

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2013

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check reposable   Authoris criteria.   D Employer Identification number	A	For the	2013 calenda	r year, or tax year beginning , 2013, a	nd ending		, 20		
Interior antibution   Control   C	В	Check if a				D Emplo	D Employer identification number		
Invalidation   Professional		Address cl	hange	Clubhouse Library of C V E Inc.		45	-4222995		
2400 Century BIvd.   1954 255-5932   F Group Exemption   Amended read many and processing and		Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one number		
Annatosano producty failum   Dept of times, state or province, country, and 2Per forwith postal code   Angabasano producty   Anga		Initial retur	m						
Againstance pending   Descripted Beach, PL 33442-3378   Number ▶		Terminated	d	2400 Century Blvd.		(9	54)255-5932		
Mebbot:		Amended	retum	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption		
Website:   Form of organization   Maintenance   Maintena		Application	n pending	Deerfield Beach, FL 33442-3378		Numbe	er 🕨		
Taxe-exempt status (check only one)	G	Accour	nting Method:		H	Check ▶	If the organization	zation is not	
K Form of organization   Corporation   Trust   Association   Other	ı	Websit	te: ▶						
K Form of organization   Corporation   Trust   Association   Other	J	Tax-exe	empt status (d	heck only one) - 🗶 501(c)(3)	) or 527	(Form 990,	990-EZ, or 990-	PF)	
Ceart II. column (6) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ	_				<del></del>			·	
Ceart II. column (6) below) are \$500,000 or more, life Form 990 instead of Form 990-EZ	L	Add fine	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total	assets			
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part  )							. ▶ \$	10.886	
Check if the organization used Schedule O to respond to any question in this Part	P	art I							
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gainr of (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold c Gross profit or (foss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10, 886 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses (describe in Schedule O) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances expension of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedu							•	<b>x</b>	
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 8 Gross income from fundraising events (not including \$ of contributions		1					1		
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 Gaan or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions with gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (6c of the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (6c of the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (6c of the sum of such gross income and contributions exceeds \$15,000) 6 Less: cost of goods so inventory, (see returns and allowances of the sum of such gross sales of inventory, (subtract line 6c) 7 Gross sales of inventory, (see returns and allowances of the sum of such gross sales of inventory, (subtract line 7b from line 7a) 7 Consider revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		2					2	,	
4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 b 5 b 5 c 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit of (loss) from sale of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 Total apparess. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (AI)) (must agree with end-of-year figure reported on prior year's return) 19 49,543 20 Other changes in net assets or fund balances explain in Schedule O) 21 Net assets or fund balances at beginning of year (from line 27, column (AI)) (must agree with end-of-year figure reported on prior year's return) 19 49,543		3		- ·			3		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Cher expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 A9 ,543 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Teach search and the fundamental search and the fundamen		4	Investment ii	ncome			4		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Cher expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 A9 ,543 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Teach search and the fundamental search and the fundamen		5a	Gross amou	nt from sale of assets other than inventory	īa I				
c Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Garning and fundraising events a Gross income from garning (attach Schedule G if greater than \$15,000)		ь	Less: cost or	other basis and sales expenses	5b		1 1		
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 49,543 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)		C	Gain or (loss	·			5c		
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional lese and other payments to independent contractors 15 Other expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Vertical payments in the assets or fund balances (explain in Schedule O) 20 Univertical payments in retained in Schedule O 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Torm 990-EZ (2013)		1 .							
\$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 49,543 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Net assets or fund balances at end of year. Combine lines 18 through 20 35 For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)		a	•						
sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from garning and fundraising events d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 49, 543  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)	ne								
sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from garning and fundraising events d Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 49, 543  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)	Ven	ь		1					
sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 49, 543  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)	Re						1 1		
c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salanes, other compensation, and employee benefits  12 Salanes, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19 49,543  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)				•	вь I				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaires, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)		c		· · · · · · · · · · · · · · · · · · ·			1		
Inne 6c)  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 31 Form 990-EZ (2013)		1			· · · · · · · · · · · · · · · · · · ·		1 1		
7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (defict) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions.							6d		
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net asset or fund balances at end of year. Combine lines 18 through 20 21 Net asset or fund balances at end of year. Combine lines 18 through 20 22 For Paperwork Reduction Act Notice, see the separate instructions.		7a		·	'a				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Net assets or fund balances at end of year. Combine lines 18 through 20  25 Popaperwork Reduction Act Notice, see the separate instructions.				<del></del>			1 ]		
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.		1		_			7 <sub>C</sub> 1		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  10 10 10 11 11 11 11 11 11 11 11 11 11 1							<del>                                     </del>		
10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.		9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	<del></del>	10.886	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 40,819  For Paperwork Reduction Act Notice, see the separate instructions.		10	Grants and s	ımılar amounts paid (list in Schedule O)					
17 Total expenses. Add lines 10 through 16	<b>*</b>	11							
17 Total expenses. Add lines 10 through 16	<b>%</b>		•	,			<del></del>		
17 Total expenses. Add lines 10 through 16	Ęĕ,	13					<del>                                     </del>	<del></del>	
17 Total expenses. Add lines 10 through 16	=ફ્ર	14					<del></del>		
17 Total expenses. Add lines 10 through 16	盔	15					<del></del>		
17 Total expenses. Add lines 10 through 16	⊋			ses (describe in Schedule O)		<i>.</i> .	<del></del>	19,610	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.  18 (8,724)  49,543  20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  For Paperwork Reduction Act Notice, see the separate instructions.		17	•				<del></del>		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 40,819  For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	Ú	18		eficit) for the year (Subtract line 17 from line 9)			<del>        -</del>		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 40,819  For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	20 20 20					·		,	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 40,819  For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	<b>8</b>						19	49.543	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 40,819  For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)	<b>E</b>	20	-						
For Paperwork Reduction Act Notice, see the separate instructions.  Form 990-EZ (2013)	<b>/2</b>	1	-					40,819	
	Foi	Paperv							

Clarkbanes Takara Co						
Form 990-EZ (2013) Clubhouse Library of C Part'il Balance Sheets (see the instructions for Part II)	V E Inc.			45-	4222	2995 Page 2
Part II Balance Sheets (see the instructions for Part II)  Check if the organization used Schedule O to respond to						
Check if the organization used Schedule O to respond to	any question in this P	anı.		·····	<del>; : '</del>	
22 Cash, savings, and investments			(A) Be	ginning of year	+	(B) End of year
23 Land and buildings				49,543	22	40,819
24 Other assets (describe in Schedule O)		<b></b>		0	23	0
25 Total assets				0 543	24	0
26 Total liabilities (describe in Schedule O)				49,543	25	40,819
27 Net assets or fund balances (line 27 of column (B) must agree to	vith Ima 21)		<u> </u>	49,543	26 27	0
Part III Statement of Program Service Accompli		etructions for	Dort III		121	40,819
Check if the organization used Schedule O to respond to				, 	(Da	Expenses
What is the organization's primary exempt purpose? To provide			· · · ·	· · · · · · <u> </u>	┥ `	quired for section
				<del></del>	l l	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	h of its three largest pr	ogram service	es,		-	anizations and section
as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title	ie services provided, tr e	ne number of			1	7(a)(1) trusts, optional others)
28 Library did provide library and media serv		**		<del> </del>	ior c	otners )
residents of Century Village West located		30 00			1	
Beach, Florida.	In Deelileid					
	cludes foreign grants, o	check here			28a	10 610
29	olddes foreigh grants, t	TIECK HEIE	• • •	· · · · · · ·	202	19,610
	· · · · · · · · · · · · · · · · · · ·					
					1	
(Grants \$ ) If this amount in	cludes foreign grants, o	shook horo			29a	
30	sides foreign grants, t	HECK HEIE	• • •	· · · · · · ·	29a	
					Ì	İ
					ļ	
(Grants \$ ) If this amount inc	cludes foreign grants, o	book boro			200	
	ciddes foreight grants, c				30a	<del> </del>
	cludes foreign grants, o				24-	
32 Total program service expenses (add lines 28a through 31a)					31a 32	<del></del>
Part IV List of Officers, Directors, Trustees, and Key Employ						
Check if the organization used Schedule O to respond to				•		ioi Fait IV)
Officer in the organization used schiedule O to respond to	any question in this r	T				
(a) Name and 640	(b) Average	(c) Reportat				<u></u>
(a) Name and title	-	compensati		(d) Health benefits contributions to emp	,	(e) Estimated amount of
	hours per week	compensati (Form W-2/1099	on -MISC)	contributions to emp benefit plans, and	loyee	
Postrigo Cognomi	-	compensati (Form W-2/1099 (If not paid, ea	on -MISC)	contributions to emp	loyee	(e) Estimated amount of
Beatrice Sosnovy	hours per week devoted to position	compensati (Form W-2/1099	on -MISC) 1 <b>ter -0-)</b>	contributions to emp benefit plans, and deferred compensa	, loyee f tion	(e) Estimated amount of other compensation
Chief Librarian	hours per week	compensati (Form W-2/1099 (If not pald, et STMA01	on -MISC)	contributions to emp benefit plans, and deferred compensa	loyee	(e) Estimated amount of
Chief Librarian Estelle Berardi	hours per week devoted to position	compensati (Form W-2/1099 (If not paid, ea	on -MISC) nter -0-)	contributions to emp benefit plans, and deferred compensa	tion	(e) Estimated amount of other compensation
Chief Librarian Estelle Berardi Treasurer	hours per week devoted to position	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) 1 <b>ter -0-)</b>	contributions to emp benefit plans, and deferred compensa	, loyee f tion	(e) Estimated amount of other compensation
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not pald, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	tion	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer	hours per week devoted to position	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) nter -0-)	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0
Chief Librarian Estelle Berardi Treasurer Barbara Marcus	hours per week devoted to position  0	compensati (Form W-2/1099 (If not paid, et STMA01	on -MISC) -tter -0-) 0	contributions to emp benefit plans, and deferred compensa	doyee	(e) Estimated amount of other compensation  0

	90-EZ (2013) Clubhouse Library of C V E Inc. 45-4222  TY Other Information (Note the Schedule A and personal benefit contract statement requirements in the			Page
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	
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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			İ
<b>0</b> E -	change on Schedule O (see instructions)	34	ļ <u></u> -	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			,,
<b>h</b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<del>                                     </del>	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	┼	+
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		+^
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30	+	1
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	10.0	<u> </u>	1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		-	1
39	Section 501(c)(7) organizations. Enter:	1	1	
а	Initiation fees and capital contributions included on line 9		<u> </u>	
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:		Ī	
	section 4911 ▶; section 4912 ▶; section 4955 ▶		-	
þ	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			l
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ,	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		1	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		1	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		‡	
_	reimbursed by the organization		<u> </u>	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		]	
	transaction? If "Yes," complete Form 8886-T	40e	†	X
41	List the states with which a copy of this return is filed			1
42 a	The organization's books are in care of ▶ Estelle Berardi  Telephone no. ▶ 954-2	55-5	932	
	Located at ▶ 2400 Century Blvd., Deerfield Beach, FL ZIP+4 ▶ 33442			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country. ▶			<b>,</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	į		
	and Financial Accounts.		1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>X</u>
42	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		>	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<del></del> -	Yes	No
	completed instead of Form 990-EZ	440	]	v
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		X
~	completed instead of Form 990-EZ	44b		Х
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<del> </del>		1
-	explanation in Schedule O	44d		ĺ
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	Х
	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		ļ	ĺ
				Х

Form 9	990-EZ (201	3), Clubhouse Libra	ry of C V E Inc.			45-422	2995	F	age 4
46	Did the	organization engage, directly or indirectly, ii	n political campaign activi	ties on behalf of or in opr	nostion			Yes	No
		dates for public office? If "Yes," complete \$	3-b				46	[ '	X
Par	t VI	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organizations	must answer quest	ions 47-49b and 52	, and comp	olete the tab	les for I	ines	
		50 and 51.							_
		Check if the organization used Scl	nedule O to respond	to any question in	this Part V	<u> </u>	• • • •		<u>. U</u>
								Yes	No
47		organization engage in lobbying activities o							\ v
48	•	"Yes," complete Schedule C, Part II rganization a school as described in section	170/b\(1)(A\(i)\2  f "Voc."				47		X
40 49a		organization make any transfers to an exen		•			49a	-	X
b		was the related organization a section 527		· · · · · · · · · · · · · · · · · · ·			49b		
50		te this table for the organization's five highe	-			es and key		L	
	-	ees) who each received more than \$100,00	· · · · · · · · · · · · · · · · · · ·			-			
			(b) Average	(c) Reportable	(d) Health		(a) Fatimate		
		(a) Name and title of each employee	hours per week	compensation	contributions benefit plans,	and deferred	e) Estimate other co		
		·	devoted to position	(Forms W-2/1099-MISC)	compe	nsation			
	_								
NON	Е				<del> </del>				
		·					· · · · · · · · ·		
		•							
			<u> </u>						
f		umber of other employees paid over \$100,00			<del>.</del>				
51		te this table for the organization's five highe			h received m	ore than			
	\$100,00	00 of compensation from the organization   I	rthere is none, enter inor	ne. T					
	(a)	Name and business address of each independent contra	actor	(b) Type of service	э	(c) (	Compensatio	n	
NON	E								
	<del></del>								
									_
d	Total nu	imber of other independent contractors eac	h receiving over \$100,000	· <b>&gt;</b>					
52	Did the	organization complete Schedule A? Note: /	All section 501(c)(3) organ	nizations and 4947(a)(1)					
	nonexe	mpt charitable trusts must attach a complete	ed Schedule A			<u> &gt; </u>	X Yes		No
Under	penaltres o	f perjury, I declare that I have examined this return, inclu	ding accompanying schedules a	nd statements, and to the best o	of my knowledge a	and belief, it is			
true, c	orrect, and	complete Declaration of preparer (other than officer) is	based on all information of which	preparer has any knowledge.		10/11			
c:-	_	Superture of officer	morry_		Date	7/14	-		
Sig Her		Bootrice Sos	novy	illast k	Han	1 / :L		ام ا ما ما	
пеі		Type or print name and title	100/ 1/10	Siden 14	11040		a por	4/	<u> </u>
-		<u> </u>	Preparer's sympture	Date		heck If	PTIN		
Paid		STANLEY KLEIN	Thomas .	05-07-20	1	_ ı	006373	339	
Prep		Firm's name   JASON H KLEIN P	A	V	Firm's E				
•	Only	Firm's address ▶ 8306 MILLS DRIV							
		Miami FL 33183			Phone r	o 305-27	3-6303		
May	the IRS o	liscuss this return with the preparer shown	above? See instructions		<u> </u>	<del>. ▶</del>	Yes	_=_	No
EEA							Form 99	0-EZ (	2013)

## SCHEDULE A

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of the	organization							Employer	Identification	n number		
Clu	ppo.	use Library of	ECVE Inc.						45-4	222995			
Pa	πI	Reason for F	<b>Public Charity</b>	Status (All organiz	zations m	ust com	plete this	s part.)	See instr	uctions.			
The	orgar	ization is not a privat	e foundation becau	ise it is: (For lines 1 thro	ough 11, che	ck only or	ne box.)						
1		A church, convention	n of churches, or as	ssociation of churches d	lescribed in	section 1	70(b)(1)(A)	(i).					
2		A school described i	n <b>section 170(b)(1</b>	)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coope	erative hospital sen	vice organization descri	bed in sect	ion 170(b)	(1)(A)(iii).						
4		A medical research	organization operat	ed in conjunction with a	hospital de	scribed in	section 17	0(b)(1)(A	)(iii). Enter	the			
		hospital's name, city	, and state										
5		An organization opei	rated for the benefit	t of a college or universi	ty owned or	operated	by a gover	nmental u	nit describe	ed in			
		section 170(b)(1)(A	)(iv). (Complete Pa	art II )	·								
6	П	A federal, state, or lo	cal government or	governmental unit desc	ribed in sec	tion 170(b	o)(1)(A)(v).						
7	$\Box$		-	a substantial part of its s				or from th	e general r	oublic			
		described in section	•	•		Ū			,				
8				170(b)(1)(A)(vi). (Com	plete Part II	.)							
9	$\overline{X}$			(1) more than 33 1/3% (	-		tributions.	membersi	hip fees, an	nd aross			
		_	•	empt functions - subject			-		•	•			
				and unrelated business		•							
				30, 1975 See section				1000					
10	П	• •		d exclusively to test for p		•	•	(4)					
11	Ħ		•	d exclusively for the ben		•			rry out the				
		-	•	rted organizations desc	•			•	•	ection			
				s the type of supporting									
		a Type I	<b>b</b> 🗌 Typ						Type III-	Non-funtio	nally int	egrate	d
е	П			rganization is not contro							rically in	og. a.o	•
	_			ner than one or more pu					-				
		or section 509(a)(2).	Ū	·	,	Ů				- 1-7(-7			
f			ceived a written de	termination from the IRS	S that it is a	Type I. Ty	pe II. or Tv	oe III supi	oorting				
		organization, check t				•							
g		•		ation accepted any gift of	or contributi	on from ar	v of the						• • -
•		following persons?	,	, <b>3</b>			.,						
			directly or indirectly	controls, either alone or	r together w	ith persons	s described	l in (ii) and	1			Yes	No
		•	•	he supported organization	_	•					11g(l)	+⋯—	110
		-		ribed in (i) above?				• •			11g(ii)	<del>                                     </del>	
		•	· ·	n described in (i) or (ii) a							11g(iii	<del>                                     </del>	
h			•	the supported organizat							118/11	<u>"</u>	<u> </u>
	(i) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization	(v) Did you	u notify	(vi) is	the	(vil) Amo	unt of me	
		organization		(described on lines 1-9	ın col (i) lıs	ted in your	the organiz	zation in	organizati	on in col		support	nietai y
				above or IRC section (see instructions))	governing d	ocument?	col (I) o		(I) organize				
				(000 11100 000 110)	Yes	No	Yes	No	Yes	No			
(A)					<del> </del>		1.00		1.55				
,													
(B)		·	-						<b>†</b>				
(C)		. =				1	-		<del> </del>				
,													
(D)						<u> </u>	<u> </u>		<del> </del>				
					1								
(E)									<del>                                     </del>				
-							į						
					1		····		1		_		
Tota	l				1		1		1				

Schedule A (Form 990 or 990-EZ) 2013 Clubhouse Library of C V E Inc. 45-4222995 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a) 2009 (d) 2012 Calendar year (or fiscal year beginning in) ▶ (b) 2010 (c) 2011 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 5 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . . . . . . . Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . . . . . . 11 Total support. Add lines 7 through 10 . 12 13 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) Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ........ % 15 % Public support percentage from 2012 Schedule A, Part II, line 14 15 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2012. 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 **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# 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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				65,603	10,886	76,489
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						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513		_				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u></u>			65,603	10,886	76,489
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
¢	Add lines 7a and 7b		<u></u>				
8	Public support (Subtract line 7c from		1				
	line 6.)		<u> </u>		‡		76,489
	ction B. Total Support	(=) 0000	(b) 2010	(a) 2011	(-N 2012	(-) 2012	(f) Tetal
_	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012 65,603	(e) 2013 10,886	(f) Total 76,489
9	Amounts from line 6		<b></b>	<del> </del>	03,003	10,000	70,403
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	i					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<u>                                       </u>					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	l					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				65,603	10,886	76,489
14	First five years. If the Form 990 is for the organization, check this box and stop here				as a section 501(c)(3		▶ 🗆
Sec	ction C. Computation of Public Su	ipport Percer	ntage				
15	Public support percentage for 2013 (line 8, co	olumn (f) divided b	y line 13, column (	f))		15	100.00 %
16	Public support percentage from 2012 Schedu					16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2013 (line		=		• • • • • • • • •	17	0.00 %
18	Investment income percentage from 2012 Sc				- 1	18	%
	33 1/3% support tests - 2013. If the organization is not more than 33 1/3%, check this box at 33 1/3% support tests - 2012. If the organization	and <b>stop here.</b> Th	ne organization qua	difies as a publicly	supported organizat	ion	▶⊠
	line 18 is not more than 33 1/3%, check this to	oox and stop here	e. The organization	qualifies as a pub	licly supported organ	nization	▶ □

#### 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.

Open to Public

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

Clubhouse Library of C V E Inc. 45-4222995 01. Description of other expenses (Part I, line 16) Description Amount **Book Purchases** 9,049 Supplies - Include Shelve Costs 4,586 Postage 14 Petty cash 100 Awards 452 Misc. 3,534 Donations 50 Accounting - Compliance/Sales Tax 1,825

Enderal Supr	Corting Statements 2012 page
	porting Statements 2013 PG01
Name(s) as shown on return	FEIN
Clubhouse Library of C V E Inc.	45-4222995

Form 990EZ, Part IV Compensation Explanation

Statement #A01

<u>Name</u>

Beatrice Sosnovy

**Explanation** 

100% Volunteer

Form 990EZ, Part IV Compensation Explanation

PG01 Statement #A02

Name

Estelle Berardi

Explanation
100% Volunteer

Form 990EZ, Part IV Compensation Explanation

PG01 Statement #A03

Name

Barbara Marcus

**Explanation** 

100% Volunteer