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Form 990

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 benefit trust or private foundation)

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

0MB No 1545-0047 2012

Open to Public Inspection

| | | 2042 | | 2012 | | | |
|--|---|---|---|------------------------|--|--|---|
| | | applicable | endar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31 C Name of organization DEEP CREEK ELKS LODGE 2763 | 2013 | D Emplo | yer iden | tification number |
| | | hange | | | 65-03 | 10937 | |
| ∏ Na | me cha | ange | Doing Business As | | | | |
| Init | ial retu | urn | Number and street (or P O box if mail is not delivered to street address) Room/suit | e | E Telepho | ne numb | per |
| | mınate | | 1133 CAPRICORN BLVD | | (941) | 764-69 | 925 |
| | | return | City or town, state or country, and ZIP + 4 PUNTA GORDA, FL 33983 | | (/ | | |
| Арі | olicatio | n pending | | | G Gross r | eceipts \$ | 625,464 |
| | | | F Name and address of principal officer SAMUEL WENZEL | | s this a group ffiliates? | return | for ┌ Yes ┌ No |
| | | | 25459 KOWLOON LANE PUNTA GORDA,FL 33950 | | | | , , |
| | | | FUNTA GURDA, FL 33930 | | | | led? Tyes No |
| I Ta | x-exen | mpt status | 501(c)(3) | | | | see instructions) |
| J W | ebsit | e: ► WW | /W ELKS ORG/LODGES/LODGENEWS CFM?276 | H(c) | Group exempt | ion num | nber 🗠 |
| K For | m of or | rganızatıon | ✓ Corporation Trust Association Other ► | L Year | of formation 19 | 91 M : | State of legal domicile FL |
| Pa | rt I | Sum | mary | | | • | |
| Governance | | AMERIC ORGAN: THE UN DEMON | O PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS AN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP, TO PERPET IZATION, AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOL ITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMU STRATING THAT ELKS CARE AND ELKS SHARE | UATE ITENT AN | TSELF AS A F ID PROTECTI THROUGH BE | RATER VE OR NEVO | NAL DER OF ELKS OF LENT PROGRAMS, |
| Activities & | 2 | Check th | nis box 🔭 if the organization discontinued its operations or disposed of | more th | an 25% of its | net ass | sets |
| ¥¥ | 3 | Number | of voting members of the governing body (Part VI, line 1a) $. . . $ | | | 3 | 22 |
| ACT | | | of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 21 |
| • | | | mber of individuals employed in calendar year 2012 (Part V, line 2a) | | | 6 | 0 |
| | | | mber of volunteers (estimate if necessary) | | | 7a | 6,789 |
| | 1 | | lated business taxable income from Form 990-T, line 34 | | | 7b | 3,898 |
| | | | | | Prior Year | | Current Year |
| ā | 8 | | butions and grants (Part VIII, line 1h) | | 10,: | _ | 22,163 |
| Ravenue | 9 10 | _ | m service revenue (Part VIII, line 2g) | | 590,4 | 206 | 568,018 |
| æ | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 32,! | _ | 19,084 |
| | 12 | | evenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | 633, | 505 | 609,310 |
| | 13 | | and similar amounts paid (Part IX, column (A), lines 1-3) | | · | 000 | 3,000 |
| | 14 | | ts paid to or for members (Part IX, column (A), line 4) | | .,, | | 0 |
| ø | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines 5 | - | | | 0 |
| Expenses | 16a | 10) Profes | sional fundraising fees (Part IX, column (A), line 11e) | | | | 0 |
| æ E | ь | | ndraising expenses (Part IX, column (D), line 25) •0 | | | | |
| ш | 17 | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 633,8 | 387 | 604,973 |
| | 18 | Total | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 637, | 387 | 607,973 |
| | 19 | Reven | ue less expenses Subtract line 18 from line 12 | . | -4, | 292 | 1,337 |
| . 00 | | | de less expenses subtract fine to from fine 12 | | | | |
| B OK BCes | | | de less expenses subtrace line to nom line 12 | | nning of Curre Year | | End of Year |
| ssets or Balances | 20 | | assets (Part X, line 16) | | _ | nt | |
| et Assets or and Balances | | Total | | | Year | nt | End of Year 828,896 522,371 |
| Net Assets or Fund Balances | 20 21 22 | Total a Total I Net as | assets (Part X, line 16) | | Year 827,0 | nt 520 432 | 828,896 |
| Pa l Unde my k | 20 21 22 rt III r pena | Total a Total I Net as Sign alties of | assets (Part X, line 16) | Begin | 827,0 522,0 305,0 | 520 432 188 | 828,896 522,371 306,525 s, and to the best of |
| Pa l Unde my k | 20 21 22 rt III r pena | Total a Total I Net as Sign alties of | assets (Part X, line 16) | Begin | Year 827,6 522,6 305,6 edules and start) is based on | 520 432 188 | 828,896 522,371 306,525 s, and to the best of |
| Unde my k prepa | 20 21 22 rt III r pena nowle | Total a Total I Net as Sign alties of edge and as any ki | assets (Part X, line 16) | Begin | 827,0 522,0 305,0 | 520 432 188 | 828,896 522,371 306,525 s, and to the best of |
| Pal Unde my k prepa | 20 21 22 rt III r pena nowle | Total at Total I Net as Sign alties of edge and as any king PEGO | assets (Part X, line 16) | Begin | 827,4 522,4 305,5 edules and start) is based on | 520 432 188 | 828,896 522,371 306,525 s, and to the best of |
| Par Under my k prepar | 20 21 22 rt III r pena nowle | Total a Total I Net as Sign alties of edge and as any ki **** Signa PEGC Type | assets (Part X, line 16) | Begin | 827, 522, 305, adules and star) is based on 2013-06-21 Date | 520 432 188 | 828,896 522,371 306,525 s, and to the best of |
| Unde my k prepa Sign Here | 20 21 22 11 II r pena nowle arer ha | Total a Total I Net as Sign altres of dge and as any ki **** Signa PEGO Type | assets (Part X, line 16) | Beging sche | 827,0 522,0 305,0 edules and start) is based on Date Check if self-employed | nt 520 432 188 tement all infor | 828,896 522,371 306,525 s, and to the best of |
| Unde my k prepa Sigr Hero | 20 21 22 11 II r pena nowle arer ha | Total a Total I Net as Sign alties of edge and as any ki **** Signa PEGC Type | assets (Part X, line 16) | Beging sche an officer | 827,0 522,0 305,0 edules and start) is based on 2013-06-21 Date | nt 520 432 188 tement all infor | 828,896 522,371 306,525 s, and to the best of |
| Under my k preparation of the pr | 20 21 22 rt II r pena nowle arer ha | Total a Total I Net as Sign altres of edge and as any ki **** Fignal PEGO Type | assets (Part X, line 16) | Beging sche an officer | 827,0 522,0 305,0 edules and start) is based on Date Check if self-employed | tement all infor | 828,896 522,371 306,525 s, and to the best of mation of which |

| Par | | | ervice Accomplishme response to any question in | | | |
|-------------------|---|---|--|---|--|--|
| 1 | Briefly desc | ribe the organization's mis | sion | | | |
| PRO PAT FOR | MOTE THE W RIOTISM, TO ITS GOVERN | /ELFARE AND ENHANCE ⁻ D CULTIVATE GOOD FELI NMENT, THE BENEVOLEN | THE HAPPINESS OF ITS M LOWSHIP, TO PERPETUAT T AND PROTECTIVE ORDI | EMBERS, TO QU E ITSELF AS A F ER OF ELKS OF T | DELITY, TO RECOGNIZE A ICKEN THE SPIRIT OF AME RATERNAL ORGANIZATIO HE UNITED STATES OF AME ATING THAT ELKS CARE A | ERICAN N, AND TO PROVIDE IERICA WILL SERVE |
| | | | | | | |
| 2 | the prior For | m 990 or 990-EZ? | | uring the year whi | | 「Yes ▼ No |
| _ | | cribe these new services of | | | - L | |
| 3 | services? | | or make significant change | · · · · · | · · · · · · · · · | ┌ Yes ┌ No |
| | | scribe these changes on Sc | | | | |
| 4 | expenses S | ection 501(c)(3) and 501 | | ured to report the | argest program services, as amount of grants and allocat | • |
| 4a | (Code |) (Expenses \$ | 3,000 including | grants of \$ | 3,000) (Revenue \$ |) |
| | ELKS ARE PRO | OVIDING CHARITABLE SERVICES | THAT HELP BUILD STRONGER CON | MUNITIES | | |
| | - | | | | | |
| 4b | (Code |) (Expenses \$ | ıncludıng (| grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4c | (Code |) (Expenses \$ | ıncludıng (| grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Code |) (Expenses \$ | 505,409 including | grants of \$ |) (Revenue \$ | |
| | THE LODGE A | CHIEVED UNITING ITS MEMBERS | , , | ND CHARITY THIS H | AS BEEN ACCOMPLISHED THROUGH | A YEAR-ROUND SCHEDULE |
| 4d | Other proa | ram services (Describe in | Schedule O) | | | |
| | (Expenses | • | including grants of \$ | |) (Revenue \$ |) |
| 4e | Total progr | ram service expenses 🕨 | 508,409 | | | |

| Part IV Chec | klist | of | Required | 1 Sche | dules |
|--------------|-------|----|----------|--------|-------|
|--------------|-------|----|----------|--------|-------|

| | | | 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 | | Νo |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 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 | | Νo |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V | 10 | | No |
| 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 as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | | l No |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| Ь | 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 | | No |
| 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 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 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 | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | Yes | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 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 1^7 If "Yes," complete Schedule I, Parts I and II | 21 | | N o |
| 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 | | No |
| 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 Schedule J | 23 | | Νο |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 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 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 | | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 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 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Νο |
| 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | N o |
| 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 | Yes | |
| | | F | orm 990 | (2012) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | |
|-----|---|------------|-----|-----|
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| 4a | 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)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νο |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | , | 5с | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | N o |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N o |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| 36 | | | | | | |
|---|--|---|---|---------------------------------------|---------------|----------------------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 22 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing 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 | 21 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con | | | 3 | | Νο |
| 4 | Did the organization make any significant changes to its governing documents since filed? | the p | orior Form 990 was | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the or | rganız | ation's assets? . | 5 | | Νo |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | erto ••• | elect or appoint one or | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | members, stockholders, | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written action year by the following | ons u | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule | | | 9 | | No |
| - | estion P. Policies (This Section P. requests information about policies not | ×0.011 | | | _ | |
| <u> 5e</u> | ection B. Policies (This Section B requests information about policies not a | requi | ired by the Internal F | <u> Reveni</u> | ue Cod | (e.) |
| Se | ection B. Policies (This Section B requests information about policies not i | requi | ired by the Internal F | Reveni | ye Cod Yes | (e.) No |
| | Did the organization have local chapters, branches, or affiliates? | <u>requi</u> | red by the Internal F | 10a | | |
| 10a | | | of such chapters, | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act | ıvıtıes on's e | of such chapters, xempt purposes? | 10a 10b | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization than the organization provided a complete copy of this Form 990 to all members of it | ıvıtıes on's e s gov | s of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? | ivities on's e s gov | s of such chapters, xempt purposes? erning body before filing | 10a 10b | Yes | No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov Form S | s of such chapters, xempt purposes? erning body before filing 290 | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov Form S | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with | ivities on's e s gov Form S ly inte | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e is gov form 9 ivities the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes | No No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? | ivities on's e s gov form s ly inte the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review. | ivities on's e s gov form 9 ithe p the p | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 ly inte the p iew ar | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 ly inte the p iew ar | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes | No No No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 ithe p iew ar ie deli | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes | No No No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | ivities on's e s gov form 9 ivities the p iew ar ie deli in step zatior e step | s of such chapters, xempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes | No No No No |

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon 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 financial 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 ►PEGGY JORDAN 1133 CAPRICORN BOULEVARD PUNTA GORDA, FL (941)764-6925

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

Section A. 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, or 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, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | | | | | | | | | | , |
|-------------------------------|---|-----------------------------------|-----------------------|--------------------|-----------------------------|------------------------------|-----------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot ecto | not box h ar or/tr | offic | ess er | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) DANIEL CHIARA | 5 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | | |
| (2) KATHY WENZEL ENTERTAINMEN | 10 00 | х | | | | | | 0 | 0 | 0 |
| (3) LEE BRADBURY | 5 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (4) CHARLES ED SMITH | 5 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR (5) ED CANDITO | 10 00 | | | | | | | | | |
| | 10 00 | x | | | | | | 0 | 0 | 0 |
| TILER (6) BRIAN PERCUOCO | 10.00 | | | | | | | | | |
| HOUSE COMMIT | 10 00 | × | | | | | | 0 | 0 | 0 |
| (7) DEAN HART | 10 00 | | | | | | | | | |
| SPEC COMMITT | | X | | | | | | 0 | 0 | 0 |
| (8) WILLIAM FLECKEN | 10 00 | | | | | | | 0 | 0 | |
| INNER GUARD | | X | | | | | | 0 | 0 | 0 |
| (9) JUDI ANDERSON | 10 00 | | | | | | | _ | _ | _ |
| SPEC COMMITT | | × | | | | | | 0 | 0 | 0 |
| (10) SUSAN MARONEY | 10 00 | | | | | | | _ | | _ |
| SPEC COMMITT | | X | | | | | | 0 | 0 | 0 |
| (11) TRUMAN BASS | 10 00 | | | | | | | | | |
| INDOCTRINATI | | X | | | | | | 0 | 0 | 0 |
| (12) JOHN LAWRENCE | 10 00 | | | | | | | | | |
| VET SERVICES | | × | | | | | | 0 | 0 | 0 |
| (13) LINDA BASS | 10 00 | ., | | | | | | _ | _ | _ |
| VISITING CHA | | X | | | | | | 0 | 0 | 0 |
| (14) JOHN MARONEY | 10 00 | Ü | | | | | | | | _ |
| BUGLE EDITOR | | X | | | | | | 0 | 0 | 0 |
| (15) AMY MCCURRY | 15 00 | | | х | | | | 6,468 | 0 | 0 |
| SECRETARY | | | | | | | | 3,100 | | |
| (16) PEGGY JORDAN | 10 00 | | | × | | | | 3,234 | 0 | 0 |
| TREASURER | | | | Ĺ | | | | 3,234 | | |
| (17) SAMUEL LEN WENZEL | 5 00 | | | х | | | | 0 | 0 | 0 |
| EXALTED RULE | | | | | | | | 0 | | |
| | | | | | | | | | | Form 990 (2012) |

\$100,000 of compensation from the organization 🕨

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) A verage hours per week (list any hours | more than one box, unless co person is both an officer and a director/trustee) or | | | | | ss er | (D) Reportable compensation from the organization | (E) Reportable compensati from relate organization | on d ns | (F Estim amount o compen from | ated of othe sation the |
|---|---|---|-------|---------|--------------|------------------------------|----------|---|--|---------------|---|----------------------------------|
| | for related organizations below dotted line) | Individual trustee or director | | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | | organiz | lated |
| 18) LINDA DESCHAMPS | 10 00 | | | х | | | | 0 | | 0 | | |
| EST LECURTIN | | | | `` | | | | | | Ĭ | | |
| 19) LINDA SEWELL | 10 00 | | | × | | | | 0 | | o | | |
| EST LOYAL KN | | | | | | | | | | | | |
| 20) THOMAS MCCLAIN | 10 00 | | | х | | | | 0 | | o | | |
| EST LEADING 21) RICHARD DESCHAMPS | 10 00 | | | | | - | \vdash | | | | | |
| • | 10 00 | | | × | | | | o | | o | | |
| ESQUIRE (22) CHRISTOPHER PROPER | 10 00 | | | | | | | | | | | |
| CHAPLAIN | | | | х | | | | О | | 0 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | \dashv | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-Total | | | | | | <u> </u> | | | | | | |
| c Total from continuation sheets to | Part VII. Section A | • | • | • | | - | | | | | | |
| | | | | | | ► | | 9,702 | | | | |
| 2 Total number of individuals (includi | | | | | bove | e) who | rec | eived more than | | | | |
| \$100,000 of reportable compensat | | | | | | , | | | | | | |
| | | | | | | | | | | | | N. |
| 3 Did the organization list any former | rofficer directoror | trusta | ما ه | v 2m | nnlo | V 6 6 ^ | r hic | ihest companesta | demnlovee [| | Yes | No |
| on line 1a? If "Yes," complete Schede | | | | | | | | , included the state | · · · | 3 | | No |
| 4 For any individual listed on line 1a, | is the sum of report | able c | ompe | ensa | tion | and c | othe | r compensation fr | om the | | | 110 |
| organization and related organization | • | | • | | | | | • | | | | |
| ındıvıdual | | - ' | | • | • | • | • | | | 4 | | Νo |
| 5 Did any person listed on line 1a rec services rendered to the organization | | | | | | | | | ndividual for | | | |
| services remuered to the organization | on in res, compre | 30116 | .uuie | וטוכ | suc | pers | , OI I | | [| 5 | | Νo |
| Section B. Independent Contra | ctors | | | | | | | | | | | |
| 1 Complete this table for your five hig | hest compensated | | | | | | | | | | | |
| compensation from the organization | | tion fo | r the | cale | nda | ryear | enc | ling with or within | | on's | | |
| Name a | (A) and business address | | | | | | | Description | (B) on of services | | (C) Compen | - |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | ı | | | | |

| | 7111 | Statement of Revenue Check if Schedule O contains a response to any question | in this Part VIII | | | |
|---|----------|---|-------------------|--|--------------------------------|---|
| | | check if Schedule O contains a response to any question | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
| S | 1a | Federated campaigns 1a | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | ь | Membership dues 1b | | | | |
| tributions, Gifts, Grants Other Similar Amounts | С | Fundraising events 1c | | | | |
| ffs, | d | Related organizations 1d | | | | |
| " ⊒: ! | e | Government grants (contributions) | | | | |
| ons Sir | _ | All other contributions, gifts, grants, and 1f 22,163 | | - | | |
| uti Ter | " | similar amounts not included above | | | | |
| 를 풀 | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| Cont and | h | Total. Add lines 1a-1f | 22,163 | | | |
| | | Business Code | | | | |
| Program Serwce Revenue | 2a | MEMBERSHIP ACTIVITIES | 456,370 | 456,370 | | |
| 94 24 | ь | DUES & ACTIVITIES | 104,859 | 104,859 | | |
| 90 H | с | SIGN ADVERTISING 532000 | 6,789 | | 6,789 | |
| ž b | d | | | | <u> </u> | |
| ૐ = | e | | | | | |
| <u>ाःब</u> | f | All other program service revenue | | | | |
| Ş. | g | Total. Add lines 2a-2f | 568,018 | | | |
| | 3 | Investment income (including dividends, interest, | | | | |
| | | and other similar amounts) | 45 | 45 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | | | | |
| | ь | Less rental | | | | |
| | С | expenses Rental income | | | | |
| | d | or (loss) Net rental income or (loss) | | | | |
| | | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | ь | Less cost or other basis and | | | | |
| | c | sales expenses Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| <u>a</u> | | Gross income from fundraising events (not including | | | | |
| Other Revenue | | \$ of contributions reported on line 1c) See Part IV, line 18 | | | | |
| | | a 16,238 | | | | |
| 푡 | | Less direct expenses b 14,529 Net income or (loss) from fundraising events b | 1,709 | | | 1,709 |
| • | c 9a | Gross income from gaming activities | 1,709 | | | 1,709 |
| | | See Part IV, line 19 | | | | |
| | | a 19,000 | | | | |
| | | Less direct expenses b 1,625 | 17,375 | 17,375 | | |
| | с 10а | Net income or (loss) from gaming activities | 17,373 | 17,373 | | |
| | ь | Less cost of goods sold b | | | | |
| | С | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | | |
| l. | ь | | | | | |
| 1 | 1 | | | T | | |
| | C | | | | | |
| | c d | All other revenue | | | | |
| | _ | All other revenue | | | | |

| | X Statement of Functional Expenses | | | | |
|-------------|---|--------------------|------------------------|-----------------------|--------------------|
| ection | 501(c)(3) and 501(c)(4) organizations must complete all columns All | | | | |
| | Check if Schedule O contains a response to any question in this Painclude amounts reported on lines 6b, Db, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | | 1 | expenses | general expenses | expenses |
| | rants and other assistance to governments and organizations the United States See Part IV, line 21 | 3,000 | | | |
| | rants and other assistance to individuals in the nited States See Part IV, line 22 | | | | |
| 01 | rants and other assistance to governments, rganizations, and individuals outside the United tates See Part IV, lines 15 and 16 | | | | |
| 4 B | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, trustees, and ey employees | | | | |
| (a | ompensation not included above, to disqualified persons as defined under section $4958(f)(1)$) and persons escribed in section $4958(c)(3)(B)$ | | | | |
| 7 0 | ther salaries and wages | | | | |
| | ension plan accruals and contributions (include section 401(k) nd 403(b) employer contributions) | | | | |
| 9 0 | ther employee benefits | | | | |
| D P | ayroll taxes | | | | |
| 1 F | ees for services (non-employees) | | | | |
| a M | anagement | | | | |
| b Le | egal | | | | |
| c A | ccounting | 4,200 | | | |
| d Lo | obbying | | | | |
| e P | rofessional fundraising services See Part IV, line 17 | | | | |
| f Ir | nvestment management fees | | | | |
| _ c | ther (If line 11g amount exceeds 10% of line 25, olumn (A) amount, list line 11g expenses on chedule O) | | | | |
| | dvertising and promotion | | | | |
| | ffice expenses | | | | |
| | nformation technology | | | | |
| | | | | | |
| | oyalties | 4 277 | | | |
| | ccupancy | 4,377 | | | |
| | ravel | | | | |
| st | ayments of travel or entertainment expenses for any federal, tate, or local public officials | | | | |
| | onferences, conventions, and meetings | 3,141 | | | |
| | nterest | 28,558 | | | |
| | ayments to affiliates | 17,518 | | | |
| | epreciation, depletion, and amortization | 22,853 | | | |
| | nsurance | 5,915 | | | |
| m | ther expenses Itemize expenses not covered above (List hiscellaneous expenses in line 24e If line 24e amount exceeds 10% fline 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| | ROGRAM SERVICE EXPENSES | 250,625 | | | |
| _ | TAFF LEASING EXPENSES | 115,266 | | | |
| c M | USIC & ENTERTAINMENT | 44,025 | | | |
| _ | TILITIES | 34,101 | | | |
| _ | Il other expenses | 74,394 | | | |
| _ | otal functional expenses. Add lines 1 through 24e | 607,973 | 0 | 0 | |
| 6 Jo | pint costs. Complete this line only if the organization eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation. Check ere | 507,373 | 0 | | |

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|------------------------|-----|--|---------|---------------|--------------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | | | 149,999 | 1 | 166,708 |
| | 2 | Savings and temporary cash investments | | • | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | 20 |
| | 5 | Loans and other receivables from current and former officers, diremployees, and highest compensated employees. Complete Par Schedule L | | trustees, key | | _ | |
| Assets | 6 | Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and coand sponsoring organizations of section 501(c)(9) voluntary emorganizations (see instructions) Complete Part II of Schedule L | ntrıbut | ing employers | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| ₫ | 8 | Inventories for sale or use | | | 16,446 | 8 | 24,117 |
| | 9 | Prepaid expenses and deferred charges | | | , | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,023,505 | | | |
| | ь | Less accumulated depreciation | 10b | 391,717 | 654,348 | 10c | 631,788 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 6,342 | 14 | 6,048 |
| | 15 | Other assets See Part IV, line 11 | | | 485 | 15 | 215 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 827,620 | 16 | 828,896 |
| | 17 | Accounts payable and accrued expenses | | | 26,470 | 17 | 34,367 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 56,694 | 19 | 59,186 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Sched | ule D | | | 21 | |
| Ilities | 22 | Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie | s, trus | | | | |
| Liabili | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 438,268 | 23 | 428,818 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part | X of S | hedule | 1,000 | 25 | |
| | 36 | D | | | 522,432 | | 522,371 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 522,432 | 26 | 322,371 |
| S C | | Organizations that follow SFAS 117 (ASC 958), check here ► ☐ lines 27 through 29, and lines 33 and 34. | and co | mpiete | | | |
| 200 | 27 | Unrestricted net assets | | | | 27 | |
| ≝ 8 | 28 | Temporarily restricted net assets | | - | | 28 | |
| <u> </u> | 29 | Permanently restricted net assets | | | | 29 | |
| Assets of Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34. | | and | | | |
| о У | 30 | Capital stock or trust principal, or current funds | | | 10,005 | 30 | 11,692 |
| Ř | 31 | Paid-in or capital surplus, or land, building or equipment fund. | | | | 31 | |
| î | 32 | Retained earnings, endowment, accumulated income, or other fu | | | 295,183 | 32 | 294,833 |
| ž | 33 | Total net assets or fund balances | | | 305,188 | 33 | 306,525 |
| Z | 34 | Total liabilities and net assets/fund balances | | | 827,620 | | 828,896 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | | | ୮ |
|-----|---|----------|-----------|------------|---------------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ϵ | 509,310 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | e | 507,973 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 1,337 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 3 | 305,188 |
| 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 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 3 | 306,525 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . \sqsubset |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed on | | | |
| | ▼ Separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of the | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O | ו | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | е | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equire | 3b | | |

DLN: 93493175003153

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

| terna | Revenue Service Attach to Fori | m 990. ► See separate instructions. | | Inspect | HOH |
|---------------|--|---|--|-------------|-----------|
| | me of the organization EP CREEK ELKS LODGE 2763 | | Employer identification | tion numbe | er |
| DLL | F CREEK LERS LODGE 2703 | 65-0310937 | | | |
| Pa | rt I Organizations Maintaining Donor Adv | | inds or Accounts | . Complet | te if the |
| | organization answered "Yes" to Form 990 | í · · · · · · · · · · · · · · · · · · · | 1 (1) 5 1 1 | 1.1 | |
| | Tabel number at and at usen | (a) Donor advised funds | (b) Funds and c | tner accou | Ints |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 - | Aggregate value at end of year | | <u> </u> | | |
| 5 | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or | - | or advised | ☐ Yes | Г№ |
| 6 | Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit? | | | ☐ Yes | ┌ No |
| Pa | rt III Conservation Easements. Complete if | the organization answered "Yes" to | Form 990, Part IV | , line 7. | |
| 1 | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | or education) Preservation of an Preservation of a c | historically important ertified historic struct ne form of a conservat | cure | |
| | casement on the last day of the tax year | Γ | Held at the | End of the | Year |
| а | Total number of conservation easements | | 2a | | |
| ь | Total acreage restricted by conservation easements | | 2b | | |
| c | Number of conservation easements on a certified histo | oric structure included in (a) | 2c | | |
| d | Number of conservation easements included in (c) acq historic structure listed in the National Register | 2d | | | |
| 3 | Number of conservation easements modified, transferr | ed, released, extinguished, or terminated | d by the organization (| during | |
| | the tax year 🛌 | | | | |
| 4 | Number of states where property subject to conservati | ion easement is located 🕨 | | | |
| 5 | Does the organization have a written policy regarding tenforcement of the conservation easements it holds? | | — ling of violations, and | ☐ Yes | ┌ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easem | ents during the year | • | |
| | <u> </u> | | | | |
| 7 | A mount of expenses incurred in monitoring, inspecting | , and enforcing conservation easements | during the year | | |
| , | ▶ \$ | | | | |
| 8 | Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)? | d) above satisfy the requirements of sect | tion 170(h)(4)(B)(i) | ☐ Yes | ┌ No |
| 9 | In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the | e footnote to the organization's financial | | | |
| | the organization's accounting for conservation easeme | | or Other Circiles | N = = = t = | |
| ŒΙ | t III Organizations Maintaining Collection Complete if the organization answered "Y | | or Other Similar A | assets. | |
| 1a | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t | 16 (ASC 958), not to report in its reven ts held for public exhibition, education, o | or research in furthera | | |
| b | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes | 16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o | tatement and balance | | ic |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | F \$ | | |
| | (ii) Assets included in Form 990, Part X | | <u></u> \$ | | |
| 2 | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | • - | | |

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| | Jsing the organization's acquisition, accessi | | | | | | | | | | | |
|----------------|---|---------------------|----------|----------------|---------|----------------------|-----------------------------------|------------|--------------------------|--------|-----------------|-----------|
| | ollection items (check all that apply) | on, and other reco | rds, cł | neck | any of | the follo | wing that | are a | significant | use of | ıts | |
| аГ | Public exhibition | | d | Γ | Loar | orexch | ange prog | rams | | | | |
| ьГ | Scholarly research | | e | Γ | Othe | er | | | | | | |
| с Г | Preservation for future generations | | | | | | | | | | | |
| | rovide a description of the organization's co Part XIII | llections and expla | aın hov | w the | y furth | ner the or | ganızatıor | ı's ex | empt purpo | se in | | |
| | Ouring the year, did the organization solicit o | | | | | | | | ıılar | _ | | _ |
| | ssets to be sold to raise funds rather than t | | | | | | | | asil to Fore | | Yes | │ No |
| Part | Escrow and Custodial Arrange Part IV, line 9, or reported an am | | | | | | answere | u r | es to ron | 11 990 | , | |
| | s the organization an agent, trustee, custod ncluded on Form 990, Part X? | | | | | | r other ass | ets | not | Г | Yes | ┌ No |
| b I | f "Yes," explain the arrangement in Part XII | I and complete the | e follov | wing t | able | | - | | | | | |
| | | | | | | | - | | | A mou | nt | |
| c E | Beginning balance | | | | | | | 1c | | | | |
| d / | Additions during the year | | | | | | - | 1d | | | | |
| e [| Distributions during the year | | | | | | | 1e | | | | |
| f E | Ending balance | | | | | | | 1 f | | | | |
| 2a D | old the organization include an amount on Fo | rm 990, Part X, Iır | ne 21? | , | | | | | | Γ | Yes | ┌ No |
| ь _I | f "Yes," explain the arrangement in Part XII | Check here if the | e expla | anatı | n has | been pro | ovided in F | art) | «III | | | 厂 |
| Part | V Endowment Funds. Complete | | | | | | | | | | | |
| 4 | 2 | (a)Current year | (b |) Prior | year | b (c) Tw | o years bacl | ((d) | Three years ba | ick (e | Four ye | ears back |
| | Beginning of year balance | | | | | - | | | | | | |
| | Contributions | | | | | | | | | | | |
| c N | vet investment earnings, gams, and losses | | | | | | | | | | | |
| d (| Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities and programs | | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | | |
| g E | End of year balance | | | | | | | | | | | |
| 2 P | rovide the estimated percentage of the curr | ent year end balan | nce (lır | ne 1 g | , colur | mn (a)) h | eld as | | | | | |
| a B | Board designated or quasi-endowment 🟲 | | | | | | | | | | | |
| b P | ermanent endowment 🟲 | | | | | | | | | | | |
| | emporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou | ıld equal 100% | | | | | | | | | | |
| | are there endowment funds not in the posses organization by | sion of the organiz | zatıon | that | are he | ld and ac | lmınıstere | d for | the | | V | |
| | i) unrelated organizations | | | | | | | | Г | 3a(i) | Yes | No |
| • | ii) related organizations | | | | | | | | - | 3a(ii) | | |
| - | f "Yes" to 3a(II), are the related organization | | | | ule R | ? | | | | 3b | | |
| | Describe in Part XIII the intended uses of th | e organızatıon's er | ndowm | ent f | unds | | | | | | | |
| Part | | nt. See Form 99 | 90, Pa | _ | | | la vo . | | | 1 | (1) 5 | |
| | Description of property | | | | | or other estment) | (b) Cost or basis (oth | | (c) Accumu depreciati | | (d) Bo | ok value |
| 1a La | nd | | | | | 124,500 | | | | | | 124,500 |
| b Bu | ııldıngs | | | | | 733,002 | | | 2: | 31,021 | | 501,981 |
| c Le | asehold improvements | | | | | | | | | | | |
| d Ec | juipment | | | | | 166,003 | | | 10 | 50,696 | | 5,307 |
| '• | ther | | | | | | | | | l | | |

| Part VIII Investments—Other Securities. See | ፥ Form 990, Part X, line 1 | .2. |
|---|----------------------------|----------------------------------|
| (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| | | |
| (2)Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | * | |
| | | 12 |
| Part VIII Investments—Program Related. Se | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| | | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | <u> </u> | |
| Part IX Other Assets. See Form 990, Part X, I | ine 15. | |
| (a) Descr | ıptıon | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 | 5.) | |
| Part X Other Liabilities. See Form 990, Part | | |
| | | I |
| 1 (a) Description of liability | (b) Book value |] |
| Federal income taxes | | |
| | 1 | 1 |
| | + | 4 |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te | | |

| Par | t XI Reconciliation of Revenue per Audited Financial Statements With Revenue | oer F | Return |
|------|--|-------|-----------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 625,464 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) 2d 16,154 | | |
| e | Add lines 2a through 2d | 2e | 16,154 |
| 3 | Subtract line 2e from line 1 | 3 | 609,310 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 609,310 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses | s pei | r Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 624,127 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments |] | |
| c | Other losses |] | |
| d | Other (Describe in Part XIII) 2d 16,154 | 1 | |
| e | Add lines 2a through 2d | 2e | 16,154 |
| 3 | Subtract line 2e from line 1 | 3 | 607,973 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) 4b | 1 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 607,973 |
| Par | t XIII Supplemental Information | • | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

| Identifier Return Reference | | Explanation |
|--|---------|---|
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | LINE 2D | GROSS PULL TAB EXPENSES 1,625 GROSS LODGE FUNDRAISING EXPENSES 11,756 GOLF TOURNEY INCOME 2,773 |
| EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER | l ' ' ' | PULL TAB EXPENSES 1,625 LODGE FUNDRAISING EXPENSES 11,756 GOLF TOURNAMENT EXPENSES 2,773 |

DLN: 93493175003153

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

DEEP CREEK ELKS LODGE 2763

Department of the Treasury

licensing

Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a |
|---|
| a Mail solicitations b Internet and email solicitations c Phone solicitations d 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? 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 have custody or control of contributions? (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? |
| individual fundraiser have from activity (or retained by) or entity (fundraiser) custody or control of contributions? (or retained by) fundraiser listed in organization |
| |
| |
| Total |

| Pa | rt II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g | aising event contribut | | | | | | |
|--------------|---|--|-------------------------------|--|-------------------------|--|--|--|--|
| | | | (a) Event #1 LODGE FUNDRAISE | (b) Event #2 GOLF TOURNEY | (c) O ther events | (d) Total events (add col (a) through col (c)) | | | |
| ٠. | | | (event type) | (event type) | (total number) | | | | |
| Revenue | 1 | Gross receipts | 9,83 | 6,403 | | 16,238 | | | |
| θζe | 2 | Less Contributions | | | | | | | |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | 9,83 | 5 6,403 | | 16,238 | | | |
| | 4 | Cash prizes | | | | | | | |
| | 5 | Noncash prizes | | | | | | | |
| Expenses | 6 | Rent/facility costs | | | | | | | |
| Ş | 7 | Food and beverages . | | | | | | | |
| | 8 | Entertainment | | | | | | | |
| Dreat | 9 | Other direct expenses . | 11,750 | 5 2,773 | | 14,529 | | | |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | | | | | |
| | 11 | Net income summary Combine Ii | | | | | | | |
| Par | t II | | | | rt IV. line 19. or repo | 1,709 orted more than | | | |
| | | \$15,000 on Form 990-EZ, lii | | , | , , , | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (d) Total gaming (add col (a) through col (c)) | | | |
| Re | 1 | Gross revenue | | 19,000 | | 19,000 | | | |
| Expenses | 2 | Cash prizes | | | | | | | |
| pe | 3 | Non-cash prizes | | | | | | | |
| Direct D | 4 | Rent/facility costs | | | | | | | |
| ₫ | 5 | Other direct expenses | | 1,625 | | 1,625 | | | |
| | 6 | Volunteer labor | ┌ Yes ┌ No | ┌ Yes ┌ No | ┌ Yes ┌ No | | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column (| (d) | | 1,625 | | | |
| | 8 | Net gaming income summary Com | ibine lines 1 and 7 in col | umn (d) | | 17,375 | | | |
| 9 | | ter the state(s) in which the organiza | | | | | | | |
| a | | the organization licensed to operate | | • | | . Ves No | | | |
| b | If" | No," explain | | | | | | | |
| | | | | | | ı | | | |
| 10a | Wei | re any of the organization's gaming | licenses revoked, suspei | nded or terminated during | the tax year? | Vas V Na | | | |
| b | | Yes," explain | , | | • | 1 165 1 110 | | | |

| Does | tne organizat | tion operate gaming | activities with nonmembers? . | | | | Yes No |
|------|---|------------------------|--|--------------|-------------------------------|--------------|-------------------------------|
| 12 | Is the organ | ızatıon a grantor, beı | neficiary or trustee of a trust or a | member o | f a partnership or other enti | ty | |
| | formed to ad | mınıster charıtable ç | gaming? | | | | ┌ Yes ┌ No |
| 13 | Indicate the | percentage of gamır | ng activity operated in | | | | |
| а | The organiza | ition's facility | | | | . 13a | |
| ь | An outside fa | acility | | | | . 13b | |
| 14 | Enter the na | me and address of th | ne person who prepares the orgar | ıızatıon's g | jaming/special events book | s and record | s |
| | | | | | | | |
| | Name 🟲 | PEGGY JORDAN | | | | | |
| | Address 🟲 | 1133 CAPRICOR | N BOULEVARD | | | | |
| | | PUNTA GORDA, F | L 33983 | | | | |
| | | | | | | | |
| 15a | Does the org | janization have a coi | ntract with a third party from who | m the orga | nization receives gaming | | |
| | revenue? . | | | | | | . Г_{Yes} Г Nо |
| b | If "Yes," ent | er the amount of gar | ning revenue received by the org | anızatıon 🖡 | * \$ | and the | |
| | amount of ga | ımıng revenue retain | ed by the third party 🟲 \$ | | | | |
| c | If "Yes," ent | er name and address | s of the third party | | | | |
| | | | | | | | |
| | Name 🟲 | | | | | | |
| | Address 🟲 | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| 16 | Gaming man | ager information | | | | | |
| | Cuming man | ager miermatiem | | | | | |
| | Name 🟲 | | | | | | |
| | | | | | | | |
| | Gaming man | ager compensation | * \$ | | | | |
| | | | - | | | | |
| | Description | of services provided | • | | | | |
| | _ | | Employee | _ | | | |
| | Director/ | | I Employee | ļ | Independent contractor | | |
| 17 | Mandatory d | | er state law to make charitable di | | from the gaming proceeds | +- | |
| а | _ | · | | | | | |
| | | | | | | | res room No |
| Ь | | | required under state law distribu | | er exempt organizations or | spent | |
| Da | | | activities during the tax year r mation. Complete this part t | | e the evolanations requi | red by Dari | · I line 2h |
| | | | and Part III, lines 9, 9b, 10b, | | | | |
| | | | ditional information (see inst | | | | |
| | Ide | ntıfıer | Return Reference | | Expla | nation | |
| ı | 140 | | | l | Expid | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493175003153

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization DEEP CREEK ELKS LODGE 2763 Employer identification number

65-0310937

| ldentifier | Return Reference | Explanation |
|--|---|--|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY, TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS, TO QUICKEN THE SPIRIT OF AMERICAN PATRIOTISM, TO CULTIVATE GOOD FELLOWSHIP, TO PERPETUATE ITSELF AS A FRATERNAL ORGANIZATION, AND TO PROVIDE FOR ITS GOVERNMENT, THE BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE UNITED STATES OF AMERICA WILL SERVE THE PEOPLE AND COMMUNITIES THROUGH BENEVOLENT PROGRAMS, DEMONSTRATING THAT ELKS CARE AND ELKS SHARE |
| ALL OTHER ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | THE LODGE ACHIEVED UNITING ITS MEMBERS IN THE BONDS OF FRATERNITY AND CHARITY THIS HAS BEEN ACCOMPLISHED THROUGH A YEAR-ROUND SCHEDULE OF SOCIAL AND RECREATIONAL ACTIVITIES FOR MEMBERS, THEIR FAMILIES AND GUESTS |
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | GOVERNING BODY MAY ELECT MORE MEMBERS |
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | ANY DECISIONS ARE SUBJECT TO THE APPROVAL OF THE MEMBERS |
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | THE RETURN IS REVIEWED BY THE TREASURER AND ANY AVAILABLE TRUSTEES ANY QUESTIONABLE ITEMS ARE DISCUSSED BEFORE THE RETURN IS FILED |
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | TRUSTEES REVIEW ANNUALLY ANY QUESTIONS REGARDING CONFLICT OF INTEREST |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | ALL DOCUMENTS ARE AVAILABLE FOR REVIEWING UPON REQUEST |
| OTHER EXPENSES | FORM 990, PART IX, LINE 24E | REPAIR & MAINTENANCE 20,719 7,140 0 OFFICE 0 14,870 0 TAXES & LICENSES 741 10,001 0 JANITORIAL 7,513 1,246 0 SUPPLIES 7,185 0 0 MISCELLANEOUS 0 2,530 0 CHARITY EXPENSES 1,250 0 0 TAXES 585 0 0 COMMUNITY ACTIVITIES 0 533 0 LAUNDRY 81 0 0 |
| RECONCILIATION OF CHANGES - OTHER | FORM 990, PART XI, LINE 9 | GROSS PULL TAB EXPENSES 1,625 GROSS LODGE FUNDRAISING EXPENSES 11,756 GOLF TOURNEY INCOME 2,773 PULL TAB EXPENSES -1,625 LODGE FUNDRAISING EXPENSES - 11,756 GOLF TOURNAMENT EXPENSES -2,773 |

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DLN: 93493175003153

OMB No 1545-0172

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Internal Revenue Service (99) See separate instructions. Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return DEEP CREEK ELKS LODGE 2763 65-0310937 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9

Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . 🕨 | 13

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

Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 18.795

MACRS Depreciation (Do not include listed property.) (See instructions.)

MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · · 3,764 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period deduction property service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property **d** 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L ΜМ S/L **h** Residential rental 27 5 yrs property 27 5 yrs ΜМ S/L ММ i Nonresidential real 39 yrs property ММ S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life S/L **b** 12-year S/L 12 vrs **c** 40-year MMS/L 40 yrs

Part IV **Summary** (see instructions)

21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12906N

23

Form **4562** (2012)

22,559

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for

| | | recreation, | | | | | | | | | | | | | | | |
|---|------------------------------|-------------------------|--------------|---------------|---------------------|-----------|------------|----------------|---------------|--------------------|--|--------|-----------|--|---------------------|-----------|--|
| | | vehicle for | | | | | | | | | | | | | | hlo | |
| Section A—Depre | | 24a, 24b, c | | | | | | | | | | | | | | | |
| | | | | | | | LIIC II | | | | | | | | | | |
| 24a Do you have evider | ice to support | the business/in | vestment u | ise claimed | d?I Yes | I No | | 2 | 4 b If | "Yes," | is the ev | dence | written | ? I Ye | s I No | 0 | |
| (a) | 1) | | (e) | | (f) | | (g) | | (1 | 1) | | (i) | | | | | |
| Type of property (list | (b) Date placed in | Business/ investment | Cost o | | Basis for (business | | | Recover | ' | Method/ | | Depre | ciation/ | | Electe section : | | |
| vehicles first) | service | use percentage | bas | SIS | 1 ' | e only) | ilelit | period | Co | onventio | n | dedu | ction | | cost | | |
| 350 11 1 | | | | | | | | <u> </u> | <u> </u> | <u> </u> | _ | | | | | | |
| 25 Special depreciation allo 50% in a qualified busi | • | | erty placed | in service (| during the | tax year | and u | ised mo | re tha | n 25 | . | | | | | | |
| 26 Property used more | ` | | husiness | | | | | | | 23 | <u>' </u> | | | | | | |
| 20 Froperty used more | Liiaii 50% | m a quanneu % | Dusilless | use | | | | | 1 | | 1 | | | | | | |
| | | % | | | | | | | + | | | | | | | | |
| | | % | | | | | | | | | | | | | | | |
| 27 Property used 50% | or less in a | | iness us | е | | | | | | | | | | | | | |
| | | % | | | | | | | S/L | | | | | | | | |
| | | % | | | | | | | S/L · | | - | | | | | | |
| 28 Add amounts in co | olumn (h) Tur | | ıh 27 En | ter here : | and on lir | ne 21 r | nage | 1 | 28 | | | | | | | | |
| 29 Add amounts in co | | | | | | , | page | - L | | | | | 29 | | | | |
| 29 Add amounts in co | olumn (1), im | | ction B | | | | | s Vak | · | • • | • | | 29 | | | | |
| Complete this section | for vehicles | | | | | · · · · · | | | | - | r relati | ed nei | rson | | | | |
| If you provided vehicles to | your employee | es, first answer | the question | ns in Section | n C to see | ıf you m | neet a | n excep | tion to | comple | ting this | sectio | n for tho | se vehic | les | | |
| 30 Total husiness/inv | zestment mi | les driven du | rına the | | a) | (E | • | | (c) | | (0 | - | - | e) | 1 - | f) | |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | Vehicle 1 V | | hicle 2 Ve | | ehicl | e 3 | Vehi | cle 4 | Veh | Vehicle 5 | | Vehicle 6 | |
| | | | | | | | | | | | | | <u> </u> | | | | |
| 31 Total commuting i | miles driven | during the ye | ear . | | | | | | | | | | | | ↓ | | |
| 32 Total other persor | nal(noncomn | nuting) miles | drıven | | | | | | | | | | | | | | |
| 33 Total miles driven | during the y | ear Add line | s 30 | | | | | | | | | | | | | | |
| through 32 . | | | | | 1 | | | | | | | | <u> </u> | | ├─ | | |
| 34 Was the vehicle a | vailable for p | ersonal use | | Yes | No | Yes | No | Ye | s | No | Yes | No | Yes | No | Yes | No | |
| during off-duty ho | urs? . | | | | | | | | | | | | | | ↓ | | |
| 35 Was the vehicle u | | by a more t | han 5% | | | | | | | | | | | | | | |
| owner or related p | | | | | | | | | _ | | | | <u> </u> | | ├── | | |
| 36 Is another vehicle | | | | | | L | L | | | | <u> </u> | | <u> </u> | | | | |
| | | stions for | | | | | | | | | | | | | | | |
| Answer these questio 5% owners or related | | • | | eption to | complet | ing Se | ction | B for v | enic | ies use | е а ву е | mpioy | rees wr | io are i | not mo | re thar | |
| 37 Do you maintain a | | | | nibits all | personal | use of | vehic | cles. ır | clud | ına cor | nmutın | a. bv | vour | | es | No | |
| employees? . | | | | | | | | | | | | • | | <u> </u> | - | 110 | |
| | | | | | | | | | | | | | | <u> </u> | \rightarrow | | |
| 38 Do you maintain a | • | • | | • | | | | • | • | | | your | | | | | |
| employees? See t | | | | | | ers, aire | ctors | s, or i | % OT | more | owners | • | | - | $-\!\!+$ | | |
| 39 Do you treat all us | e of vehicle | s by employe | es as per | sonal us | e? | | | | • | | | • | | | | | |
| 40 Do you provide movehicles, and reta | | | | oyees, ol | btaın ınfo • • • | rmatio | n fror | m your | emp | loyees • • | about | the us | se of | | | | |
| 41 Do you meet the r | eguirements | concerning | qualified a | automobi | le demor | stratio | n use | e? (See | e inst | ructio | ns). | | | | | | |
| Note: If your answ | verto 37-38 | 39 40 or 4 | 11 is "Yes | s " do no | t comple | te Sect | ion B | · S for the | e cov | ered v | ehicles | | | | | | |
| | rtization | , 33, 10, 01 | 11 15 10. | 3, 40 110 | Compie | | | 7 101 111 | | | | | | | | | |
| Allio | I tization | (b) | | | | | | | | (e | ., | | | | | | |
| (a) | | Date | | (c | - | | | (d) | , | رب A mortı | - | | | (f) | | | |
| Description of c | osts | amortizatio | n | A mort amo | | | | Code ection | | perio | d or | | | rtızatı hıs ye | | | |
| | | begins | | 41110 | ane | | | | | perce | ntage | | | y e | | | |
| 42 A mortization of co | sts that beg | ıns durıng yo | ur 2012 | tax year | (see inst | truction | ıs) | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 43 A mortization of co | sts that beg | an before yo | ur 2012 t | ax year | | | | | | | 43 | | | | | 294 | |

44 Total. Add amounts in column (f) See the instructions for where to report

294