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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

20**14** 

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A F	or the	2014 calenda	ar year, or tax year beginning , 2014, and ending			, 20			
Вс	heck if ap	plicable:	C Name of organization	) Empl	oyer id	entification number			
₽,	Address ct	hange	LUCKETTS RURITAN CLUB INC		5	4-1119278			
_	Name char	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	ETelep	hone n	umber			
_	nitiai retur	n n/terminated	P O BOX 1291	703-771-6007					
=	Amended I		City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption					
=		n pending	LEESBURG VA 20177-1291	Num	ber 🕨	N/A			
G A	Account	ing Method:	☑ Cash ☐ Accrual Other (specify) ► H C	heck •	<b>₽</b>	f the organization is not			
	Vebsite:		luckettsruritan.org re	equired	to att	ach Schedule B			
J T	ax-exem	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (F	orm 99	90, 990	D-EZ, or 990-PF).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>► \$</u>				
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in						
			the organization used Schedule O to respond to any question in this Part I		<u> , </u>	<u> </u>			
	1		ons, gifts, grants, and similar amounts received		1	78,249			
	2		ervice revenue including government fees and contracts		2	0			
	3		ip dues and assessments		3	765			
	4	Investment		]	4	10,933			
	5a		ount from sale of assets other than inventory	0					
	þ		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	_	d fundraising events						
Φ	a	\$15,000)	ome from gaming (attach Schedule G if greater than						
Revenue				- 0	İ				
ě	b		me from fundraising events (not including \$ 0 of contributions aising events reported on line 1) (attach Schedule G if the		- 1				
Œ			sh gross income and contributions expends \$15,000\	4 400	ł				
	c		et expenses from gaming and fundraising events 6c	1,438					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract					
	_	line 6c)	o or (loos) from garing and fariationing overtal ladd into out and ob and out	lact	6d	1,438			
	7a	•	s of inventory, less returns and allowances   7a	0	-	1,438			
	b		of goods sold		1				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0			
	8	-	nue (describe in Schedule O)		8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	91,385			
	10		d similar amounts paid (list in Schodulo O)		10	38,879			
	11	Benefits pa	aid to or for members		11	0			
es	12		ther compensation, and employee benefits တြို့	[	12	0			
Expenses	13		al fees and other payments to independent contractors v. 7. 4. 2015	[	13	27,794			
ĝ	14		y, rent, utilities, and maintenance	[	14	4,360			
Ш	15		ublications, postage, and snipping	[	15	6,801			
	16		enses (describe in Schedule O)	[	16	10,320			
	17		enses. Add lines 10 through 16	. ▶	17	88,154			
ね	18		(deficit) for the year (Subtract line 17 from line 9)	]	18	3,231			
386	19		with						
AS		-	ar figure reported on prior year's return)		19	147,215			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	710.			
	21		or fund balances at end of year. Combine lines 18 through 20	. ▶	21	151,156			

ra	Check if the organization used Schedule		ny question in this	Dort II		<b>—</b>
	Check if the organization used Schedule	C to respond to al	ny question in this	(A) Beginning of year	<del>i i</del>	(B) End of year
22	Cash, savings, and investments			147,215	22	151,157
23	Land and buildings				23	151,157
24	Other assets (describe in Schedule O)				24	
25	Total assets			147,215		151,157
26	Total liabilities (describe in Schedule O)				26	C
27	Net assets or fund balances (line 27 of column			147,215	27	151,157
Par	<del></del>			•		_
	Check if the organization used Schedule	<del></del>	<del></del>		(000	Expenses juired for section
Wha	t is the organization's primary exempt purpose?	Promote the commu	nity welfare of Luci	tetts Virginia	501(	c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				orga	nizations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title	services provide	d, the number of	Oure	16.)
28	Community Refuse and Recycling Program - Refuse		es were provided to	the Lucketts	1	T
	Virginia rural community on 51 days during 2014 rest					
	promoting health and improving the rural environmen					
		includes foreign gra			28a	27,094
29	Community Welfare Program - Donations were made					
	organizations that service the Lucketts Virginia rural					
			********	******		
	(Grants \$ 18,681) If this amount	<del></del>		<del></del>	29a	10,658
30	College Scholarship Program - College scholarships					
	Lucketts Virginia rural community. Amounts were pa	id to the colleges an	d restricted to use	for tuition and		
	fees only.	inali idaa faasiaa aas			-	
21	(Grants \$ 13,500) If this amount Other program services (describe in Schedule O)		ints, check here		30a	7,702
31	(Grants \$ 6,698) If this amount				31a	2 024
					310	3,821
32	Total program service expenses (add lines 28a t	hrough 31a)			32	40.275
32 Par					32	
	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not cor	npensated-see the		
		Employees (list each O to respond to a	n one even if not cor ny question in this (c) Reportable	npensated—see the s Part IV	nstruc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to an (b) Average hours per week	n one even if not cor ny question in this	mpensated—see the s Part IV	nstruc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to a (b) Average	n one even if not cor ny question in this (c) Reportable compensation	mpensated—see the s Part IV (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to an (b) Average hours per week	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to an (b) Average hours per week	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Press James	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie	Employees (list each O to respond to as (b) Average hours per week devoted to position	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
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 an (b) Average hours per week	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Press James Vice Liz P	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 an (b) Average hours per week devoted to position	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
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Peter Press Jame Vice Liz P Secre Craig	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President enaranda etary g Bond	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Presi Jame Vice Liz P Secri Craig	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer	Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Presi Jame Vice Liz P Secri Craig	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer e Hillenbrand	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Pres Jame Vice Liz P Secr Craig Trea Steve Direc	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer e Hillenbrand	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Press Jame Vice Liz P Secri Craig Treas Stev Direct Matt	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President lenaranda etary g Bond set Hillenbrand ctor Quitter	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
Peter Press Jame Vice Liz P Secr. Craic Treas Stev Direc Matt	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer e Hillenbrand ctor	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
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Peter Press Jame Vice Liz P Secr. Craig Trea Stev Direc Matt Direc Peter Direc	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer e Hillenbrand ctor Quitter ctor r Baker ctor	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
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Peter Press James Vice Liz P Secr Craic Treas Stev Direc Matt Direc Peter Direc Fred	Check if the organization used Schedule  (a) Name and title  r Gustafson ident es McKenzie President renaranda etary g Bond surer e Hillenbrand ctor Quitter ctor r Baker Stor Nassauer	Employees (list each O to respond to an (b) Average hours per week devoted to position 4	n one even if not cor ny question in this (c) Reportable compensation (Forms W-2/1099-MIS	mpensated—see the s Part IV  (d) Health benefits, contributions to emplo C) benefit plans, and	nstruc	ctions for Part IV)
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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			
	instructions for that 4) Check if the organization used ochleddie C to respond to any question in this	rait	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	148	NO
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)	34		·
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)?			,
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	35a 35b	-	-
Ç	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	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	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			-
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
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?	38a		,
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			<del>                                     </del>
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	i		1
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			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 I	40b		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ none	L	<u> </u>	
42a	The organization's books are in care of ▶ CRAIG BOND Telephone no. ▶	703-77	1-600	7
	Located at ► 13244 WILT STORE ROAD, LEESBURG, VA ZIP + 4 ►	20176	5-5406	 ;
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	170		
-	completed instead of Form 990-EZ	44b	<b> </b>	1
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<del> </del>	~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		-
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a	-	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	704	<del> </del>	-
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			<u> </u>
	Form 990-EZ (see instructions)	45b	l	V

om 99	0-EZ (2014)	<del></del>	<del></del>	· · · · · · · · ·			Ye	Page 4			
46 ,	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political complete Schedule C.	ampaign activities on	behalf of or	in opposit	tion	46	S No			
Part \		s only s must answer que	stions 47-49b and !	52, and co				ines			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a		n in effect o	during the	tax [	Ye	s No			
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to if "Yes," was the related organization a se Complete this table for the organization's	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio	i)? If "Yes," complete s ritable related organiz on?	Schedule E ation?		. [	47 48 49a 49b ustees	v v			
	employees) who each received more than (a) Name and title of each employee				nere is non benefits, to employee and deferred	e, ente		e."			
NONE											
					· · · · · · · · · · · · · · · · · · ·						
f	Total number of other employees paid ov	er \$100.000	. > 0								
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe		contractors	who each	rece	ived mo	ore than			
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	(c) Compensation					
NONE			N/A					0			
						<del></del>	<del></del>	<del></del>			
							-				
			0100.000								
52	Did the organization complete Schedu	•	ection 501(c)(3) organ	nizations m	nust attacl		Yes [	¬ No			

	the organization complete Schopleted Schedule A							
Under penalti-	es of perjury, I declare that I have examined t and complete. Declaration of preparer (other	his return, including accompanying sched	ules and statements, and to the b	pest of my knowledge and belief, it is				
Sign Here	Signature of officer  CRAIG BOND, TREASURER  Type or print name and title		Date	C MAY 20,5				
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed				
Use Ont		Firm's name ▶						
	Firm's address ▶	Phon	Phone no.					
May the IR	S discuss this return with the prepa	arer shown above? See instruction	ns	▶ 🗌 Yes 🔲 No				

# 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.

2014

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

Employer identification number Name of the organization **LUCKETTS RURITAN CLUB INC** 54-1119278 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) **(B)** (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (d) 2013 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 69,352 66,225 <u>66,719</u> 67,712 79,014 349,022 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 25,591 23,953 24,041 24.457 23,742 121,784 Total. Add lines 1 through 3 . . . . 94,943 90,178 90.760 92,169 102,756 470,806 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . -3.060Public support. Subtract line 5 from line 4. 473,866 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2011 (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . 94,973 90,178 90,760 92,169 102,756 470,806 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 2,266 2,597 3,081 8,302 10,932 27,178 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 0 11 Total support. Add lines 7 through 10 497,984 12 6,071 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 <u>95.16</u> % Public support percentage from 2013 Schedule A, Part II, line 14 15 15 00 00 04 16a 331/a% support test - 2014. If the organization did not check the box on line 13, and lin box and stop here. The organization qualifies as a publicly supported organization . . b 331/2% support test-2013. If the organization did not check a box on line 13 or 16 check this box and stop here. The organization qualifies as a publicly supported organi 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on 10% or more, and if the organization meets the "facts-and-circumstances" test, check Part VI how the organization meets the "facts-and-circumstances" test. The organizatio

30,03	/0
331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this	
box and stop here. The organization qualifies as a publicly supported organization	V
33¹a% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
	Ц
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	_
instructions	
Schedule A (Form 990 or 990-EZ)	2014

Sahadu	e A (Form 990 or 990-EZ) 2014						D
Part	Support Schedule for Organization (Complete only if you checked the lift the organization fails to qualify	e box on line	9 of Part I o	r if the organi			Page 3
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	· ·
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support		<u> </u>	I	L	L_,,	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(a) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(0) 2011	(6) 2012	(a) 2013	(e) 2014	(I) TOTAL
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon				
Sect	on C. Computation of Public Suppor	t Percentag	e		······································		

	organization, check this box and stop here	-					-										• ,				 ▶	
ect	on C. Computation of Public Support P	erc	en	ta	ge															 		
15	Public support percentage for 2014 (line 8, co	olur	nn	(f) (	ivi	de	d b	y lir	10	13,	CO	lun	nn (	f))		•	$\Box$	15	ij			%
				_																		

Public support percentage from 2013 Schedule A, Part III, line 15 Se 1

36C1	on b. Computation of investment income Percentage		
17	Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
40-	201-0/ asymptotic 2014 if the asymptotic did not about the box on the 44 and the 47 to make		001 0/ 11:

331/3% support tests-2014. If the orga	nization did not check the b		is more than 331/3%,	and line
17 is not more than 331/3%, check this box	and stop here. The organization	ation qualifies as a publicly	supported organization	. 🕨 📋

b 331/2% support tests-2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secu	on A. All Supporting Organizations		T =	T
	And all of the approximations are made a construction between the transfer of the construction of the cons	<del></del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status	-	<del> </del>	
-	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-	<del> </del>	
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	-	
A a	Was any supported organization not organized in the United States ("foreign supported organization")? If	36	<del></del> -	<del> </del>
74	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	<del> </del>	<del> </del>
-	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			
		5a	ļ	<u> </u>
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	-	<u> </u>	
_	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	├	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	30		
_		6	ļ	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
_		7	<del> </del>	ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ	<b> </b>
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
h	Did the organization have any excess business holdings in the tay year? (Hen Schodulo C. Form 4720, to	1.00	<del> </del>	<del> </del> -

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ł
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		i
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
C4		2	L	<u> </u>
Secu	on C. Type II Supporting Organizations	<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			,
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u></u>		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		ł	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		l	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1 5		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetn	ction	el·
•	The organization satisfied the Activities Test. Complete line 2 below.	ii işu u	CUUII	<i>3).</i>
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		Ì	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Ì		1
	how the organization was responsive to those supported organizations, and how the organization determined		İ	
	that these activities constituted substantially all of its activities.	2a	Ì	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
_	activities but for the organization's involvement.	2b	ļ	<u> </u>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly exposit or elect a majority of the officers, directors, as			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	381	<del> </del> -	<del> </del> -
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the content of the			
Section A - Adjusted Net Income	<u>npie</u>	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	····	7
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1 `	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	<u> </u>		
3_				
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See Instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	oction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			 
<u> </u>	Excess distributions carryover, if any, to 2014:			
<u>a</u>	i			
<u> </u>				
C	 			
d	· · · · · · · · · · · · · · · · · · ·			
ее	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·····	
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			)
8	Breakdown of line 7:			
а				1
ь				, , ,
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014	age <b>E</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
*************		
***************************************		
		*

#### 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.

20**14** 

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Imformation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Employer identification number
LUCKETTS RURITAN CLUB INC	54-1119278
SORM 990 E7 Part I Line 10 Create and similar amounts poid. The organization made no	
FORM 990-EZ Part I Line 10 Grants and similar amounts paid: The organization made no	grants or contributions to any one grantee
organization or individual in excess of \$5000 during 2014	
FORM 990-EZ Part   Line 16 Other expenses: Annual meeting cost \$6,830	
to the second control of the control	
Service expenses 3,490	***************************************
Total Other expenses \$10,320	
FORM 990-EZ Part I Line 20 Other changes in net assets or fund balances: Negative differ	ence due to funds withdrawn to cover expenses
throughout year.	
FORM 990-EZ Part III Statement of Program Service Accomplishments:	
Grants \$4,713 Expenses \$2,689	
Line 31 (1) Community Newsletter Program - A quarterly newsletter is mailed to all resider	nte of the Luckette Virginia gural community
Line 31 (1) Continuinty Newsletter Program - A quartery newsletter is mailed to an resider	its of the Locketts virginia rural community.
Grants \$4,713 Expenses \$2,689	
***************************************	
Line 31 (2) Ruritan National Dues - Annual dues to an affiliated national organization	
Grants \$1,985	
Grants \$1.985 Fynenses \$1.132	
Grants \$1,985 Expenses \$1,132	
Grants \$1.985 Expenses \$1.132	
Grants \$1.985 Expenses \$1.132	
Grants \$1.985 Expenses \$1.132	
Line 31 (2) Ruritan National Dues - Annual dues to an affiliated national organization  Grants \$1,985 Expenses \$1,132	