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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

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

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

OMB No 1545-1150

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning **April 1, 2014**, 2014, and ending **March 31**, 20 **15**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CUSHING/DRUMRIGHT ELKS LODGE #2712
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
707 N NORFOLK
 City or town, state or province, country, and ZIP or foreign postal code
CUSHING, OK 74023-8712

D Employer identification number
73-1275450

E Telephone number
918-225-0111

F Group Exemption Number ▶ **1156**

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

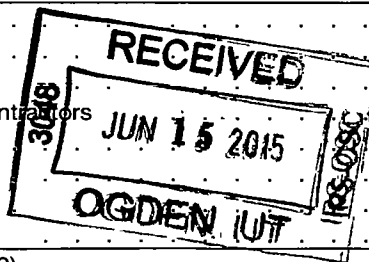
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (**8**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **82,097**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a	31,659	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
7b	Less: cost of goods sold	7b	12,826	8	Other revenue (describe in Schedule O)
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	18,833	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶
8	Other revenue (describe in Schedule O)	8	37,677	10	Grants and similar amounts paid (list in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	69,271	11	Benefits paid to or for members
10	Grants and similar amounts paid (list in Schedule O)	10		12	Salaries, other compensation, and employee benefits
11	Benefits paid to or for members	11		13	Professional fees and other payments to independent contractors
12	Salaries, other compensation, and employee benefits	12	17,546	14	Occupancy, rent, utilities, and maintenance
13	Professional fees and other payments to independent contractors	13		15	Printing, publications, postage, and shipping
14	Occupancy, rent, utilities, and maintenance	14	27,401	16	Other expenses (describe in Schedule O)
15	Printing, publications, postage, and shipping	15	1,513	17	Total expenses. Add lines 10 through 16 ▶
16	Other expenses (describe in Schedule O)	16	23,004	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
17	Total expenses. Add lines 10 through 16 ▶	17	69,464	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(193)	20	Other changes in net assets or fund balances (explain in Schedule O)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	143,743	21	Net assets or fund balances at end of year. Combine lines 18 through 20
20	Other changes in net assets or fund balances (explain in Schedule O)	20	2,001		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	145,551		



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

SCANNED JUN 30 2015

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Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	21,410	22 21,536
23	Land and buildings	124,732	23 124,732
24	Other assets (describe in Schedule O)		24
25	Total assets	146,142	25 146,269
26	Total liabilities (describe in Schedule O)	2,399	26 717
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	143,743	27 145,551

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

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

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

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

[illegible]

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

	Yes	No
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	
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)?	35a	
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	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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		
b Did the organization file Form 1120-POL 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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
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	
c 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 ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ►		
Located at ► ZIP + 4 ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	42b	
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.? If "Yes," enter the name of the foreign country: ►	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	
c Did the organization receive any payments for indoor tanning services during the year?	44c	
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

	Yes	No
46		

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

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

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

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

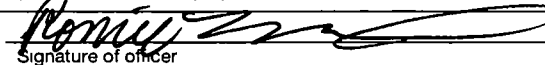
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

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

Sign Here  Date **6/2/15**
RONNIE ELShemer ER.
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no ▶	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

CUSHING/DRUMRIGHT ELKS LODGE #2712

73-1275450

THERE WAS AN ADJUSTMENT OF \$2,001 TO EQUITY MADE AFTER THE 2014 AUDIT REPORT WAS COMPLETED AND ISSUED AND AFFECTED THE BEGINNING EQUITY IN 2015.

FEIN: 73-1275450

PAGE 2, PART 4

(A)	(B)	(C)	(D)	(E)
RONALD ELSHEIMER EXALTED RULER CHAPLAIN	5 HOURS	0	0	0
DONALD ST. ANDREWS LEADING KNIGHT	3 HOURS	0	0	0
JIMMIE CRAVENS LOYAL KNIGHT	3 HOURS	0	0	0
WADE EVANS LECTURING KNIGHT	3 HOURS	0	0	0
JOE BROYLES SECRETARY	5 HOURS	0	0	0
PEGGY ELSHEIMER TREASURER	5 HOURS	0	0	0
SALLY J BLAIR INNER GUARD	2 HOURS	0	0	0
WILMA JEAN HOWARD TILER	2 HOURS	0	0	0
RICK ROBISON TRUSTEE	2 HOURS	0	0	0
MARK SELLERS TRUSTEE	2 HOURS	0	0	0
RICK LOFTON TRUSTEE	2 HOURS	0	0	0

FEIN: 73-1275450

PART 1, LINE 8

OTHER REVENUE

RENT	\$ 19,250
LODGE ACTIVITIES	\$ 3,989
MISC INCOME	<u>\$ 14,438</u>
TOTAL OTHER REVENUE	<u>\$ 37,677</u>

PART 1, LINE 16

OTHER EXPENSES

DIGNITARY ENTERTAINMENT	\$ 389
LODGE SUPPLIES	\$ 288
PER CAPITA GRAND LODGE	\$ 1,664
PER CAPITA STATE	\$ 728
LODGE ACTIVITIES	\$ 2,002
CHARITIES	\$ 6,642
MAJOR IMPROVMENTS	\$ 520
MISC EXPENSES	<u>\$ 10,771</u>
	<u>\$ 23,004</u>