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# Short Form Return of Organization Exempt From Income Tax

## 2013

**Open to Public Inspection**

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization: **ELYRIA CHARITIES, INC**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**134 KENWOOD STREET**  
 City or town State ZIP code  
**ELYRIA OH 44035**  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number: **30-0277860**

**E** Telephone number: **(440) 365-0205**

**F** Group Exemption Number ▶ \_\_\_\_\_

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [www.elyriacharities.org](http://www.elyriacharities.org)

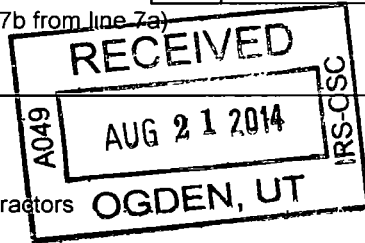
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **182,383**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	9,304
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	2,218
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	168,455
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	84,493	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	83,962	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	2,406	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	97,890	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	37,131
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	47,853
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	5,240
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	18,566
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	108,790
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-10,900
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	126,910
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	116,010



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**Part II Balance Sheets.** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	105,115	22 90,026
23 Land and buildings		23
24 Other assets (describe in Schedule O)	21,795	24 25,984
25 Total assets	126,910	25 116,010
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,910	27 116,010

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? See Schedule O

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

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

28 THE ELYRIA CHARITIES PROVIDED FINANCIAL SUPPORT TO EDUCATIONAL ORGANIZATIONS THROUGHOUT LORAIN COUNTY		
(Grants \$ 37,131 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	57,916
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	57,916

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILLIAM SPEIDEL DIRECTOR, SECRETARY/TREAS, EXE DIR	Hr/WK 40 00	40,000		
RACHAEL SPEIDEL DIRECTOR/ TRUSTEE	Hr/WK 15 00			
JOSEPH BUGA DIRECTOR/ PRESIDENT	Hr/WK 5 00			
RUSSELL MILLER DIRECTOR/ TRUSTEE	Hr/WK 1 00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents...
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of WILLIAM SPEIDEL Telephone no (440) 365-0205 Located at 134 KENWOOD STREET City ELYRIA ST OH ZIP + 4 44035
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42 c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and row 46 containing 'X' in the No column.

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns and row 47 containing 'X' in the No column.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns and row 48 containing 'X' in the No column.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns and row 49a containing 'X' in the No column.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and row 49b containing 'X' in the No column.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain 'None'.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes [X] No [ ]

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here section with handwritten signature of Wm T Speidel, Executive Director, dated 8-8-14.

Paid Preparer Use Only section with fields for Pnn/Type preparer's name (Jamie Kotris), Preparer's signature (Jamie Kotris), Date (8/7/2014), Check self-employed [X], PTIN (P01063329), Firm's name (Kotris and Associates), Firm's EIN (34-1714799), Firm's address (P O Box 1990, Elyria, OH 44036-1990), Phone no ((440) 897-2345).

May the IRS discuss this return with the preparer shown above? See instructions. Yes [X] No [ ]

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>ELYRIA CHARITIES, INC</b>	Employer identification number <b>30-0277860</b>
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**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 Total.</b> Add lines 1 through 3	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
<b>11 Total support.</b> Add lines 7 through 10						0
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			39,700	18,720	9,303	67,723
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	816,599	809,066	65,108	69,967	168,455	1,929,195
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	816,599	809,066	104,808	88,687	177,758	1,996,918
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						1,996,918

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	816,599	809,066	104,808	88,687	177,758	1,996,918
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,274	3,827	285	3,558	2,218	14,162
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	4,274	3,827	285	3,558	2,218	14,162
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				43	2,406	2,449
13 Total support. (Add lines 9, 10c, 11, and 12)	820,873	812,893	105,093	92,288	182,382	2,013,529

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.18%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.90%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.70%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.58%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts		0	0
	2	Less Contributions		0	0
	3	Gross income (line 1 minus line 2)		0	0
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		0	0
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses		0	0
	10	Direct expense summary Add lines 4 through 9 in column (d)			▶
11	Net income summary Subtract line 10 from line 3, column (d)			▶	0

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue		168,455	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs		5,806		5,806
	5	Other direct expenses	0	78,687		78,687
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary Add lines 2 through 5 in column (d)			▶	( 84,493)	
8	Net gaming income summary Subtract line 7 from line 1, column (d)			▶	83,962	

- 9 Enter the state(s) in which the organization operates gaming activities OH
- a Is the organization licensed to operate gaming activities in each of these states?  Yes  No
- b If "No," explain \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No
- b If "Yes," explain \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ELYRIA CHARITIES, INC

Employer identification number

30-0277860

Form 990-EZ, Part I, Line 8, Other Revenue OHIO WORKERS COMPENSATION REFUND OF OVER PAID

PREMIUMS 2,406

Form 990-EZ, Part I, Line 10, Grants Paid Activity Education, Grantee Horizon Activities

Center 104 Louden Court Elyria OH 44035, Cash Grant 9,100, Relationship Donor

Form 990-EZ, Part I, Line 10, Grants Paid Activity Education, Grantee Vermillion High

School 1250 Sanford St Vermillion OH 44089, Cash Grant 9,056, Relationship Donor

Form 990-EZ, Part I, Line 16, Other Expenses Travel 2,585

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,695

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 585

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 2,839

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 4,364

Form 990-EZ, Part I, Line 16, Other Expenses Payroll Taxes 3,060

Form 990-EZ, Part I, Line 16, Other Expenses Workers Compensation 1,043

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 434

Form 990-EZ, Part I, Line 16, Other Expenses Dues and subscriptions 351

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Fee 216

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 130

Form 990-EZ, Part I, Line 16, Other Expenses Utilities 822

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous Expense 442

Form 990-EZ, Part II, Line 24, Other Assets Security Deposits Beginning of year 4,606, End

of year 2,250

Form 990-EZ, Part II, Line 24, Other Assets Furniture and equipment - net Beginning of year

1,146, End of year 646

Form 990-EZ, Part II, Line 24, Other Assets Ticket machines - net Beginning of year 11,544,

End of year 17,455

Form 990-EZ, Part II, Line 24, Other Assets Receivables Beginning of year 563, End of year

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

HTA

Name of the organization

Employer identification number

ELYRIA CHARITIES, INC

30-0277860

Form 990-EZ, Part II, Line 24, Other Assets Inventory Beginning of year 3,936, End of year

5,633

Form 990-EZ, Part III, Section Organizations Mission, Line 28 Educating and developing the

capabilities of individuals through instruction and recreation, supporting schools and other

educational institutions by cultivating clean, wholesome school spirit, wellness , promoting

good sportsmanship, and developing high ideals of character throughout Lorain County

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ELYRIA CHARITIES, INC	Business or activity to which this form relates 990EZ	Identifying number 30-0277860
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**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	0

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	3,386
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property		9,775	5	HY	SL	978
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	4,364
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Form 4562 Statement - 990EZ**

12/31/2013

Item No	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost of Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2013 Deprec	2013 Accum Deprec
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**Depreciation Detail**

**ACRS and other depreciation (Line 16)**

1																
2																
3	GDS 3-year property															
4	GDS 5-year property									9,775	5	SL	HY		978	
5	GDS 7-year property															
6	GDS 10-year property															
7	GDS 15-year property															
8	GDS 20-year property															
9	GDS 25-year property															
10	GDS Res Rental 1										25					
11	GDS Res Rental 2										27.5					
12	GDS Non Res Rental 1										27.5					
13	GDS Non Res Rental 2										39					
14	ADS Class life															
15	ADS 12-year										12					
16	ADS 40-year										40					
23																
24																
25																
26																
27																
28																
29																
30																

**Total ACRS and other depreciation (Line 16)**

0	0	0	0	0	0	0	0	0	0	9,775				0	978	0
---	---	---	---	---	---	---	---	---	---	-------	--	--	--	---	-----	---

**GDS 3-year property (Line 19a)**

GDS 3-year property

**Total GDS 3-year property (Line 19a)**

0	0	0	0	0	0	0	0	0	0	0				0	0	0
---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---

**GDS 5-year property (Line 19b)**

GDS 5-year property

**Total GDS 5-year property (Line 19b)**

0	0	0	0	0	0	0	0	0	0	9,775	5	SL	HY	0	978	0
---	---	---	---	---	---	---	---	---	---	-------	---	----	----	---	-----	---

**GDS 7-year property (Line 19c)**

GDS 7-year property

**Total GDS 7-year property (Line 19c)**

0	0	0	0	0	0	0	0	0	0	0				0	0	0
---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---

**GDS 10-year property (Line 19d)**

GDS 10-year property

**Total GDS 10-year property (Line 19d)**

0	0	0	0	0	0	0	0	0	0	0				0	0	0
---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---

**GDS 15-year property (Line 19e)**

GDS 15-year property

**Total GDS 15-year property (Line 19e)**

0	0	0	0	0	0	0	0	0	0	0				0	0	0
---	---	---	---	---	---	---	---	---	---	---	--	--	--	---	---	---

**Form 4562 Statement - 990EZ**

12/31/2013

Item No	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2013 Deprec	2013 Accum Deprec	
Total GDS 15-year property (Line 19e)																	
GDS 20-year property (Line 19f)																	
8	GDS 20-year property				0	0	0	0	0	0	0			0	0	0	
Total GDS 20-year property (Line 19f)																	
GDS 25-year property (Line 19g)																	
9	GDS 25-year property				0	0	0	0	0	0	25			0	0	0	
Total GDS 25-year property (Line 19g)																	
GDS residential rental property (Line 19h)																	
10	GDS Res Rental 1				0	0	0	0	0	0	27.5			0	0	0	
11	GDS Res Rental 2				0	0	0	0	0	0	27.5			0	0	0	
Total GDS residential rental property (Line 19h)																	
GDS nonresidential real property (Line 19i)																	
12	GDS Non Res Rental 1				0	0	0	0	0	0	39			0	0	0	
13	GDS Non Res Rental 2				0	0	0	0	0	0				0	0	0	
Total GDS nonresidential real property (Line 19i)																	
ADS class life (Line 20a)																	
14	ADS Class life				0	0	0	0	0	0				0	0	0	
Total ADS class life (Line 20a)																	
ADS 12-year property (Line 20b)																	
15	ADS 12-year				0	0	0	0	0	0	12			0	0	0	
Total ADS 12-year property (Line 20b)																	
ADS 40-year property (Line 20c)																	
16	ADS 40-year				0	0	0	0	0	0	40			0	0	0	
Total ADS 40-year property (Line 20c)																	
<b>Subtotal Depreciation</b>																	
															0	0	1,956
<b>Listed Property</b>																	
Listed property with more than 50% business use (Line 25 and 26)																	
17					0	0	0	0	0	0				0	0	0	
18					0	0	0	0	0	0				0	0	0	
19					0	0	0	0	0	19,550				0	0	0	
Total listed prop with > 50% business use																	
Listed Property with 50% or less business use (Line 27)																	
20					0	0	0	0	0	0				0	0	0	
21					0	0	0	0	0	0				0	0	0	
22					0	0	0	0	0	0				0	0	0	

**Form 4562 Statement - 990EZ**

12/31/2013

Item No	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum Deprec, 179, Bonus	2013 Deprec	2013 Accum Deprec	
	Total listed prop with < 50% business use																
					0	0	0	0	0	0	0			0	0	0	
<b>Subtotal Listed Property</b>																	
					0	0	0	0	0	0	0			0	0	0	
<b>Total Amortization (Line 44)</b>																	
					0	0	0	0	0	0	0			0	0	0	
<b>Total Depreciation and Amortization</b>																	
					0	0	0	0	0	19,550				0	1,956	0	

**Line 5, Col. B**

Description	Total
1 Instant Tickets	20,224
2 License and Registration	1,872
3 Owner / lessor ticket expense	56,591
<b>To tal</b>	<b>78,687</b>

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

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

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>ELYRIA CHARITIES, INC.</b>	Employer identification number (EIN) or <b>30-0277860</b>
	Number, street, and room or suite no. If a PO box, see instructions <b>134 KENWOOD STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ELYRIA, OH 44035</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of ▶ WILLIAM SPEIDEL

Telephone No ▶ (440) 365-0205 Fax No. ▶ \_\_\_\_\_

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2013 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

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

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions