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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

MB No 1545-0047

Open to Public Inspection

X Yes

No

Form 990 (2012)

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2012 A For the 2012 calendar year, or tax year beginning APR 1 and ending MAR 31. C Name of organization D Employer identification number Address change WINCHESTER ELKS LODGE #2816 Name change Doing Business As 61-1371334 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-P O BOX 14 859-745-1132 Amended return City, town, or post office, state, and ZIP code 483,126. G Gross receipts \$ Applica-tion pending WINCHESTER, KY 40392-0014 H(a) Is this a group return F Name and address of principal officer. E RAY HEFLIN for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? X Yes No Tax-exempt status. 501(c)(3) X 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ► /156 K Form of organization: X Corporation Trust Association Other > L Year of formation 2000 M State of legal domicile; KY Part I Summary Briefly describe the organization's mission or most significant activities TO RAISE MONEY FOR CHARITY AND 2013 Activities & Governance SCHOLARSHIPS 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 15 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 4,493 14,590. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0 0. 9. 19 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 273,768. 215,848. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 278,280 230,447. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 131,582 130,638. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 91,068. 115,506. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 222,650 246,144. <15,697.> Revenue less expenses Subtract line 18 from line 12. 55,630 SS **Beginning of Current Year End of Year** JUL Q I 2013 20 Total assets (Part X, line 16) 781,864. 748,181. RS 21 Total liabilities (Part X, line 26) 196,999 179,015. Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20 584,865 569,166. Part II Signature Block 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. Signature of officer Sign RAY HEFLIN, EXALTED RULER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid CARLEAN G HEFNER CPA P00187401 self-employed Firm's name LUDWIG, BLAIR & BUSH, PLLC Preparer 61-1381753 Firm's EIN Firm's address 47 S. MAIN ST. Use Only WINCHESTER, KY 40391 Phone no. 859-744-4232

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2012) WINCHEST	ER ELKS LODGE #2816	61-1371334 Pa
ar	t III Statement of Program Ser	•	
		ponse to any question in this Part III	
	Briefly describe the organization's mission		
	RAISE MONEY FOR CHARI	TY AND SCHOLARSHIPS	<del></del>
	<del></del>		
	Dulation and adults and action		· · · · · · · · · · · · · · · · · · ·
		cant program services during the year which we	Yes X
	the prior Form 990 or 990-EZ?	Debe data O	∟ Yes L∆
	If "Yes," describe these new services on S		ny program services?
	-	make significant changes in how it conducts, ai	ny program services / Layes La
	If "Yes," describe these changes on Sche		
		ce accomplishments for each of its three largest	
			and allocations to others, the total expenses, and
	revenue, if any, for each program service	_30,638 including grants of \$	) /-
		L & AREA SERVICE ORGANIZ	) (Revenue \$
		LL & AREA SERVICE ORGANIZ	ATOMS TO FORTHER THEIR
	MISSIONS.		
	**		·
		·	
b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
		THE CONTRACT OF THE CONTRACT O	
			212111
C	(Code ) (Expenses \$	including grants of \$	) (Revenue \$
			-
<u> </u>	Other program services (Describe in Sche	dule O )	
	,		Revenue \$ )
	/ryheiioeo 4		TOVETIME #
	Total program service expenses	130,638.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	·		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	!	_ <u>X</u> _
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> X</u>
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
<u> </u>	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	$\dashv$	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.0		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		_ <u>v</u> _
19	complete Schedule G, Part III	40	x	
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	41	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-41
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Form 990 (2012) WINCHESTER ELKS LODGE #2816

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d	-	
LOU	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	Ì	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? If "Yes," complete Schedule M	30	-+	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
O_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J2		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
		Form	990 (2	2012)

	990 (2		61-137	<u> 1334</u>	P	age \$
Pai	ţV	Statements Regarding Other IRS Filings and Tax Compliance				
		Check if Schedule O contains a response to any question in this Part V	•			
					Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		
b		the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ō		
С	Did th	ie organization comply with backup withholding rules for reportable payments to vendors and re		1		
		oling) winnings to prize winners?	3. 3	1c	X	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1		
		or the calendar year ending with or within the year covered by this return	2a	ol		
b		east one is reported on line 2a, did the organization file all required federal employment tax retui		2b		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			1	
За		e organization have unrelated business gross income of \$1,000 or more during the year?	•	3a	1	х
		s," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
		cial account in a foreign country (such as a bank account, securities account, or other financial	· ·	4a		Х
b		s," enter the name of the foreign country	<b>,</b>			
		nstructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts	1		
5a		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	1	Х
b		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С		s," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne organization solicit	1.55		
		ontributions that were not tax deductible as charitable contributions?	<b>3</b>	6a		Х
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribut	ions or aifts			
		not tax deductible?	J	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).				
а	Did the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sei	vices provided to the payor	7a		х
b	If "Yes	s," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file	Form 8282?		_7c		X
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g		organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
		zation, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9		soring organizations maintaining donor advised funds.			•	
а		e organization make any taxable distributions under section 4966?		_9a_		
	_	e organization make a distribution to a donor, donor advisor, or related person?		9b		
10		on 501(c)(7) organizations. Enter	1			
		ion fees and capital contributions included on Part VIII, line 12	10a	-		
		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11		on 501(c)(12) organizations. Enter:	1			
_			11a	1		
D		income from other sources (Do not net amounts due or paid to other sources against	440			
120		nts due or received from them)	11b	10		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a	-	
13		s," enter the amount of tax-exempt interest received or accrued during the year on 501(c)(29) qualified nonprofit health insurance issuers.	12b	$\dashv$		
		organization licensed to issue qualified health plans in more than one state?		40-		
а		See the instructions for additional information the organization must report on Schedule O		13a		
h		the amount of reserves the organization is required to maintain by the states in which the				
J		ization is licensed to issue qualified health plans	13h			
c	_	the amount of reserves on hand	13b	-		
		e organization receive any payments for indoor tanning services during the tax year?	100	140		X
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14a 14b		
			<u> </u>	170		

Form 990 (2012) WINCHESTER ELKS LODGE #2816 61-1371334 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 15						
	If there are material differences in voting rights among members of the governing body, or if the governing	i .					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			21			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?		v	Λ			
_	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	6	X				
7a		_					
_	more members of the governing body?	7a	Х				
Ð	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
_	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	, , , , , , , , , , , , , , , , , , , ,	12a		X			
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		_X_			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	_15a		<u> </u>			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ŀ				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨					
	THE ORGANIZATION - 859-745-1132	-					
	P O BOX 14, WINCHESTER, KY 40392-0014						

Form 990 (2012)

and former such persons.

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Position Name and Title Average Reportable Reportable Estimated (do not check more than one compensation hours per compensation amount of box, unless person is both an officer and a director/trustee) from week from related other (list any organizations the compensation hours for organization (W-2/1099-MISC) from the tighest compensated Imployee Individual trustee or Institutional trustee (W-2/1099-MISC) related organization organizations and related below organizations Officer line) 0.00 (1) E RAY HEFLIN 0 0 0. EXALTED RULER 0.00 JERRY ADAMS 0 0. 0. ESTEEMED LEADING KNIGHT 0.00 HARVEY FRYE 0 0 0. ESTEEM LOYAL KNIGHT 0.00 JOHN JONES 0 0 ESTEEM LECTURING KNIGHT Х 0. 0.00 KEITH BROWNLEE X 0 n 0. SECRETARY 0.00 LELA DEBORD X 0 0 0. TREASURER 0.00 VICKY THACKER 0. 0 0. TRUSTEE ONE YEAR 0.00 RITA CHARLES X 0 0. 0. TRUSTEE TWO YEARS 0.00 JANICE MARTIN (9) 0 0 0. TRUSTEE THREE YEARS 0.00 (10) PATRICK SPAULDING 0 0 0. TRUSTEE FOUR YEARS 0.00 (11) PATIA LEE HANLIN 0 0. 0. TRUSTEE FIVE YEARS 0.00 (12) GEORGE W HENRY II 0 0 0. ESQUIRE 0.00 (13) BILL CLARK 0 0. 0 CHAPLIN 0.00 (14) ANTHONY LONG 0 0. INNER GUARD 0. 0.00 (15) PAUL D HOWARD Х 0 0. 0.

Form 990 (2012)

755000

1 4 2 4 0 6 2 7

10627

755900

Total revenue   Related or overpit function   Related or overpit function   Control total business sections   Control total	_	•	Check if Schedule O conf	tains a response	to any question	in this Part VIII			
1					io un y question	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
Business Code   Business Cod	nts	1 a	Federated campaigns	1a					
Business Code   Business Cod	ira our	b	Membership dues	1b	14,202.				
Business Code   Business Cod	S, E	С	Fundraising events	1c					
Business Code   Business Cod	ar.	d	Related organizations	1d					
Business Code   Business Cod	S, (	е	Government grants (contribut	tions) 1e					
Business Code   Business Cod	้อี๊เร		- ·	· —			]		
Business Code   Business Cod	the the				388.				
Business Code   Business Cod	뎚	g	Noncash contributions included in lines	s 1a-1f \$					
2 a b   c   d   d   c   c   c   c   c   c   c	<u>3 g</u>	h	Total, Add lines 1a-1f		<b>&gt;</b>	14,590.			
Total, Add lines 2a.21					Business Code				
Total, Add lines 2a.21	မွ	2 a							
Total, Add lines 2a.21	e Š	b							
Total, Add lines 2a.21	Se	С						· · · · · · · · · · · · · · · · · · ·	
Total, Add lines 2a.21	eve eve	d							
Total, Add lines 2a.21	<u>Б</u>	е							
3 investment income (including dividends, interest, and other smilar amounts) 4 income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 6 A tot gain or (loss) 7 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross also of inventory, less returns and allowances a Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a OTHER 900099 11,635, 11,635, PEES 900099 265, 265, c All other revenue e Total. Add lines 11a-11d 12 Total revenue, See instructions  1 11,900. 1 230,447, 211,495, 0. 4,362.	۳.	f	All other program service reve	enue				·	
Second		g	Total. Add lines 2a-2f		<b>•</b>				
1		3	Investment income (including	dividends, intere	est, and			<u>,                                    </u>	
6 a Gross rents			other similar amounts)		<b>&gt;</b>	9.	9.		
(i) Real   (iii) Personal   (iii) East rental expenses   (iii) Colorer   (iii) Securities   (iii) Other   (iii) Securities   (iii)		4	Income from investment of ta	x-exempt bond p	oroceeds >				
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties		<b>•</b>				
B   Less rental expenses   C   Rental income or (loss)				(i) Real	(II) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gain or (loss) c Net income or (loss) b Less: direct expenses c Net income or (loss) b Less direct expenses c Net income or (loss) c Net income or (loss) b Less cost of other basis and sales expenses c Gain or (loss) c Net income or (		6 a	Gross rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less cost of goods sold b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code 11 a OTHER D 900099 D 11, 635. T1, 635.  TEES D 900099 D 1265. D 13, 900. T1, 900. Total revenue, See instructions. D 11, 900. Total revenue, See instructions. D 230, 447. D 11, 495. D 4, 362.  O 4, 362.		b	Less: rental expenses						
7 a Gross amount from sales of assets other than inventory		С	Rental income or (loss)						
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		d	Net rental income or (loss)		<u> </u>				
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$		7 a	Gross amount from sales of	(i) Securities	(II) Other				
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			assets other than inventory						
C Gain or (loss)		b	Less cost or other basis						
Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See   Part IV, line 18   a   12,135.   b   Less: direct expenses   b   7,773.   c   Net income or (loss) from fundraising events   9 a Gross income from gaming activities   See   Part IV, line 19   a   367,272.   b   Less direct expenses   b   198,188.   c   Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a   12,135.   b   199,188.   c   Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   a   4,362.	Ì		and sales expenses	•					
8 a Gross income from fundraising events (not including \$		С	Gain or (loss)	L,					
Including \$			• , ,		<b>_</b>				
Contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 900099 11,635. 11,635.  b FEES 900099 265. 265.  c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.    All other revenue   Business Code   Business		8 a		g events (not					
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER DTHER DYNOR DYNOR DESCRIPTION  Business Code  11 a OTHER DYNOR DYNOR DESCRIPTION  C All other revenue E Total. Add lines 11a-11d  Total revenue. See instructions.  A 1, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.	en.			<del></del>					
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER DTHER DYNOR DYNOR DESCRIPTION  Business Code  11 a OTHER DYNOR DYNOR DESCRIPTION  C All other revenue E Total. Add lines 11a-11d  Total revenue. See instructions.  A 1, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.	ě		•	1c) See					
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER DTHER DYNOR DYNOR DESCRIPTION  Business Code  11 a OTHER DYNOR DYNOR DESCRIPTION  C All other revenue E Total. Add lines 11a-11d  Total revenue. See instructions.  A 1, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.  4, 362.	ē			а					
9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  ■ 30,502.  Miscellaneous Revenue  Business Code  11 a OTHER 900099 11,635.  □ FEES 900099 265. 265.  □ d All other revenue e Total. Add lines 11a-11d ■ 11,900.  12 Total revenue. See instructions. ■ 230,447. 211,495. □ 0. 4,362.	₹		-		7,773.				
Part IV, line 19				-		4,362.			4,362.
b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a		9 a	• •		265 252				
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 11,635. 11,635.  b FEES 900099 265. 265.  c d All other revenue e Total. Add lines 11a-11d  11,900.  12 Total revenue. See instructions.  ▶ 169,084. 169,084. 169,084. 169,084. 169,084. 169,084. 169,084. 169,084. 169,084. 1169,084		_							
10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 500099 11,635.  11,635.  11,635.  C All other revenue  12 Total revenue. See instructions.  10 a Gross sales of inventory and a final display and a final dis			•		138,188.	160 004	160 004		
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER 5 FEES 6 PO0099 11,635. 11,635.  c All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions.  a 77,220.  46,718.  30,502. 30,502.  30,502.  31,635.  11,635.  11,635.  11,635.  11,635.  11,900.  230,447. 211,495.  0. 4,362.			_	_	<b>_</b>	169,084.	169,084.		ļ
b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a OTHER 900099 11,635.  b FEES 900099 265.  c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  b 46,718. 30,502. 30,502.  11,635.  11,635.  11,635.  11,635.  11,635.  265.  200.  211,900.  230,447. 211,495.  0. 4,362.		10 a			77 220				
c Net income or (loss) from sales of inventory       ▶ 30,502.       30,502.         Miscellaneous Revenue       Business Code         11 a OTHER       900099       11,635.         b FEES       900099       265.         c       265.         d All other revenue       11,900.         12 Total revenue. See instructions.       ≥ 230,447.       211,495.			•						
Miscellaneous Revenue       Business Code         11 a OTHER       900099       11,635.       11,635.         b FEES       900099       265.       265.         c       4 All other revenue       11,900.       11,900.         12 Total revenue. See instructions.       230,447.       211,495.       0.       4,362.					40,/18.	20 502	30 500		
11 a OTHER       900099       11,635.       11,635.         b FEES       900099       265.       265.         c       d All other revenue       11,900.         e Total. Add lines 11a-11d       ▶ 11,900.         12 Total revenue. See instructions.       ▶ 230,447.       211,495.       0. 4,362.	}	С		_	Buomasa Out	30,502.	30,502.	<del></del>	<del> </del>
b FEES 900099 265. 265.  c	}		···	e		11 625	11 625		
c       d All other revenue         e Total. Add lines 11a·11d       ► 11,900.         12 Total revenue. See instructions.       ► 230,447. 211,495.       0. 4,362.									<del> </del>
d All other revenue  e Total. Add lines 11a-11d  ▶ 11,900.  12 Total revenue. See instructions.  ▶ 230,447. 211,495.  0. 4,362.			r eed		300033	∠05.	∠65.	<del></del>	<del>                                     </del>
e Total. Add lines 11a-11d  ▶ 11,900.  12 Total revenue. See instructions.  ▶ 230,447. 211,495.  0. 4,362.			All other revenue	<del></del>			<del></del>		<del>                                     </del>
12 Total revenue. See instructions. ► 230,447. 211,495. 0. 4,362.						11 000		<del>.</del>	
							211 405		1 363
	232001	•	TOTAL TEVERUE. OCCUISH HEHOLIS.			430,441.	411,430.		

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A)	
	Check if Schedule O contains a respon-	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	130,638.	130,638.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees)				
	Management				
a	Legal	<u> </u>	·		
b	Accounting	3,630.		3,630.	
ب 0		3,030.		3,030.	
d	Professional fundraising services. See Part IV, line 17				
e	Investment management fees	<del></del>			
f	Other (If line 11g amount exceeds 10% of line 25,		··		
g	-				
40	column (A) amount, list line 11g expenses on Sch O.)	150.	<del></del> _	150.	
12	Advertising and promotion	2,631.		2,631.	
13	Office expenses	2,031.		2,031.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		ľ	1	
	for any federal, state, or local public officials	2 707		2 707	
19	Conferences, conventions, and meetings	3,707.		3,707.	
20	Interest	10,493.		10,493.	<del></del>
21	Payments to affiliates	26 224	<u> </u>	26 221	
22	Depreciation, depletion, and amortization	26,221.		<u>26,221.</u>	
23	Insurance	3,958.		3,958.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	UTILITIES	16,956.		16,956.	
a b	LODGE ACTIVITIES EXPENS	13,770.		13,770.	
C	TAXES & LICENSES	12,677.		12,677.	
d	OTHER EXPENSES	10,887.		10,887.	
	All other expenses	10,426.		10,426.	
	Total functional expenses Add lines 1 through 24e	246,144.	130,638.	115,506.	0
25	Joint costs Complete this line only if the organization	7-V, 1-4-		113,300.	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

Part.	$\sim$	Balance Sneet		···			
		Check if Schedule O contains a response to any	y ques	tion in this Part X	·		
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	159,454.	1	100,501		
:	2	Savings and temporary cash investments	[	2,894.	2	13,978	
:	3	Pledges and grants receivable, net			3		
-   -	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	ormer o	officers, directors,			
		trustees, key employees, and highest compensations	ated er	nployees Complete			
		Part II of Schedule L		L		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sections	tion 50	1(c)(9) voluntary		1 1	
		employees' beneficiary organizations (see instr)	lete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
§ ∣ §	8	Inventories for sale or use			9,103.	8	6,503
	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					<del>"</del>
		basis. Complete Part VI of Schedule D	10a	716,385.			
	b	Less accumulated depreciation	10b	89,186.	610,413.	10c	627,199
1	1	Investments - publicly traded securities				11	
1:	2	Investments - other securities. See Part IV, line	11			12	
1:	3	Investments - program-related See Part IV, line	11			13	
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11		15			
10	6	Total assets. Add lines 1 through 15 (must equ	34)	781,864.	16	748,181	
11	7	Accounts payable and accrued expenses		17	511		
18	8	Grants payable	·	18			
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities		1_		20	
တ္က 2	1	Escrow or custodial account liability. Complete if	Part IV	of Schedule D		21	
2	2	Loans and other payables to current and former	office	rs, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons.		1	
<b>-</b>		Complete Part II of Schedule L		22			
23	3	Secured mortgages and notes payable to unrela	ated th	ird parties	196,999.	23	178,504
24	4	Unsecured notes and loans payable to unrelated	d thırd	parties		24	
2	5	Other liabilities (including federal income tax, pa	yables	to related third			
- 1		parties, and other liabilities not included on lines	17-24	) Complete Part X of			
- 1		Schedule D			· · · · · · · · · · · · · · · · · ·	25	****
20	6	Total liabilities. Add lines 17 through 25			196,999.	26	<u>179,015</u>
		Organizations that follow SFAS 117 (ASC 958	), che	k here 🕨 🐰 and			
Se		complete lines 27 through 29, and lines 33 an	d 34.				
E 2	7	Unrestricted net assets			<u>584,865.</u>	27	569,166
<u>e</u> 21	8	Temporarily restricted net assets		_		28	
ē   29	9	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ 📖		i	
5		and complete lines 30 through 34.					
Si 30	0	Capital stock or trust principal, or current funds		. L		30	
3	1	Paid-in or capital surplus, or land, building, or eq	luipme	nt fund		31	
Net Assets or Fund balances	2	Retained earnings, endowment, accumulated in	come,	or other funds	<u> </u>	32	
<b>z</b>   33	3	Total net assets or fund balances			584,865.	_33	569,166
34	4	Total liabilities and net assets/fund balances			<u>781,864.</u>	34	748,181

Form **990** (2012)

	990 (2012) WINCHESTER ELKS LODGE #2816	61-137	1334	_Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	246	5,1	44.
3	Revenue less expenses. Subtract line 2 from line 1	3	<15	5,6	<u>97.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	584	1,8	<u>65.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	569	1,1	68.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1	i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	1 T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

WINCHESTER ELKS LODGE #2816 61-1371334 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

		TER ELKS I							<u>371334</u>	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other recor	ds, check	any of the	following that	t are a sigi	nıfıcant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition		a 🔲 I	Loan or exc	hange progra	ms				
b	Scholarly research	•	e 🔲 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizatio	on's exem	pt purp	ose in Pa	rt XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the organ	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered "	Yes" to Fe	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for (	contribution	ns or other as:	sets not in	ıcluded	_		_
	on Form 990, Part X?							_	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able						
									Amount	
С	Beginning balance						1c		·	
d	Additions during the year						1d		<del>_</del>	
е	Distributions during the year						1e			
f	Ending balance	•					1f			
	Did the organization include an amount on F							<u>.                                    </u>	_ Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization a	1		1					
		(a) Current year	(b) P	rior year	(c) Two years	s back (d	) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u> </u>	
g	End of year balance					<u> </u>			<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	ınd admınıstei	red for the	organiz	zation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations					_			3a(ii)	
b	If "Yes" to 3a(ıı), are the related organizations	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI   Land, Buildings, and Equipm	nent. See Form 99	0, Part X,	line 10						
	Description of property	(a) Cost or o	I .		or other		umulate		(d) Book v	alue
		basis (invest	ment)		(other)	depr	eciation			
	Land	<del></del>			0,161.		10 0			<u>,161.</u>
	Buildings	<u></u>		48	7,170.		<u> 19,9</u>	68.	437	<u>,202.</u>
	Leasehold improvements									
	Equipment									
	Other		_		9,054.		39,2	18.		<u>.836.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	t X. colum	nn (B), line 1	(0(c).)				627	.199.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	17 V2 TODGE	# <u>4 8 1 0</u>	91	-13/1334 Page 3
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	l-of-year market value
(1) Financial derivatives	(2,	(0)		,
(2) Closely-held equity interests		·		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)			<del></del>	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See			-1 -1 - 0 -1	
	(b) Book value	(c) Method of	valuation Cost or end	l-of-year market value
(1)				
(2)				<del></del>
(3)	******		<del>,</del> .	<del></del> .
(4)				<del></del>
(5)				··
(6)				
(7) (8)				
(9)				
(10)				<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, line 1	5.			
	escription	·		(b) Book value
(1)				<u> </u>
(2)				
(3)				
(4)				
(5)		=		
(6)				
(7)	_			····
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, Irr  (a) Description of liability	1e 25	(h) Pook value	1	
<del></del>		(b) Book value	_	
(1) Federal income taxes		-19	-	
(2)	<del></del>		_	
(3) (4)	<del>_</del>	<u> </u>	-	
(5)			-	
(6)			-	
(7)				
(8)		***************************************		
(9)			1	
(10)		,, , , <del>, , , , , , , , , , , , , , , ,</del>		
(11)		·- ·	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	<del></del>	1	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text		he organization's financia	al statements that ren	orts the organization's
liability for uncertain tax positions under FIN 48 (ASC 74				
				edule D (Form 990) 2012

12-10-12

Sche	dule D	(Form 990) 2012 WINCHESTER ELKS LODGE #281			61-	1371334	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Returi	n	
1	Total	evenue, gains, and other support per audited financial statements			1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12				-	
а	Net ur	realized gains on investments	2a				
b	Donat	ed services and use of facilities	2b		]		
С	Recov	eries of prior year grants	2c				
d	Other	(Describe in Part XIII.)	2d		7		
е	Add I	nes 2a through 2d			2e		
3	Subtra	act line 2e from line 1			3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1		•			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other	(Describe in Part XIII )	4b	<u></u>	7		
С	Add I	nes 4a and 4b			4c		
5	Total	evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Par		Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per	r Retu	irn	
1	Total	expenses and losses per audited financial statements	-	-	1		
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25		•			
а	Donat	ed services and use of facilities	2a				
b	Prior y	ear adjustments	2b		1		
С	•	losses	2c		1		
d	Other	(Describe in Part XIII.)	2d		1		
		nes 2a through 2d			2e	}	
3	Subtra	act line 2e from line 1			3		
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1.					
а		ment expenses not included on Form 990, Part VIII, line 7b	4a				
		(Describe in Part XIII.)	4b				
		nes <b>4a</b> and <b>4b</b>			4c		
5	Total e	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
		Supplemental Information					
Comi	olete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1	Ia and 4. Part IV. lines	lb and	2b. Part V. line 4	1 Part
		t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to					.,
•		, , , , , , , , , , , , , , , , , , , ,		,			
		700 - 1				<del></del>	
				***		<del></del> -	
				<u>.                                    </u>			
				·			

Schedule D (Form 990) 2012

### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public

Name of the organization	Attach to Form 990 or Form 990-E	Z. <b>P</b> :	see se	eparate instructions	3.	Employer ide	ntification number
WINCHESTER ELKS LODGE #2816						61-1371334	
	Complete if the organization answer		es" to	Form 990, Part IV, I	ne 1		
Indicate whether the organization rais     a	sed funds through any of the following e Solicitar	tion of	non-g gover	overnment grants			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with pividuals or entities (fundraisers) purs	rofess	ional f	undraising services?	)	Yes	
(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				
						_	
Total			<b>_</b>				
List all states in which the organizatio or licensing	n is registered or licensed to solicit	contrib	utions	or has been notified	l It IS	exempt from re	egistration
					- <u></u>		
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.			Schedule G (Forn	n 990 or 990-EZ) 2012

232081 01-07-13

1/2/0627 755000

Schedule G (Form 990 or 990-EZ) 2012

	edu art l	le G (Form 990 or 990-EZ) 2012 WINCHES  Fundraising Events. Complete if to of fundraising event contributions and g	he organization answered	"Yes" to Form 990, Part	IV, line 18, or reported	• • •
			(a) Event #1 JOHN MICHAEL MONTGOMERY	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
Ф			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	12,135.			12,135.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	12,135.			12,135.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7,773.			7,773.
	1	Direct expense summary Add lines 4 through		•	<b>•</b>	( 7,773)
Pa	art I	Net income summary. Combine line 3, colun <b>Gaming.</b> Complete if the organization		990. Part IV. line 19. or re	eported more than	4,362.
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue	383,395.	1,886,341.		2,269,736.
Expenses	2	Cash prizes				
	1		487,662.	1,416,857.		1,904,519.
Exp	3	Noncash prizes	9,306.			9,306.
Direct Exp	3	Noncash prizes Rent/facility costs				
Direct Exp		·	9,306.			9,306.
Direct Exp	4	Rent/facility costs	9,306. 11,391.	56,209.	Yes % No	9,306. 67,600.
Direct Exp	4 5	Rent/facility costs  Other direct expenses  Volunteer labor	9,306. 11,391. 21,658. Yes% X No	56,209. 106,873. Yes%		9,306. 67,600. 128,531.
Direct Exp	4 5	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 through	9,306.  11,391.  21,658.  Yes %  X No	56,209. 106,873. Yes%		9,306. 67,600. 128,531.
6 Direct Ey	4 5 6 7 8	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operation.	9,306.  11,391.  21,658.  Yes %  X No  th 5 in column (d)  1, column d, and line 7  ates gaming activities	56,209. 106,873. Yes% X No		9,306. 67,600. 128,531. ( 2,109,956) 159,780.
a. 6 Direct Ey	4 5 6 7 8 En is 1	Contract expenses  Volunteer labor  Direct expense summary Add lines 2 through the gaming income summary Combine lines ter the state(s) in which the organization operate organization licensed to operate gaming a	9,306.  11,391.  21,658.  Yes %  X No  th 5 in column (d)  1, column d, and line 7  ates gaming activities	56,209. 106,873. Yes% X No		9,306. 67,600. 128,531. (2,109,956)
a. 6 Direct Ey	4 5 6 7 8 En is 1	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operation.	9,306.  11,391.  21,658.  Yes %  X No  th 5 in column (d)  1, column d, and line 7  ates gaming activities	56,209. 106,873. Yes% X No		9,306. 67,600. 128,531. ( 2,109,956) 159,780.
g e 6 Direct E	6 7 8 En 1 Is 1	Contract expenses  Volunteer labor  Direct expense summary Add lines 2 through the gaming income summary Combine lines ter the state(s) in which the organization operate organization licensed to operate gaming a	9,306.  11,391.  21,658.  Yes %  X No  th 5 in column (d)  1, column d, and line 7  ates gaming activities ctivities in each of these s	56,209.  106,873.  Yes%  X No	No b	9,306. 67,600. 128,531. ( 2,109,956) 159,780.

Schedule G (Form 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 WINCHESTER ELKS LODGE #2816 61-1	371334	Page 2
11 Does the organization operate gaming activities with nonmembers?	Yes	X No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		110
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity operated in:	1 1	
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 ► LUDWIG, BLAIR & BUSH PLLC		
Address ► P O BOX 598 - WINCHESTER, KY 40392		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X 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	X 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 > \$		<u> </u>
Part IV Supplemental Information. Complete this part to provide the explanations 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 instruc	ctions).
	<del></del>	
232083 01-07-13 Schedule G (Form		F7\ 0040

### **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.

2012
Open to Public Inspection

Name of the organization	WINCHESTER ELKS LODGE #2816	Employer identification number 61-1371334
FORM 990, PAGE 6	6, SECTION A, LINE 6	
THE ORGANIZATION	N HAS DUES PAYING MEMBERS	
FORM 990, PAGE 6	5, LINE 19	
THE ORGANIZATION	N MAKES FORM 990 AVAILABLE FOR PUBLIC INS	PECTION UPON
REQUEST		
FORM 990, PAGE 6	5,_LINE 7A	
THE ORGANIZATION	N HAS MEMBERS THAT MAY ELECT ONE OR MORE (	OF THE MEMBERS
OF THE GOVERNING	G BODY	
FORM 990, PAGE 6	5, LINE 7B	
THE DECISIONS OF	F THE GOVERNING BODY ARE SUBJECT TO APPROV	/AL BY MEMBERS
FORM 990, PAGE 6	5, LINE 11	
A COPY OF FORM S	990 WAS PROVIDED TO THE GOVERNING BODY OF	THE
ORGANIZATION PRI	OR TO FILING THE FORM	