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Short Form Return of Organization Exempt From Income Tax

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A F	or the	2013 calend	ar year, or tax year beginning , 2013, and ending			, 20
_	heck if ap		C Name of organization	D Employer identification number		
	Address c	hange	LUCKETTS RURITAN CLUB INC	54-1119278		
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	ımber
	Initial retur	m	PO BOX 1291	(703) 443-6859		
	Terminate		City or town, state or province, country, and ZIP or foreign postal code	F Grou	•	
=	Amended Application	return n pending		iber 🕨	•	
		ing Method	LEESBURG VA 20177-1291 Cash			f the organization is not
	Vebsite					ach Schedule B
				•)-EZ, or 990-PF).
		organization		•		
			7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if tota	l assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	77,467
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	for Part I)
			the organization used Schedule O to respond to any question in this Part I			
	1		ons, gifts, grants, and similar amounts received		1	67,037
	2		ervice revenue including government fees and contracts		2	0
	3		ip dues and assessments		3	675
	4	Investmen	•		4	8,302
	5a		ount from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0	.	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		- 5c	0
	6		nd fundraising events RECEIVED			
	a		ome from gaming (attach Schedule G_if greater than			
e		\$15,000)		0	1	
Revenue	ь	Gross inco	s			
چ	-	from fundi	me from fundraising events (not including \$ JAN 2 4 2014 occupation alsing events reported on line 1) (attach Schedule G if the			
		sum of suc	ch gross income and contributions exceeds \$15,000 EN 1'6b	1,453		
Ž:	С	Less direc	t expenses from gaming and fundraising events	0		
) } }	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract		
		line 6c)			6d	1,453
7	7a	Gross sale	s of inventory, less returns and allowances	0		
n n	b		of goods sold	0		
ال	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
>	8		nue (describe in Schedule O)		8	0
2	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	77,467
e	10		d similar amounts paid (list in Schedule O)		10	32,183
⇒	11	Benefits p	aid to or for members		11	0
Ses	12	Salaries, o	ther compensation, and employee benefits		12	0
7997 uses	13	Profession	al fees and other payments to independent contractors		13	26,183
Expen	14		y, rent, utilities, and maintenance		14	4,776
ŭ	15	Printing, p	ublications, postage, and shipping		15	1,345
	16	Other exp	enses (describe in Schedule O)		16	8,669
_	17		enses. Add lines 10 through 16		17	73,156
y)	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	4,311
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
Ass			ar figure reported on prior year's return)		19	122,585
Net Assets	20	Other cha	nges in net assets or fund balances (explain in Schedule O)		20	20,341
z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	147,237

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)



Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this F	Part II		<u></u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[122,585	22	147,237
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		Γ	122,585	25	147,237
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	ı lıne 21)	122,585	27	147,347
Pari				art III)		
	Check if the organization used Schedule	•			(Ra	Expenses equired for section
What	is the organization's primary exempt purpose?		nity welfare of Lucket			(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli					anizations and section 17(a)(1) trusts, optional
as m	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	ich program title.			for	others.)
28	Community Refuse and Recycling Program - Refuse					
	Virginia rural community on 51 days during 2013 res	ulting in the collectio	n of 395 tons of refus	e while		
	promoting health and improving the rural environme					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	<u> ▶ ⊔</u>	288	a 25,777
29	Community Welfare Program - Donations were made			onal		
	non-profit organizations that service the Lucketts Vi	rginia rural communit	у агеа			
	(Grants \$ 15,450) If this amount	includes foreign gra	nts, check here .	🕨 🗌	298	a 7,295
30	College Scholarship Program - College scholarships					+
	the Lucketts Virginia rural community. Amounts wer	e paid to the colleges	and restricted to use	for tutition		
	and fees only					
	(Grants \$ 10,500) If this amount	includes foreign gra	nts, check here .	▶ 🗌	30	a 4,958
31	Other program services (describe in Schedule O)					
	(Grants \$ 6,233) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31	a 2,943
32		1 04.1				40.973
	Total program service expenses (add lines 28a	through 31a)		<u> • </u>	32	40,070
Par					_	
		/ Employees (list each	one even if not comp	ensated-see the in	_	
	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not comp	pensated — see the in Part IV	ee (e	
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	ee (e	uctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	ee (e	uctions for Part IV)
Peter Pres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Gustafson ident	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	ee (e	Dictions for Part IV) By Estimated amount of other compensation
Peter Presi Jame	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident as McKenzie	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e	Dictions for Part IV) By Estimated amount of other compensation
Peter Presi Jame	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e	Dictions for Part IV)
Peter Presi Jame Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson Ident es McKenzie President ony Meyerhofer	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e	Dictions for Part IV)
Peter Pres Jame Vice Anth Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e	Dictions for Part IV)
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Peter President Vice Anth Secristevi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the ir Part IV	ee (e	Dictions for Part IV)
Peter Presi Jame Vice Anth Secr Stev	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer e Hillebrand	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	nstru.	Dictions for Part IV) Distinuated amount of other compensation 0 0 0
Peter Press James Vice Anth Secr Stev Direct	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer e Hillebrand	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	o o	Dictions for Part IV) Dictions for Part IV)
Peter Press James Vice Anth Secr Stev Direct Matt	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer e Hillebrand ctor Quitter	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Dictions for Part IV) Bestimated amount of other compensation 0 0 0 0
Peter Press Jame Vice Anth Secr Stev- Direct Matt	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer e Hillebrand ctor Quitter	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	nstru.	Dictions for Part IV) Distinuated amount of other compensation 0 0 0
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Peter Press James Vice Anth Secr Stev Direct Matt Direct Stan Direct Peter Pet	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Gustafson Ident es McKenzie President ony Meyerhofer etary en Scheiblhofer surer e Hillebrand ctor Quitter ctor Sorrell Jr ctor r Baker	/ Employees (list each O to respond to al (b) Average hours per week	n one even if not comp ny question in this if (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	0 0 0	Dictions for Part IV) B) Estimated amount of other compensation 0 0 0 0 0

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 if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 37 Did If "Yes," line \$3a, has the organization are circle of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 38 Did the organization is exercised to the properties of the year of year of the year of the year of the year of	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this						
detailed description of each activity in Schedule 0 1 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (See instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," bine 55a, his the organization dea form 990°T for the year? If "No," provide an explanation in Schedule 0 C Was the organization a section \$51(c)(4), \$51(c)(6), or \$501(c)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete splicable parts of Schedule C, Part III 35c 35b 36c 17a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a on bid the organization beform 1120-P01 for this year? 37b 38a Did the organization beform 1120-P01 for this year? 38b Did the organization beform 1120-P01 for this year? 38c 39c Section 501(c)(7) organizations. Enter. 19 Initiation fees and capital contributions included on line 9 of section 4911 ★ 0 is section 4910 ★ 0 is section 4		, , , , , , , , , , , , , , , , , , , ,			No			
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business pross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 or Was the organization a section \$101(c)(4), \$01(c)(6), or \$01(c)(6), or \$01(c)(6), or \$201(c)(6), or	33	detailed description of each activity in Schedule O	33		/			
activities (such as those reported on lines 2, 6a, and 7a, among others)? b if Yes," to line 35a, has the organization lide a form 990-T for the year? If "No," provide an explanation in Schedule 0 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? If "Yes," complete Schedule C, Part III . 36 Did the organization undergo a lequidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6034(e) notice, reporting, and proxy star requirements during the year? If "Yes," complete Schedule C, part III . 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 37b Did the organization die Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 38 Did the organization from the form aske 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? 38a 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39 Gross receipts, included on line 9, for public use of club facilities 39 In the receipts, included on line 9, for public use of club facilities 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0 is section 4915 ▶ 0 50 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 50 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 4956 61 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 4956 61 Section 501(c)(3) and 501(c)(4) organizations between the section 4912, 4955, and 4956 62 Section 501(c)(3) and 501(c)(4) organizations between the section 4912, 4955, and 4956 63 Section 501(c)(3) and 501(c)(4) organizations are under sections 4912, 4955, and 4956 64 Section 501(c)(3) and 501(c)(4) organizations between the section 4912, 4955, and 4956 65 Section 501(c)(3) and 501(c)(4) organizations are under secti	35a		35a		~			
during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			~			
Do the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(3) organizations. Enter: Initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 8 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 1 List the states with which a copy of this return is filed ▶ NONE 1 All organizations books are in care of ▶ STEVEN SCHEIBLHOFER 1 Leganization Sooks are in care of ▶ STEVEN SCHEIBLHOFER 2 A tary 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: ▶ 1 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside the U.S.? 1 A tary time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "	36		36		1			
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Und the organization engage in any section 4955 excess benefit transaction during the year, or clid it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 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. All organizations and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ NoNE Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA 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; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ See the instructions for exceptions and filing form 990-EZ in lieu of Form 1041—Check here and enter the amou	b	Did the organization file Form 1120-POL for this year?	37b	-	<i>v</i>			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40s Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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-E2? If "Yes," complete Schedule L, Part I. 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 4956. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 41 List the states with which a copy of this return is filed ▶ NONE 42a The organization's books are in care of ▶ STEVEN SCHEIBLHOFER Located at ▶ 14398 ROSEFINICH CIR, LEESBURG VA 2 IP + 4 ▶ 20176-6049 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; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42b 1/4c 1/4c 1/4c 1/4c 1/4d	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			,			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ if "Yes," complete Schedule L, Part 1		177 9						
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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? If "Yes," complete Schedule L, Part 1 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. d 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. d 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. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Fives," complete form 886-T. 41 List the states with which a copy of this return is filled ▶ NONE Telephone no ▶ (703) 443-685 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; ▶ (8) See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: ▶ 3 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt inter	_		┥					
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			,			
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T	b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		•			
e 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. List the states with which a copy of this return is filed ▶ NONE 11 List the states with which a copy of this return is filed ▶ NONE 12 The organization's books are in care of ▶ STEVEN SCHEIBLHOFER Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA 21 P + 4 ▶ 20176-6049 21 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. 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: ▶ 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. 143 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 15 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 15 Did the organization receive any payments for indoor tanning services during the year? 16 If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 Did the organization have 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 Page 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 Page In any transaction with a con	C	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958						
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ STEVEN SCHEIBLHOFER Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA 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. 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: ▶ 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 Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA ZIP + 4 ▶ 20176-6049 Yes 42b Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA ZIP + 4 ▶ 20176-6049 ZIP + 4 ▶ 20176-6049 Yes 42b Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA ZIP + 4 ▶ 20176-6049 Yes 42c 42c 42c 42c 42c 42c 42c 42	d	reimbursed by the organization			1			
The organization's books are in care of ▶ STEVEN SCHEIBLHOFER Located at ▶ 14393 ROSEFINCH CIR, LEESBÜRG VA 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. 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	е	transaction? If "Yes," complete Form 8886-T	40e	- 	· /			
Located at ▶ 14393 ROSEFINCH CIR, LEESBURG VA ZIP + 4 ▶ 20176-6049 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. C At any time during the calendar year, did the organization maintain an office outside the U.S.?	41		700) 4	40.60				
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 filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	42a	The organization a books are in care or P						
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. C At any time during the calendar year, did the organization maintain an office outside the U.S.?	h	Located at 14393 ROSE INCHICIT. LEESBURG VA 2IP + 4 1	20170					
See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?			42b		~			
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.?				Γ				
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 ▶ 43 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and Financial Accounts.		_				
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	С	If "Yes," enter the name of the foreign country: ▶	42c	<u>L</u>	_			
 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	43				▶ □			
completed instead of Form 990-EZ	44-	Did the consistent and desired disease the constant of the second of the		Yes	No			
completed instead of Form 990-EZ	44a	completed instead of Form 990-EZ	44a		~			
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	b	completed instead of Form 990-EZ			v			
explanation in Schedule O	_	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	~			
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 	d		AAA					
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a	·		†	1			
Form 990-EZ (see instructions)		Did the organization receive any payment from or engage in any transaction with a controlled entity within the			_			

Form 99	9-EZ (2013)						Page 4
		<u> </u>				Yes	No
46	Did the organization engage, directly or in						
	to candidates for public office? If "Yes," o		, Parti		46	⊥_	
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47-49b and	52, and complete th	ne tables t	for lir	nes
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI		<u> </u>	<u>, 🗆</u>
4=	B. I. II.			affa af alv		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 50 I(n) election	n in ellect during the	· 47		1
48	Is the organization a school as described in		i)? If "Yes." complete S	Schedule E	. 48	+	1
49a	Did the organization make any transfers t				. 49a	土	V
b	If "Yes," was the related organization a se				. 49b		L
50	Complete this table for the organization's employees) who each received more than						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimat	ed amo	ount of
NONE		_					
		0	0	C	<u> </u>		0
					 		
		-	- "				
					<u> </u>		
		_					
f	Total number of other employees paid ov	rer \$100.000	. • 0		J		
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent one, enter "None."	contractors who eac	h received	1 mor	e than
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	nce (d	c) Compensat	tion	
NONE			AL/A	_			
		 	N/A				0
			-				
]				
			1				
d	Total number of other independent contr	actors each receiving	over \$100,000 .	>	0		•
52	Did the organization complete Schedule	A? Note. All section 5	501(c)(3) organizations	and 4947(a)(1))
	nonexempt charitable trusts must attach	<u>-</u>			► ✓ Ye		No
Under p	penalties of perjury, I declare that I have examined this irrect, and complete. Declaration of preparer (other that	return, including accompar in officer) is based on all info	nying schedules and statement of which preparer l	ents, and to the best of my lines any knowledge	knowledge ar	id Delle	et, it is
	At	5 M. Scho	illus	- 1/1	1/20	14	+
Sign Here	Signature of officer STEVEN SCHEIBLHOFER, TREAS	SURER		Date	/		-

Preparer's signature

Type or print name and title

Firm's address ►
May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

Date

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.

2013

OMB No 1545-0047

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

		TS RURITAN CL	UB INC					"	inployer ic		19278		
Pai	ŧΙ	Reason fo	or Public Char	rity Status (All orga	nizations	s must c	omplete	this par	t.) See ii	nstructio	ons.		
				tion because it is: (Fo							-		
1	_		-	nes, or association of		-		-).			
2		A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E)							
3		A hospital or a	cooperative hos	spital service organiza	tion desc	cribed in s	section 1	70(b)(1)(A)(iii).				
4			earch organizatione, city, and state	on operated in conjuncts:	ction with	a hospit	al descril	oed in se	ction 170	D(b)(1)(A)	(iii). Ente	r the	
5			on operated for to (1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernment	tal unit d	escrib	ed in
6 7		An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					ut or fron	n the ger	neral p	oublic
8		A community t	rust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	rt II.)						
9		receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions-sul ated bus	bject to d siness tax	ertain ex kable ind	come (les	s, and (2) ss section	no more	e than 33	31/3%	of its
10		An organizatio	n organized and	operated exclusively	to test fo	r public s	afety Se	e sectio	n 509(a)(4).			
11		purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of s	nizations	described	d in sect	ion 509(a	1)(1) or se	ection 50	9(a)(2). S		
		a 🔲 Type I	b 🗌 Type	II c 🗌 Type III	-Functio	nally integ	grated	d 🔲 1	Type III-N	lon-funct	tionally in	tegrat	ed
е		By checking the other than four or section 509	ndation manage	that the organization rs and other than one	s not cor or more	ntrolled d publicly	irectly or support	indirectly ed organ	y by one izations c	or more lescribed	disqualıfi I ın sectio	ed per on 509	rsons 9(a)(1)
f		-		wntten determination								portir	ig
g		Since August following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the)			
		(i) A person v	who directly or i	ndirectly controls, eith						d in (ii) ai		Yes	No
				ody of the supported	_						11g(i)		
		· ·		on described in (i) abo						•	11g(ii)	+	
		• •	•	a person described in							11g(iii)]	
_ <u>h</u>		Provide the fo	1	on about the support			r						
(i)		ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orgai	ou notify nization in of your port?	organizat (i) organi	ts the tion in col. zed in the S?	on in col. support zed in the		onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
					1								

Total

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.)

Secti	on A. Public Support						
Calen	dar 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.")	71,581	69,352	66,225	66,719	67,712	341,589
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	25,356	25,591	23,953	24,041	24,457	123,398
4	Total. Add lines 1 through 3	96,937	94,943	90,178	90,760	92,169	464,987
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)						45
•	• •						464,942
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	[]		1		_,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	96,937	94,943	90,178	90,760		464,987
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,629	2,266	2,597	3,081	8,302	18,875
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	
11	Total support. Add lines 7 through 10						483,862
12	Gross receipts from related activities, etc					12	6,394
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				<u> </u>	• • • • •	• •
	on C. Computation of Public Suppor			d l (6)			96.09 %
14	Public support percentage for 2013 (line to					15	96.67 %
15 16a	Public support percentage from 2012 Sci 331/3% support test – 2013. If the organi	riedule A, Part zation did not i	r, line 14 . check the box	on line 13 and			
100	box and stop here. The organization qua						. ▶ ☑
b	331/23% support test—2012. If the organ	nization did no	t check a box	on line 13 or		: 15 is 33¹/3% 	
17a	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					Explaın in	
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization	tion meets the neets the "facts id not check a	facts-and-ci s-and-circums box on line 13	rcumstances" tances" test. T , 16a, 16b, 17a	test, check the organization	nis box and st in qualifies as a ik this box and	op here. a publicly see
	instructions						

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.)

Secti	on A. Public Support						
Calen	dar 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.")						
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 business under section 513						
4	Tax revenues levied for the		1				
	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		ļ				<u> </u>
6	Total. Add lines 1 through 5					-	<u> </u>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		 	-	ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000		i				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		 			-	
8	Public support (Subtract line 7c from						
•	line 6.)				İ		
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	• • • • • • • • • • • • • • • • • • • •	1			-	
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			ŀ			
	acquired after June 30, 1975					ļ	<u> </u>
C	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business]			
	activities not included in line 10b, whether	İ					
	or not the business is regularly carried on					-	
12	Other income. Do not include gain or		1	1			
	loss from the sale of capital assets						
40	(Explain in Part IV.)		 		 		
13	Total support. (Add lines 9, 10c, 11, and 12.)	1					
14	First five years. If the Form 990 is for the	he organizatio	n's first secon	d third fourth	n. or fifth tax v	ear as a sect	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line			13, column (f))		15	%
16	Public support percentage from 2012 Sc		_			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013						%
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17	'. <i></i>		. 18	%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organi	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	d not check a	a box on line 14	l. 19a. or 19b.	check this box	and see instr	ructions 🕨 🦳

ocnedule A (F	orm 990 or 990-E∠) 2013 Page →
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization LUCKETTS RURITAN CLUB I	NC	Employer Identification number 54-1119278
FORM 990-EZ Part I Line 10 G	grants and similar amounts paid: The organization	made no grants or contributions to any one grantee
organization or individual in o	excess of \$5,000 during 2013	
 FORM 990-EZ Part I Line 16 C	Other expenses: Annual meeting cost \$7,096	
	Service expenses 1,573	
	Total Other expenses \$8,669	
FORM 990-EZ Part I Line 20 C	Other changes in net assets or fund balances Unro	ealized gain in investments valued at market value \$20,341
	ent of Program Service Accomplishments	
		all residents of the Lucketts Virginia rural community.
Grants \$4,354	Expenses \$2,056 Dues - Annual dues to an affiliated national organiz	ation
Grants \$1,879	Expenses \$887	
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