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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

A For the 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: **ENID JOINT RECREATION TRIAD, INC.**

Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 89**

Room/suite:

City or town, state or country, and ZIP + 4: **ENID, OK 73702**

D Employer identification number: **73-1000111**

E Telephone number: **(580) 233-1000**

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: ▶ **WWW.EJRTSPORTS.COM**

J Tax-exempt status (check only one): ☐ 501(c)(3) ☒ 501(c)(4) (insert no) **4** ☐ 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 \$500,000. 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. **\$ 167,623.**

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

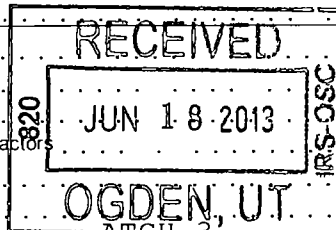
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	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	
	5b	Less cost or other basis and sales expenses	5b	395.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-395.
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	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	46,354.
	6c	Less direct expenses from gaming and fundraising events	6c	34,693.
	6d	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	
	7b	Less cost of goods sold	7b	0
	7c	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	132,535.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
Net Assets	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	Total expenses. Add lines 10 through 16	17	140,548.
	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)

SCANNED JUL 02 2013



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 ☒ X

	(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 <input type="checkbox"/>	28a	140,548.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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		Yes	No
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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	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
35b	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
35c	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
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	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
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed	OK,	
42a	The organization's books are in care of ENID JOINT RECREATION TRIAD Telephone no (580) 233-1000 Located at P.O. BOX 89 ENID, OK ZIP + 4 73701		
42b	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		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
43	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		X
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	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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)		X

	Yes	No
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.		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 ☐

	Yes	No
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 "

(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

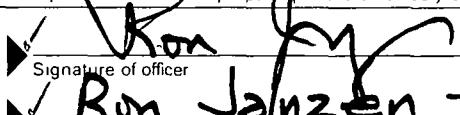
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

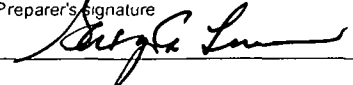
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 	Date <u>6/12/13</u>
	Type or print name and title <u>Ron Janzen - Treasurer</u>	

Paid Preparer Use Only	Print/Type preparer's name <u>Gary A. Lewis</u>	Preparer's signature 	Date <u>6-11-13</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00365539</u>
	Firm's name <u>BKD, LLP</u>	Firm's EIN <u>44-0160260</u>		Phone no <u>580-237-3300</u>	
	Firm's address <u>205 W. MAPLE, STE 200</u>				
	<u>ENID, OK 73701-4026</u>				

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ENID JOINT RECREATION TRIAD, INC.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

73-1000111

Part I

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

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

- | | |
|--|---|
| a <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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CONCESSIONS (event type)	(event type)	(total number)	(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				
	2 Cash prizes				
Direct Expenses	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
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 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

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

ENID JOINT RECREATION TRIAD, INC.

Employer identification number

73-1000111

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME

268.

TOTAL

268.

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.

TOTALS

46,354.

34,693.

11,661.

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.

TOTAL

36,041.

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.

TOTALS

98,828.

91,912.

Tax Comprehensive Depreciation

FYE: 12/31/2012

Asset	Property Description	Date In Service	Tax Cost	d	Tax-Meth	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
Location:													
Group: 1823													
60	CROSSLIN STORAGE BUILDING	4/05/05	2,105		S/L-MM	39 0	0	0	0	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
1823			6,605				0	0	1,737	0	354	2,091	4,514
Group: 2823													
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	1HP 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	88	1,838	0
38	PITCHING MACHINE	6/23/05	750		S/L-MO	7 0	0	0	696	0	54	750	0
39	POWER WASHER	7/09/05	243		S/L-MO	7 0	0	0	226	0	17	243	0
41	PA SYSTEM	6/29/05	774		S/L-MO	7 0	0	0	719	0	55	774	0
42	BAGGER FOR GRASSHOPPER	8/29/05	1,879		S/L-MO	7 0	0	0	1,700	0	179	1,879	0
43	FENCE TOPPER FOR SOUTH COMP	11/15/05	1,152		S/L-MO	7 0	0	0	1,015	0	137	1,152	0
45	T-BALL FIELD CONCRETE	3/15/06	920		S/L-MO	15 0	0	0	358	0	61	419	501
46	T-BALL DUGOUT	4/27/06	800		S/L-MO	15 0	0	0	302	0	54	356	444
47	FENCE AT T-BALL FIELD	4/15/06	2,410		S/L-MO	15 0	0	0	924	0	160	1,084	1,326
50	EZ UP TENTS	1/09/06	637		S/L-MO	7 0	0	0	546	0	91	637	0
51	SCOREBOARDS	2/15/06	18,573		S/L-MO	7 0	0	0	15,698	0	2,654	18,352	221
52	GATOR	5/22/06	5,195		S/L-MO	7 0	0	0	4,144	0	742	4,886	309
53	WEED EATER	6/10/06	268		S/L-MO	7 0	0	0	214	0	38	252	16
54	BB WATER REEL TRAVELING SPRINKLI	3/01/06	6,473		S/L-MO	7 0	0	0	5,394	0	924	6,318	155
55	PORTABLE PITCHER'S MOUND	2/23/06	1,631		S/L-MO	7 0	0	0	1,359	0	233	1,592	39
56	DELL COMPUTER	2/23/06	451		S/L-MO	7 0	0	0	375	0	65	440	11
57	PRINTER	2/23/06	200		S/L-MO	7 0	0	0	167	0	28	195	5
59	LIGHTS- SOUTH FIELD	8/10/06	17,275		S/L-MO	15 0	0	0	6,238	0	1,152	7,390	9,885
61	2 PITCHING MACHINES	4/20/07	2,320		S/L-MO	5 0	0	0	2,165	0	155	2,320	0
64	TRACTOR TILLER	5/14/09	1,800		S/L-MO	5 0	0	0	960	0	360	1,320	480
65	CHALKER	7/22/09	313		S/L-MO	5 0	0	0	151	0	63	214	99
70	BB ICE MACHINE - USED	3/23/12	3,150		S/L-MO	5 0	0	0	0	0	473	473	2,677
72	BB ICE MACHINE - USED	4/16/12	630		S/L-MO	5 0	0	0	0	0	84	84	546
73	BB TOW BEHIND SPREADER	3/08/12	380		S/L-MO	5 0	0	0	0	0	63	63	317
2823			109,026				0	0	84,065	0	7,930	91,995	17,031
Group: 3823													
2	CONCESSION EQUIPMENT	1/01/85	1,680		PRE-HY	5 0	0	0	1,680	0	0	1,680	0
4	MICROWAVE	5/04/86	99		PRE-HY	5 0	0	0	99	0	0	99	0
5	BUILDING IMPROVEMENT	6/30/86	535		PRE-HY	5 0	0	0	535	0	0	535	0
6	REFRIGERATOR	5/01/87	450		200DBHY	7 0	0	0	450	0	0	450	0
7	SKEL ICE BIN	9/10/87	125		200DBHY	7 0	0	0	125	0	0	125	0

Tax Comprehensive Depreciation

FYE: 12/31/2012

Asset	Property Description	Date In Service	Tax Cost	Tax d	Tax-Meth	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
Location: Group: 3823 (continued)													
14	AIR COND FOR CONCESS	7/14/88	527		200DBHY	70	0	0	0	0	0	527	0
15	NACHO CHEESE MACHINE	5/02/90	174		200DBHY	50	0	0	0	0	0	174	0
16	CARTS W/ROLLERS	2/08/91	135		200DBHY	50	0	0	0	0	0	135	0
17	MICROWAVE	5/03/91	150		200DBHY	50	0	0	0	0	0	150	0
20	USED SLUSH MACHINE	3/24/98	1,500		200DBHY	70	0	0	1,500	0	0	1,500	0
22	CONCESSION EQUIPMENT	12/29/00	2,080		200DBHY	50	0	0	2,080	0	0	2,080	0
24	AIR CONDITIONER	4/30/02	566		200DBHY	50	0	0	566	0	0	566	0
25	MICROWAVE OVEN	4/30/02	160		200DBHY	50	0	0	160	0	0	160	0
27	HOT DOG MACHINE	5/07/02	287		200DBHY	50	0	0	287	0	0	287	0
32	TABLES	2/26/03	390		S/L-HY	50	0	0	390	0	0	390	0
33	SNOW CONE MACHINE	4/28/03	945		S/L-HY	50	0	0	945	0	0	945	0
35	5 CONCESSION TABLES	6/14/05	255		S/L-MO	70	0	0	240	0	15	255	0
36	FREDRICH HEATING/COOLING UNIT	6/30/05	650		S/L-MO	70	0	0	604	0	46	650	0
48	ICE MACHINE	4/20/06	3,966		S/L-MO	70	0	0	3,211	0	566	3,777	189
63	POCORN MACHINE	6/28/09	1,178		S/L-MO	50	0	0	589	0	236	825	353
68	FERRIS MOWER - BB	4/29/11	6,000		S/L-MO	50	0	0	800	0	1,200	2,000	4,000
71	NEW CONCESSION FRIDGE	3/30/12	270		S/L-MO	50	0	0	0	0	41	41	229
3823			22,122				0	0	15,247	0	2,104	17,351	4,771
Group: 4823													
34	FOOTBALL EQUIPMENT	11/08/04	10,188		S/L-MO	70	0	0	10,188	0	0	10,188	0
44	FOOTBALL UNIFORM PADS	12/15/05	3,013		S/L-MO	70	0	0	2,619	0	0	2,619	394
49	FOOTBALL FIELD MOWER	5/24/06	4,299		S/L-MO	70	0	0	3,429	0	614	4,043	256
58	AIR CONDITIONER-FB PROG	11/08/06	595		S/L-MO	50	0	0	595	0	0	595	0
62	FOOTBALL SCOREBOARDS	9/24/08	8,600		S/L-MO	50	0	0	5,590	0	1,720	7,310	1,290
66	FB FIELD SPRINKLER SYSTEM	5/22/09	6,000		S/L-MO	150	0	0	1,033	0	400	1,433	4,567
67	FB EQUIPMENT RACKS	5/08/10	758		200DBHY	50	0	379	576	0	73	649	109
69	FB SPRINKLER UPGRADE	8/19/11	3,500		S/L-MO	150	0	0	78	0	233	311	3,189
74	FB PORTABLE STORAGE BLDG	7/20/12	5,529		S/L-MO	150	0	0	0	0	154	154	5,375
75	FOOTBALL PADS & HELMETS	1/03/12	3,650		S/L-MO	50	0	0	0	0	730	730	2,920
4823			46,132				0	379	24,108	0	3,924	28,032	18,100
	*Less: Dispositions and Transfers		3,013				0	0	2,619	0	0	2,619	394
	Net 4823		43,119				0	379	21,489	0	3,924	25,413	17,706
	No Location		183,885				0	379	125,157	0	14,312	139,469	44,416
	*Less: Dispositions and Transfers		3,013				0	0	2,619	0	0	2,619	394
	Net No Location		180,872				0	379	122,538	0	14,312	136,850	44,022
	Grand Total		183,885				0	379	125,157	0	14,312	139,469	44,416
	Less: Dispositions and Transfers		3,013				0	0	2,619	0	0	2,619	394
	Net Grand Total		180,872				0	379	122,538	0	14,312	136,850	44,022

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ 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 ☒ **X**
- 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 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
printFile by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer see instructions

Employer identification number (EIN) or

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

- 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____.

- 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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