00	0	0	0
RANDY MCCLENDON DIRECTOR	2.00	0	0	0
BRIAN SKAGGS DIRECTOR	2.00	0	0	0
SCOTT CLEMENS DIRECTOR	2.00	0	0	0
LYNN SNOW DIRECTOR	2.00	0	0	0
NANCI MOORE DIRECTOR	2.00	0	0	0
DAVID OGLETREE DIRECTOR	2.00	0	0	0
STEPHEN MILES DIRECTOR	2.00	0	0	0
RANDY FLOYD DIRECTOR	2.00	0	0	0

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

33 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 . . . . .

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) . . . . .

35 a 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)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? . . . . .

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40 a 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 . . . . .

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 . . . . .

41 List the states with which a copy of this return is filed ► OK

42 a 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)? 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 the U.S.? 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 . . . . . ►  and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

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 . . . . .

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? If "No," provide an explanation in Schedule O . . . . .

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

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) . . . . .

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
35c	X	
36	X	
37b	X	
38a	X	
38b		
39a		
39b		
40b	X	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	X	



**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

2012

Open to Public  
Inspection

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

**Employer identification number**

73-1000111

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

**Part I** *Qualifying Activities: Complete if the organization uses 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 <input type="checkbox"/>	Mail solicitations	e <input type="checkbox"/>	Solicitation of non-government grants
b <input type="checkbox"/>	Internet and email solicitations	f <input type="checkbox"/>	Solicitation of government grants
c <input type="checkbox"/>	Phone solicitations	g <input type="checkbox"/>	Special fundraising events
d <input type="checkbox"/>	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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

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 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	45,310.			45,310.
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .	45,310.			45,310.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	22,495.			22,495.
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	12,069.			12,069.
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( 34,564.)
	11 Net income summary Combine line 3, column (d), and line 10 . . . . .				► 10,746.

**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 . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % 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

13a	%
13b	%

a The organization's facility . . . . .

b An outside facility . . . . .

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15 a 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**

OMB No 1545-0047

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.**2012**  
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**

DESCRIPTION	AMOUNT
INTEREST INCOME	268.
<b>TOTAL</b>	<b>268.</b>

**ATTACHMENT 2****FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES**

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CONCESSIONS	45,310.	34,563.	10,747.
FUND RAISERS	1,044.	130.	914.
<b>TOTALS</b>	<b>46,354.</b>	<b>34,693.</b>	<b>11,661.</b>

**ATTACHMENT 3****FORM 990EZ, PART I - OTHER EXPENSES**

SUPPLIES	4,707.
DEPRECIATION	14,312.
ADVERTISING	2,069.
BANK FEES	15.
FEES & LICENSES	85.
INSURANCE	10,430.
TELEPHONE	1,165.
TROPHIES & AWARDS	3,258.
<b>TOTAL</b>	<b>36,041.</b>

**ATTACHMENT 4****FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	35,094.	32,911.
SAVINGS	63,734.	59,001.
<b>TOTALS</b>	<b>98,828.</b>	<b>91,912.</b>

## Tax Comprehensive Depreciation

FYE: 12/31/2012

Asset	Property Description	Date In Service	Tax Cost	d t	Tax-Meth Conv	Tax Period	Tax Credit Amount	Tax Bonus Amt	Tax Prior Depreciation	Tax Sec 179 Exp	Tax Current Depreciation	Tax End Depr	Tax Net Book Value
<u>Location:</u>													
<b>Group: 1823</b>													
40 CROSSLINN STORAGE BUILDING		4/05/05	2,105		S/L-MM	39.0	0	0	362	0	54	416	1,689
60 RELOCATING BUILDING FROM EHS TO		6/12/07	4,500		S/L-MO	15.0	0	0	1,375	0	300	1,675	2,825
<b>1823</b>			<u>6,605</u>						<u>1,737</u>		<u>354</u>		<u>4,514</u>
<b>Group: 2823</b>													
1 MISC FIELD EQUIPMENT		1/01/85	2,755		PRE-HY	5.0	0	0	2,755	0	0	2,755	0
3 SCOREBOARD CABLE		3/31/86	432		PRE-HY	5.0	0	0	432	0	0	432	0
8 LAWN MOWER		9/21/87	135		200DBHY	7.0	0	0	135	0	0	135	0
10 POWER VAC/JACK		1/08/88	130		200DBHY	7.0	0	0	130	0	0	130	0
11 PITCHING MACHINE		4/10/88	400		200DBHY	7.0	0	0	400	0	0	400	0
12 11HP RIDING MOWER		4/13/88	350		200DBHY	7.0	0	0	350	0	0	350	0
18 JOHN DEERE TRACTOR		1/13/95	13,649		150DBHY	7.0	0	0	13,649	0	0	13,649	0
19 FRONT END LOADER		4/09/96	2,743		S/L-HY	5.0	0	0	2,743	0	0	2,743	0
21 BUNKER RAKE		4/21/00	5,100		200DBHY	5.0	0	0	5,100	0	0	5,100	0
23 FIELD EQUIPMENT		9/20/01	1,156		200DBHY	7.0	0	0	1,156	0	0	1,156	0
26 TILLER		4/29/02	812		200DBHY	7.0	0	0	812	0	0	812	0
28 PITCHING MACHINE		6/17/02	1,325		200DBHY	7.0	0	0	1,325	0	0	1,325	0
29 MISC EQUIPMENT		6/25/02	399		200DBHY	7.0	0	0	399	0	0	399	0
30 GRASSHOPPER MOWER		6/25/03	9,367		S/L-HY	7.0	0	0	9,367	0	0	9,367	0
31 PROTECTIVE EQUIPMENT		5/14/03	211		S/L-HY	7.0	0	0	211	0	0	211	0
37 FENCE SAFETY TOPPER		4/21/05	1,838		S/L-MO	7.0	0	0	1,750	0	0	1,838	0
38 PITCHING MACHINE		6/23/05	750		S/L-MO	7.0	0	0	696	0	0	750	0
39 POWER WASHER		7/09/05	243		S/L-MO	7.0	0	0	226	0	0	243	0
41 PA SYSTEM		6/29/05	774		S/L-MO	7.0	0	0	719	0	0	774	0
42 BAGGER FOR GRASSHOPPER		8/29/05	1,879		S/L-MO	7.0	0	0	1,700	0	0	1,879	0
43 FENCE TOPPER FOR SOUTH COMP		11/15/05	1,152		S/L-MO	7.0	0	0	1,015	0	0	1,152	0
45 T-BALL FIELD CONCRETE		3/15/06	920		S/L-MO	15.0	0	0	358	0	0	61	0
46 T-BALL DUGOUT		4/27/06	800		S/L-MO	15.0	0	0	302	0	0	54	0
47 FENCE AT T-BALL FIELD		4/15/06	2,410		S/L-MO	15.0	0	0	924	0	0	1,084	1,326
50 EZ UP TENTS		1/09/06	637		S/L-MO	7.0	0	0	546	0	0	637	0
51 SCOREBOARDS		2/15/06	18,573		S/L-MO	7.0	0	0	15,698	0	0	18,352	221
52 GATOR		5/22/06	5,195		S/L-MO	7.0	0	0	4,144	0	0	4,144	501
53 WEED EATER		6/10/06	2,688		S/L-MO	7.0	0	0	214	0	0	356	444
54 BB WATER REEL/TRAVELING SPRINKL		3/01/06	6,473		S/L-MO	7.0	0	0	5,394	0	0	6,318	155
55 PORTABLE PITCHER'S MOUND		2/23/06	1,631		S/L-MO	7.0	0	0	1,359	0	0	233	1,592
56 DELL COMPUTER		2/23/06	451		S/L-MO	7.0	0	0	451	0	0	440	11
57 PRINTER		2/23/06	200		S/L-MO	7.0	0	0	167	0	0	195	5
59 LIGHTS - SOUTH FIELD		8/10/06	17,275		S/L-MO	15.0	0	0	6,238	0	0	1,152	9,885
61 2 PITCHING MACHINES		4/20/07	2,320		S/L-MO	5.0	0	0	2,165	0	0	155	0
64 TRACTOR TILLER		5/14/09	1,800		S/L-MO	5.0	0	0	960	0	0	360	480
65 CHALKER		7/22/09	313		S/L-MO	5.0	0	0	151	0	0	63	99
70 BB ICE MACHINE - USED		3/23/12	3,150		S/L-MO	5.0	0	0	0	0	0	473	2,677
72 BB ICE MACHINE - USED		4/16/12	630		S/L-MO	5.0	0	0	0	0	0	84	546
73 BB TOW BEHIND SPREADER		3/08/12	380		S/L-MO	5.0	0	0	0	0	0	63	317
<b>2823</b>			<u>109,026</u>						<u>0</u>		<u>84,065</u>		<u>91,995</u>
											<u>7,930</u>		<u>17,031</u>
<b>Group: 3823</b>													
2 CONCESSION EQUIPMENT		1/01/85	1,680		PRE-HY	5.0	0	0	1,680	0	0	0	1,680
4 MICROWAVE		5/04/86	99		PRE-HY	5.0	0	0	99	0	0	0	99
5 BUILDING IMPROVEMENT		6/30/86	535		PRE-HY	5.0	0	0	535	0	0	0	535
6 REFRIGERATOR		5/01/87	450		200DBHY	7.0	0	0	450	0	0	0	450
7 SKEL ICE BIN		9/10/87	125		200DBHY	7.0	0	0	125	0	0	0	125

## Tax Comprehensive Depreciation

FYF: 12/31/2012

## Tax Comprehensive Depreciation

Page 2

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see Instructions

Type or print	Name of exempt organization or other filer see instructions	Employer identification number (EIN) or
File by the due date for filing your return See Instructions	ENID JOINT RECREATION TRIAD, INC.	73-1000111
	Number, street, and room or suite no If a P O box, see instructions	Social security number (SSN)
	P.O. BOX 89	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ENID, OK 73702	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► ENID JOINT RECREATION TRIAD

Telephone No. ► 580 233-1000 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year 2012 or
  - tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2013)

JSA

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