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Return of Organization Exempt From Income Tax 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the | e 2013 calendar year, or tax year beginning AP | R 1, 2013 and | ending M | IAR 31, 2014 | | | |
|---|-----------------------------|--|--|----------------------------------|------------------------------|--------------------------------------|--|--|
| Вс | heck if | C Name of organization | | | D Employer identif | ication number | | |
| | Addre chang Name | WINCHESTER ELKS LODGE # | 2816 | | 61-1 | .371334 | | |
| H | _lchang Initial | Number and street (or P.0. box if mail is not delive | ered to street address) | Room/suite | | | | |
| <u> </u> | _lreturn ∏Term⊪ | · · | | 745-1132 | | | | |
| <u> </u> | Lated Amen | ded Chilantown state or province country and 7 | IP or foreign postal code | | G Gross receipts \$ | 520,419. | | |
| 늗 | □return □Applic □tion | | | | H(a) Is this a group | | | |
| L | pendi | | for subordinate | | | | | |
| | | SAME AS C ABOVE | | | H(b) Are all subordinates | | | |
| I T | ax-ex | | (insert no.) 4947(a)(1) | or 527 | | a list (see instructions) | | |
| | | te: ► N/A | | | H(c) Group exemption | on number ▶ 1156 | | |
| | | | ociation Other 🕨 | L Year | of formation: 2000 | M State of legal domicile: KY | | |
| | ırt I | Summary | | | | | | |
| Activities & Governance | 1 | Briefly describe the organization's mission or most s SCHOLARSHIPS | significant activities TO R | AISE N | MONEY FOR CH | HARITY AND | | |
| rna | 2 | Check this box ▶ ☐ if the organization discont | inued its operations or dispo | sed of more | e than 25% of its net a | ssets | | |
| ove | 3 | Number of voting members of the governing body (F | Part VI, line 1a) | | 3 | 15 | | |
| ত | 4 | Number of independent voting members of the gove | erning body (Part VI, line 1b) | | 4 | 15 | | |
| es 6 | 5 | Total number of individuals employed in calendar ye | ear 2013 (Part V, line 2a) | | 5 | 0 | | |
| ξ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 0 | | |
| Act | 7 a | Total unrelated business revenue from Part VIII, Colu | TIME TO THE PROPERTY OF THE PARTY OF THE PAR | | <u>7a</u> | | | |
| | b | Net unrelated business taxable income from Form s | 90:1. Tine 34 | 3 | | | | |
| | _ | Contributions and grants (Part VIII, line 1h) | 1111 9 0 2016 | 48-08 | Prior Year | Current Year 11,379. | | |
| ne | l | Contributions and grants (Part VIII, line 1h) | JUN 3 0 2014 | امُ | 14,590. 0. | | | |
| Revenue | l | 1 togram service revenue (r dit vini, inie 29) | 1 | ≚l ⊢ | 9. | | | |
| Be | | Investment income (Part VIII, column (A), lines 3, 4, a Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | - | 215,848 | | | |
| | | Total revenue - add lines 8 through 11 (must equal F | | | 230,447 | | | |
| | | Grants and similar amounts paid (Part IX, column (A) | | | 130,638 | | | |
| | | Benefits paid to or for members (Part IX, column (A), | | 0. | | | | |
| Ø | | Salaries, other compensation, employee benefits (Pa | | 0. | 11,985. | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), lin | | | 0. | 0. | | |
| e d | 1 | Total fundraising expenses (Part IX, column (D), line | | 0. | | | | |
| யி | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f 24e) | <u> </u> | 115,506 | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX | , column (A), line 25) | | 246,144 | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 1 | 2 | | <15,697 | .> <23,029. | | |
| New Assets or Frund Balances | | | | В | eginning of Current Year | | | |
| sset 3alal | 20 | Total assets (Part X, line 16) | | | 748,181 | | | |
| S | 21 | Total liabilities (Part X, line 26) | | - | 179,015 | | | |
| | 22 | Net assets or fund balances Subtract line 21 from li Signature Block | ine 20 | | 569,166 | 546,131. | | |
| Pa | | | askudusa assampanuna ashaduk | no and states | nanta and to the bact of | ny kaoudadae and belief, it is | | |
| o | er pen | alties of perjury, I declare that I have examined this return, in ct, and complete. Declaration of preparer (other than officer | including accompanying scrieduli | ts allu slattii ihich proparo | irents, and to the best of i | ily knowledge and belief, it is | | |
| in ne. | COITE | 3, and complete. Declaration of preparer (other man officer |) is based on all illiornation of w | mich propare | 1 11d3 dily kilowicage. | J-14 | | |
| Sign | _ | Signature of officer | | | Date | | | |
| Plan |) A | 1, | RULER | | | | | |
| | C | Type or print name and title | | | | | | |
| \$ | | Print/Type preparer's name | Preparer's signature | | Date Check | PTIN | | |
| E RAY HEFLIN, EXALTED RULER Type or print name and title Print/Type preparer's name Praid CARLEAN G HEFNER CPA Preparer's signature Date Check PTIN self-employed P0018 | | | | | | | | |
| Preparer Firm's name LUDWIG, BLAIR & BUSH, PLLC Firm's EIN 61-1381 | | | | | | | | |
| Use Only Firm's address 47 S. MAIN ST. | | | | | | | | |
| WINCHESTER, KY 40391 Phone no 859-744-4232 | | | | | | | | |
| May | the I | RS discuss this return with the preparer shown abov | ve? (see instructions) | | | X Yes No | | |
| 3320 | 01 10-: | 29-13 LHA For Paperwork Reduction Act Notice | e, see the separate instruct | ions. | | Form 990 (2013) | | |

| <u>or</u> m | 990 (2013) WINCHESTER | ELKS LODGE #2816 | | 61-1371334 | Page 2 |
|-------------|---|---|---|--------------|-------------|
| | t III Statement of Program Service | Accomplishments | | | |
| | Check if Schedule O contains a response | or note to any line in this Part III | | | |
| 1 | Briefly describe the organization's mission RAISE MONEY FOR CHARITY | AND SCHOLARSHIPS | | | |
| | | | | | |
| 2 | Did the organization undertake any significant p the prior Form 990 or 990-EZ? If "Yes," describe these new services on Sched | | which were not listed on | Yes | s X No |
| 3 | Did the organization cease conducting, or make "Yes," describe these changes on Schedule (| e significant changes in how it cor | nducts, any program services? | Yes | s X No |
| 4 | Describe the organization's program service ac Section 501(c)(3) and 501(c)(4) organizations are | complishments for each of its thre e required to report the amount o | | | |
| 4a | | , 166 • including grants of \$ | | |) |
| | CONTRIBUTIONS TO LOCAL 8 MISSIONS. | AREA SERVICE OR | GANIZATONS TO FU | URTHER THEIR | 3 |
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| 4b | (Code) (Expenses \$ | including grants of \$ |) (Revenu | ue \$ |) |
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| 4 | /- \/- | | \ /a | | |
| 4c | (Code) (Expenses \$ | including grants of \$ | (Revenu | ue \$ | , |
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| | | | *** ** ** ** ** ** ** ** ** ** ** ** ** | | |
| | | | | | |
| 4d | Other program services (Describe in Schedule | 0) | | | |
| | | g grants of \$ |) (Revenue \$ |) | |
| 4e | Total program service expenses ▶ | 160,166. | | | |
| | | | 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. | Form | 990 (2013) |

Form 990 (2013) WINCHESTER ELKS LODGE #2816
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|--|-----|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _X_ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u>X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>X</u> |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u>X</u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u>X</u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | <u>X</u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 441 | | v |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 45 | | v |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | <u> </u> |
| 16 | | 46 | | v |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 47 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | - 27 |
| 13 | complete Schedule G, Part III | 19 | х | |
| 202 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | and the second s | | 990 (| 2013) |

Form 990 (2013) WINCHESTER ELKS LODGE #2816

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|-------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | _X_ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| þ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | v |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| _ | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| a | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| · | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | _X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | _X_ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | _ |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | | X |
| | | Form | 990 (| 2013) |

| | | <u> 371334</u> | . Р | age (|
|-----|--|-----------------|-----|-------|
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable 1b | 0 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | |] | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | : | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made partly as a contribution and partly for goods and services provided to the page 150 made 150 | ayor? 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| ¢ | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required | າ 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 | 3-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the yea | r? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |

Form **990** (2013)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

WINCHESTER ELKS LODGE #2816 Form 990 (2013) 61-1371334 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION - 859-745-1132

40392-0014

332006 10-29-13

P O BOX 14, WINCHESTER,

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|-------------------------|-------------------|--------------------------------|---|------------|--------------|------------------------------|--|-----------------|-----------------|-----------------------------|
| Name and Title | Average | Position | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | |
| | week | | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | io d | , 8 | | | sated | ł | organization | (W-2/1099-MISC) | from the |
| | organizations | ruste | trus | | ま | ngen | 100 | (W-2/1099-MISC) | | organization and related |
| | below | Individual trustee or director | Institutional trustee | _ | Key employee | st con | <u>.</u> | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highest compensated employee | Former | | | |
| (1) E RAY HEFLIN | 0.00 | | | | | | | | | |
| EXALTED RULER | | Х | | | L., | <u> </u> | _ | 0. | 0. | 0. |
| (2) JERRY ADAMS | 0.00 | | | | | | | | | |
| ESTEEMED LEADING KNIGHT | | X | L | _ | | ļ | _ | 0. | 0. | 0. |
| (3) HARVEY FRYE | 0.00 | | | | l | | | | | |
| ESTEEM LOYAL KNIGHT | | X | | | | | _ | 0. | 0. | 0. |
| (4) JOHN JONES | 0.00 | | | | | | | | | |
| ESTEEM LECTURING KNIGHT | | X | | | L | | _ | 0. | 0. | 0. |
| (5) KEITH BROWNLEE | 0.00 | | | | | | | | | |
| SECRETARY | | X | <u> </u> | | ļ | ļ | <u> </u> | 0. | 0. | 0. |
| (6) LELA DEBORD | 0.00 | | | | | | | | | |
| TREASURER | | X | | | | | | 0. | 0. | 0. |
| (7) VICKY THACKER | 0.00 | | | · | | | | _ | _ | |
| TRUSTEE ONE YEAR | | X | _ | | | | _ | 0. | 0. | 0. |
| (8) RITA CHARLES | 0.00 | | | | | | | _ | _ | _ |
| TRUSTEE TWO YEARS | | X | | | ļ | | | 0. | 0. | 0. |
| (9) JANICE MARTIN | 0.00 | | | | | | | | _ | _ |
| TRUSTEE THREE YEARS | | X | | | <u> </u> | ļ | <u> </u> | 0. | 0. | 0. |
| (10) PATRICK SPAULDING | 0.00 | ļ | | | | | | | _ | _ |
| TRUSTEE FOUR YEARS | | X | | | | ļ | L | 0. | 0. | 0. |
| (11) PATIA LEE HANLIN | 0.00 | | | | | | | | _ | _ |
| TRUSTEE FIVE YEARS | | X | | | | ļ | _ | 0. | 0. | 0. |
| (12) GEORGE W HENRY II | 0.00 | | | | | | 1 | | _ | _ |
| ESQUIRE | | X | | | L., | | <u> </u> | 0. | 0. | 0. |
| (13) BILL CLARK | 0.00 | | | | | 1 | 1 | | | _ |
| CHAPLIN | | X | | <u> </u> | L | <u> </u> | ! | 0. | 0. | 0. |
| (14) ANTHONY LONG | 0.00 | | | | | 1 | | | | _ |
| INNER GUARD | | X | | | | <u> </u> | | 0. | 0. | 0. |
| (15) PAUL D HOWARD | 0.00 | | | | | 1 | 1 | | | |
| TILER | | X | _ | <u> </u> | <u> </u> | <u> </u> | _ | 0. | 0. | 0. |
| | | 1 | - | | | | | | | |
| | - | | | | | \vdash | | | | |
| | - | 1 | | | | | | | | |
| | <u> </u> | | L | | | Ь. | <u>. </u> | <u> </u> | <u></u> | L |

Form 990 (2013)

| Par | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|----------|---|---|--|-----------------------|-----------------------------|------------------------------------|------------------------------|---------------------------|--|---|--------------|--|-------------|--|
| | (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation | (E) Reportable compensation | | (F) Estimate amount | of | | | | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC | | other compensation from the organization and related organizations | | |
| | | | <u>=</u> | i i | µ 0 | Ke | 포함 | Fo | | | + | | | |
| | | | | | | | | | | | + | <u>.</u> | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| С | Sub-total Total from continuation sheets to Part VI | I, Section A | | | | | | > | 0. | | 0. 0. | 0. | | |
| <u>d</u> | Total (add lines 1b and 1c) Total number of individuals (including but no | ot limited to th | ose | liste | d al | oove | e) wh | no re | | | <u>J • </u> | | 0. | |
| | compensation from the organization | | 4 | | | | | | LL4 | | | Yes | No | |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si | uch individual | | | | | | | | | - | 3 | х | |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | J f | for such individual | · · | - | 4 | X | |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com, tion B. Independent Contractors | • | | | | - | | eiat | ed organization or indivi | dual for services | | 5 | Х | |
| 1 | Complete this table for your five highest con | • | | | | | | | | • | ensa | ition from | | |
| | the organization Report compensation for (A) Name and business | | | ONE | | VILT1 | Or_W | | (B) Description of s | | —— Cc | (C) ompensatio | | |
| | | | 110 | 7111 | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | | | • | | |
| | | 16.00 | | | | | | | .,, | | | | | |
| | | | | | | | | | | - | | | - | |
| | | | | | | | | | | | | | | |
| | | · = | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati | | ot lii | mite | d to | | se lis | sted | l above) who received m | nore than | | | | |
| | | | | | | | | | | | | -arm 000 (| ~~~~ | |

| ı a | I V 11 | Check if Schedule O cont | | or note to any lir | e in this Part VIII | | | |
|--|----------|---|---------------------|--------------------|---------------------|--|---|--|
| | | Oneck if Gorieddic G com | ans a response | or note to arry in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | 11,379. | | | | |
| Am Am | С | Fundraising events | 1c | | | | | |
| 護崮 | d | Related organizations | 1d | | | | | |
| S, E | е | Government grants (contribut | ions) 1e | | | | | |
| t S | f | All other contributions, gifts, gran | its, and | | | | | |
| 혈美 | | similar amounts not included abo | ve 1f | | | | | |
| d at | g | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| <u>8 0</u> | <u>h</u> | Total. Add lines 1a-1f | | <u> </u> | 11,379. | | | |
| | | | | Business Code | | | | |
| <u>8</u> | 2 a | | | | | | | |
| e S | b | | | | | | | |
| en S | С | | | | | | | |
| Re | d | | | | | | | |
| Program Service Revenue | e | | - | | | | · | |
| _ | | All other program service reve | enue | | | | | |
| $\overline{}$ | | Total. Add lines 2a-2f Investment income (including | duudondo intere | ost and | | | | |
| | 3 | other similar amounts) | dividends, intere | sst, and | 9. | 9. | | |
| | 4 | Income from investment of ta | vevemnt hand r | proceeds | | ٠. | | |
| | 5 | Royalties | x-exempt bond p | noceeds . | | | | |
| | 3 | Hoyanies | (ı) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | (i) ricui | (ii) Fordoria | | | | |
| | b | Less. rental expenses | | | | | | |
| | | Rental income or (loss) | - | | | | | |
| | | Net rental income or (loss) | | > | | | | |
| | | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | 1 | | | | |
| | b | Less cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | | | | | |
| une | 8 a | Gross income from fundraisin including \$ | g events (not of | | | | | |
| Other Revenu | | contributions reported on line | 1c) See | | | | | |
| 놂 | | Part IV, line 18 | а | 8,938. | | İ | | |
| Ĕ. | b | Less direct expenses | b | 0. | | | | |
| | С | Net income or (loss) from fund | draising events | > _ | 8,938. | | | 8,938. |
| | 9 a | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | а | 388,331. | | | | |
| 1 | | Less direct expenses | | 201,814. | 106 517 | 106 515 | | |
| | | Net income or (loss) from gam | = | • | 186,517. | 186,517. | | |
| | 10 a | Gross sales of inventory, less | | 04 690 | | | | |
| ĺ | h. | and allowances Less cost of goods sold | a b | 50 500 | | | | |
| | | Net income or (loss) from sale | _ | 52,123. | 41,957. | 41,957. | • | |
| Ì | <u> </u> | Miscellaneous Revenu | | Business Code | 41,5576 | 41,557. | | |
| f | 11 a | OTHER | | 900099 | 16,030. | 16,030. | | |
| | b | FEES | | 900099 | 1,052. | 1,052. | | - |
| ļ | c | | | | | | | |
| | ď | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | 17,082. | | | |
| | 12 | Total revenue. See instructions. | | _ _ | 265,882. | 245,565. | 0. | 8,938. |
| 332001 10-29- | 13 | | | | | | | Form 990 (2013) |

| | 1 990 (2013) WINCHESTER rt IX Statement of Functional Expens | ELKS LODGE # | 2816 | 61-13 | 71334 Page 10 | | | | |
|--------|--|-----------------------|------------------------------|-------------------------------------|---|--|--|--|--|
| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) | | | | | | | | |
| | Check if Schedule O contains a respoi | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | · | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | |
| | the United States. See Part IV, line 22 | 160,166. | 160,166. | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | United States See Part IV, lines 15 and 16 | | | | *************************************** | | | | |
| 4 | Benefits paid to or for members | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | |
| | trustees, and key employees | | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| - | persons described in section 4958(c)(3)(B) | 9,763. | | 0.763 | | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 3,103. | | 9,763. | | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | |
| 10 | Payroll taxes | 2,222. | | 2,222. | | | | | |
| 11 | Fees for services (non-employees) | | | 2,222. | | | | | |
| а | Management | | | | | | | | |
| b | Legal | | | | | | | | |
| С | Accounting | 3,550. | | 3,550. | | | | | |
| d | Lobbying | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | |
| f | Investment management fees | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | | | | | |
| 12 | Advertising and promotion | 350. | | 350. | | | | | |
| 13 | Office expenses | 2,793. | | 2,793. | · | | | | |
| 14 | Information technology | | | | | | | | |
| 15 | Royalties | | | | | | | | |
| 16 | Occupancy | | | | | | | | |
| 17 | Travel | | | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | + | | | | | |
| 19 | Conferences, conventions, and meetings | 4,927. | | 4,927. | | | | | |
| 20 | Interest | 9,124. | | 9,124. | | | | | |
| 21 | Payments to affiliates | | | J/124. | | | | | |
| 22 | Depreciation, depletion, and amortization | 26,894. | | 26,894. | | | | | |
| 23 | Insurance | 4,522. | | 4,522. | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | • | | | | | |
| а | UTILITIES | 20,759. | | 20,759. | | | | | |
| Ь | OTHER EXPENSES | 12,325. | *** | 12,325. | · | | | | |
| С | LODGE ACTIVITIES EXPENS | 9,938. | | 9,938. | | | | | |
| d | TAXES & LICENSES | 9,639. | | 9,639. | | | | | |
| е | All other expenses | 11,939. | | 11,939. | | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 288,911. | 160,166. | 128,745. | 0. | | | | |
| 26 | Joint costs Complete this line only if the organization | | | Γ | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | |
| | Check here | | 1 | | Form 990 (2013) | | | | |

Form 990 (2013)

Part X | Balance Sheet

| Par | tΧ | Balance Sheet | | | |
|-----------------------------|-----|---|--------------------------|-----|------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | 100,501. | 1 | 96,111. |
| | 2 | Savings and temporary cash investments | 13,978. | 2 | <u>4,566.</u> |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ţ | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ř | 8 | Inventories for sale or use | 6,503. | 8 | 7,330. |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 716, 385. | | | |
| | b | Less accumulated depreciation 10b 116,080. | 627,199. | 10c | 600,305. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | ··········· |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 748,181. | 16 | 708,312. |
| | 17 | Accounts payable and accrued expenses | 511. | 17 | 566. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| | | key employees, highest compensated employees, and disqualified persons | | | |
| Liabilities | | Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 178,504. | 23 | 161,615. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X of | | | |
| | | Schedule D | 170 015 | 25 | 160 101 |
| | 26 | Total liabilities. Add lines 17 through 25 | 179,015. | 26 | 162,181. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | ; | | |
| ces | | complete lines 27 through 29, and lines 33 and 34. | 569,166. |] | EAG 121 |
| lan | 27 | Unrestricted net assets | 309,100. | 27 | 546,131. |
| Ва | 28 | Temporarily restricted net assets | | 28 | |
| pu | 29 | Permanently restricted net assets | | 29 | |
| Ę. | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| S | | and complete lines 30 through 34. | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 569,166. | 32 | 5/6 121 |
| | 33 | Total net assets or fund balances | 748,181. | 33 | 546,131. 708,312. |
| | 34_ | Total liabilities and net assets/fund balances | /40,101· | 34 | Form 990 (2013) |

| orm | 990 (2013) WINCHESTER ELKS LODGE #2816 | 61-137 | 1334 | Pag | _{je} 12 | | |
|--|---|------------|------|-----|------------------|--|--|
| Pa | t XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 265 | 5,8 | 82. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 11. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u> 29.</u> : | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 569 | 1,1 | <u>66.</u> | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | 546 | 5,1 | <u>37.</u> | | |
| Pa | t XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | - 1 | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | • O | |] | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | | |
| | separate basis, consolidated basis, or both | | 1 1 | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | <u>X</u> | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basıs, | 1 1 | | | | |
| | consolidated basis, or both | | | İ | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audīt, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle Audıt | | | | | |
| | Act and OMB Circular A-133? | | 3a | | _X_ | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ured audit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |

332012

Form **990** (2013)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 61-1371334

| Pai | t I Organizations Maintaining Donor Advise | | Accounts. Complete if the |
|--------|---|---|--|
| | organization answered "Yes" to Form 990, Part IV, line | | Transfer and transfer and |
| | Organization answered Tes to Form 550, Fart IV, inte | (a) Donor advised funds | (b) Funds and other accounts |
| _ | Total number at and of year | (a) Dones across terror | (5) |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | - | |
| _ | are the organization's property, subject to the organization's | <u> </u> | └ Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose con | |
| Pa | impermissible private benefit? It II Conservation Easements. Complete if the org | representation analysis of "Yes" to Form 000. But I | Yes No |
| | <u> </u> | | v, me / |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or e | | · |
| | Protection of natural habitat | Preservation of a certified | nistoric structure |
| _ | Preservation of open space | f | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ried conservation contribution in the form of a | conservation easement on the last |
| | day of the tax year | | Hold at the Ford of the Toy Voca |
| | Tatal as when of accompation accompate | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | - cate was an all red and an (a) | 2b |
| C | Number of conservation easements on a certified historic str | • • | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | |
| _ | listed in the National Register | leased endings well-sed as torminated by the are | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | anization during the tax |
| | year ▶ Number of states where property subject to conservation ea | coment is located | |
| 4 | Does the organization have a written policy regarding the per | | |
| 5 | violations, and enforcement of the conservation easements | • | Yes No |
| c | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 6 7 | Amount of expenses incurred in monitoring, inspecting, and | - | |
| 8 | Does each conservation easement reported on line 2(d) above | _ | - |
| 0 | and section 170(h)(4)(B)(ii)? | ve satisfy the requirements of section 17 of the | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | ion easements in its revenue and expense sta | |
| 3 | include, if applicable, the text of the footnote to the organiza | | |
| | conservation easements | tion 5 interior statements that describes the | organization s accounting for |
| Pai | rt III Organizations Maintaining Collections o | f Art. Historical Treasures, or Othe | r Similar Assets. |
| | Complete if the organization answered "Yes" to Form | • | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statement | and balance sheet works of art. |
| | historical treasures, or other similar assets held for public ext | | |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | d balance sheet works of art, historical |
| _ | treasures, or other similar assets held for public exhibition, e | • | |
| | relating to these items | | 3 |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (iii) Assets included in Form 990, Part X | | ► \$ ► \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial da | |
| - | the following amounts required to be reported under SFAS 1 | _ | • |
| а | Revenues included in Form 990, Part VIII, line 1 | ,, | > \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |
| _ | • | | |

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

Schedule D (Form 990) 2013

| | · | <u>TER ELKS I</u> | | | | | | | | Page 2 |
|---|---|--------------------------------------|------------|---------------------------------------|-----------------------|------------|-------------------------|---------------|------------|---|
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) | | | | | | | | | | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | | | | | |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | • | , <u> </u> | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | • | | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın how th | ney further t | he organızatı | on's exe | mpt purp | ose in Par | t XIII | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, h | istorical trea | sures, or oth | er sımılaı | rassets | | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No_ |
| Pai | rt IV Escrow and Custodial Arran | | ete if the | e organizatio | n answered | "Yes" to | Form 990 |), Part IV, I | line 9, or | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other interme | diary for | contribution | ns or other as | sets not | ıncluded | _ | _ | |
| | on Form 990, Part X? | | | | | | | | 」Yes | L No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing | table: | | | | | | |
| | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| ď | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | - | | |
| f | Ending balance | | | | | | _1f | | | |
| 2a | Did the organization include an amount on Fo | | | | | | | ᆫ | 」Yes | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete if | | 1 | | | | | | | |
| | | (a) Current year | (b) F | rior year | (c) Two year | rs back | (d) Three y | ears back | (e) Four y | /ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | ļ | | <u> </u> | | | | ļ | |
| С | Net investment earnings, gains, and losses | | - | | | | | | <u> </u> | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | 1 | | | - | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | · · · · · · · · · · · · · · · · · · · | | | | | ļ <u>.</u> | |
| g | End of year balance | | 1 | | ļ | | | | <u></u> | |
| 2 | Provide the estimated percentage of the curr | ent year end baland | | g, column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | Are there endowment funds not in the possession of the organization that are held and administered for the organization | | | | | | | | | |
| | by | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | 0 - 1 | 4.1. 00 | | | | | 3a(ii) | _ |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | | | 3b | |
| | 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. | | | | | | | | | |
| ı aı | Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 | | | | | | | | | |
| | <u> </u> | | · | · | | · · · | | | 40D | |
| | Description of property | (a) Cost or of basis (investigation) | | '' | or other (other) | | ccumulate preciation | l l | (d) Book | value |
| | Lond | Dasis (investi | menty | | · | uel | JI GCIALIUII | | 110 | 161 |
| | Land | | • | | $\frac{0,161}{7,170}$ | | 62 4 | <u> </u> | | 710 |
| | Buildings | | | 48 | <u>7,170.</u> | | 62,4 | 00. | 424 | 710. |
| | Leasehold improvements | | | | | | ·-· | | | |
| | Equipment | | | 11 | 9,054. | | 53,6 | 20 | | 121 |
| | Other | aual Form 000, C== | V 65/1:- | | | | 55,0 | 20. | | , <u>434.</u> ,305. |
| ı utal | . Add lines 1a through 1e (Column (d) must ed | quai ruiiii 990, Pan | A, COIUI | nn (b), ime i | U(U) / | | | | 000 | <u>, , , , , , , , , , , , , , , , , , , </u> |

Schedule D (Form 990) 2013

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number WINCHESTER ELKS LODGE #2816 61-1371334 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes_ No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2013

| Pa | Fundraising Events. Complete if the of fundraising event contributions and gro | - | | | |
|-----------------|---|-----------------------|-----------------------------|--------------------|--|
| | Of fundaming event contributions and gro | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through |
| <u>e</u> | | (event type) | (event type) | (total number) | col (c)) |
| Revenue | 1 Gross receipts | | | | |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| | 4 Cash prizes | | | | |
| s | 5 Noncash prizes | | | | |
| Direct Expenses | 6 Rent/facility costs | | | | |
| rect E | 7 Food and beverages | | | | |
| ۵ | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary Add lines 4 through | 9 ın column (d) | | > | |
| | 11 Net income summary Subtract line 10 from lin | | 000 5 1841 40 | _ _ | |
| Pa | Irt III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a | nswered "Yes" to Form | 990, Part IV, line 19, or i | reported more than | |
| | \$15,000 on Form 990-EZ, line 6a | | (b) Pull tabs/instant | | (d) Total gaming (add |
| nue | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col (a) through col (c)) |
| Revenue | 1 Gross revenue | 380,237. | 1,779,253. | 1,540. | 2,161,030. |
| ses | 2 Cash prizes | 451,295. | 1,334,118. | | 1,785,413. |
| Direct Expenses | 3 Noncash prizes | 11,144. | | 400. | 11,544. |
| Orrect | 4 Rent/facility costs | 12,598. | 58,902. | | 71,500. |
| | 5 Other direct expenses | 20,968. | 98,033. | | 119,001. |
| | 6 Volunteer labor | X Yes % No | X Yes% No | X Yes % No | |
| | 7 Direct expense summary Add lines 2 through | • | 1,987,458. | | |
| | 173,572. | | | | |
| _ | Enter the state(s) in which the organization operation | an annung antuution | | | |
| а | Yes X No | | | | |
| _ | If "No," explain | • | | | |
| | Were any of the organization's gaming licenses related in the second sec | · | _ | year? | Yes X No |
| | | | | | |
| | | | | | |
| 33208 | 82 09-12-13 | | | Schedule G (For | m 990 or 990-EZ) 201: |

| Sch | edule G (Form 990 or 990-EZ) 2013 WINCHESTER_ELKS_LODGE #2816 61-1 | 371334 | Page 3 |
|-----|---|---------------|--------------|
| | Does the organization operate gaming activities with nonmembers? | Yes | X No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | _ | _ |
| | to administer charitable gaming? | Yes | X No |
| | Indicate the percentage of gaming activity operated in: | | |
| | a The organization's facility | 13a | <u>%</u> |
| | An outside facility | 13b | <u>%</u> |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name | | |
| | Address > | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | X No |
| ŀ | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party ▶\$ | | |
| (| : If "Yes," enter name and address of the third party: | | |
| | Name > | | |
| | Address > | | |
| 16 | Gaming manager information | | |
| | Name > | , | |
| | Gaming manager compensation > \$ | | |
| | | | |
| | Description of services provided | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| 17 | Mandatory distributions | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| ٠ | retain the state gaming license? | Yes | X No |
| Ŀ | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year ▶ \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, II 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | nes 9, 9b, 10 | 0b, 15b, |
| | | | |
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| Schedule C | G (Form 990 or 990-EZ) Supplemental Infor | WINCHESTER | ELKS | LODGE | #2816 | 61-1371334 Page 4 |
|-------------|--|--------------------|-------|---------------------------------------|-------|---------------------------------|
| Part IV | Supplemental Infor | mation (continued) | | | | |
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| | | | | | | Schedule G (Form 990 or 990-EZ) |
| | | | | • | | ochequie d (Form 990 of 990-EZ) |

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

| Name of the organization WINCHESTER ELKS LODGE #2816 | Employer identification number 61-1371334 |
|---|---|
| FORM 990, PAGE 6, SECTION A, LINE 6 | |
| EXPLANATION: THE ORGANIZATION HAS DUES PAYING MEMBERS | |
| | |
| | - |
| FORM 990, PAGE 6, LINE 19 | |
| EXPLANATION: THE ORGANIZATION MAKES FORM 990 AVAILABLE FO | R PUBLIC |
| INSPECTION UPON REQUEST | |
| | 111 |
| FORM 990, PAGE 6, LINE 7A | |
| EXPLANATION: THE ORGANIZATION HAS MEMBERS THAT MAY ELECT | ONE OR MORE OF |
| THE MEMBERS OF THE GOVERNING BODY | |
| | |
| FORM 990, PAGE 6, LINE 7B | |
| EXPLANATION: THE DECISIONS OF THE GOVERNING BODY ARE SUBJ | ECT TO |
| APPROVAL BY MEMBERS | |
| | |
| FORM 990, PAGE 6, LINE 11 | |
| EXPLANATION: A COPY OF FORM 990 WAS PROVIDED TO THE GOVER | NING BODY OF |
| THE ORGANIZATION PRIOR TO FILING THE FORM | |
| | |
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