D.K. Wallin LTD. 265 E Warm Springs Rd Ste 104 Las Vegas, NV 89119

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074 2012 Exempt Org. Return prepared for:

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074

D.K. WALLIN LTD. 265 E Warm Springs Rd Ste 104 LAS VEGAS, NV 89119 2013 Exempt Org. Return prepared for:

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074

CLIENT COPY

O.K. WALLIN LTD.

265 F. Worms Stripe

265 E Warm Springs Rd Ste 104 LAS VEGAS, NV 89119

CCS INC 7065 W ANN ROAD 130 679 LAS VEGAS , NV 89130 (702) 220-4673 john@ccsnv.co

Invoice # 1250

July 19, 2016

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074

Statement of Charges for Services Rendered:

Tax Preparation Fees:

Tax return preparation fee	\$ 625.00
Total fee	\$ 625.00

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Department of the Treasury

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For t	he 2015 calen	dar year, or ta	ax year begin	ning		, 2015, a	and ending			٠,				
_		if applicable:	C Name of orga			Disc Golf	Club		D	Employe	er identif	fication nu	mber		
	A	ddress change	Doing busine			Disc Golf				27-2	25590)97			
	N	ame change	Number and			vered to street address		Room/sui	ite E	Telephor	ne numbe	er			
	In	itial return	1706 Bla	nchard D	rive					(702	2) 24	19-038	87		
	Fi	nal return/terminated	City or town,	state or province, o	ountry, and ZIP	or foreign postal code		I							
	A	mended return	Henderso	n			NV	89074	G	Gross re	ceipts \$	215	,803.		
	A	oplication pending	<u> </u>	ddress of principal o	officer:				(a) Is this a gr					X _{No}	
	ш.		Jeff Jacquart Trea	surer 1706 BLA	NCHARD DRIV	E HENDERSO	n nv	89074 H	I(b) Are all sub If 'No,' atta	ordinates i	ncluded?		Yes	No	
ī	Tax	exempt status	501(c)(3)	X 501(c) (4			947(a)(1) or	527	If 'No,' atta	ch a list. (s	ee instru	ctions)			
J		bsite: ► N/		1 1 1/1	, ,	, , ,			(c) Group exe	mption nun	nber ►				
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►	Lye	ear of formation:				gal domicile	e: NV		
Pa	rt I	Summar			I.								-		
	1			ation's mission	or most sign	ificant activities:	A MEME	ERSHIP BASED ORGA	NIZATION FOR A D	ISC GOLF CLU	B. PROVID	ING CHARITAB	LE DONATIONS	TO DISC GOLF	PLAYERS FOR
ė															
Governance								447							
ern															
λOκ	2	Check this bo				l its operations o									
8.0	3					t VI, line 1a) ng body (Part VI					3			6	
Activities &	5					2015 (Part V, lin					5			<u>6</u>	
Viti	6										6			<u>0</u> 	
Acti	7a					n (C), line 12 .				-	7a			0.	
,						-T, line 34				L	7b			0.	
							<u> </u>		Pric	r Year		Cur	rent Yea		
4	8	Contributions	and grants (Pa	art VIII, line 1h)								5,7	797.	
nue	9		-										210,0		
Revenue	10	Investment in	come (Part VII	I, column (A),	lines 3, 4, ar	d 7d)									
ď	11	Other revenue	e (Part VIII, co	lumn (A), lines	5, 6d, 8c, 9d	c, 10c, and 11e)									
	12					art VIII, column (215,8	303.	
	13	Grants and si	milar amounts	paid (Part IX,	column (A),	ines 1-3)							7,1	20.	
	14	Benefits paid	to or for memb	oers (Part IX, c	olumn (A), li	ne 4)									
S	15	Salaries, othe	r compensatio	n, employee b	enefits (Part	IX, column (A), I	lines 5-10)								
nse	16 a	Professional f	undraising fee	s (Part IX, colu	ımn (A), line	11e)									
Expenses	b	Total fundrais	ing expenses	(Part IX, colum	n (D), line 2	5) ►		0.							
Ê	17	Other expens	es (Part IX, co	lumn (A), lines	11a-11d, 11	f-24e)							213,3	363.	
	18					olumn (A), line 2							220,4		
	19												-4,6		
jo Š	_		,						Beginning (of Curren	t Year	End	d of Year		
land	20	Total assets (Part X, line 16)						40,2			15,5		
Ass I Ba	21	Total liabilities	(Part X, line 2	26)						25,9				947.	
Net Assets or Fund Balances	22	Net assets or	fund balances	. Subtract line	21 from line	20				14,2				591.	
Pa	rt II	Signatur	$\overline{}$						1	,_					
				amined this return, i	ncluding accomp	panying schedules and th preparer has any k	d statements, a	and to the best	of my knowledg	ge and belie	ef, it is tru	ue, correct,	and		
comp	lete. D	eclaration of prepar	er (other than office	er) is based on all ir	formation of whi	ch preparer has any k	nowledge.								
										/19/1	6				
Sig	ın	Signatu	re of officer						Date						
He	re 🖊		f Jacquar		rer				Treasu	rer					
			print name and titl	Э.											
		Print/Type p	reparer's name		Preparer's sign	ature		Date	Ch	neck	if I	PTIN			
Pai	id	Lorrie	e Edelblu	te	Lorrie	Edelblute		07/19/1	L6 se	lf-employe	d]	P0053	2764		
Pre	par		CCS	INC											
Us	e Or	Firm's addre	ess ► <u>7065</u>	W ANN RO	AD 130	679			Fir	rm's EIN ►	20-	-16578	360		
			LAS	VEGAS		NV	89130)	Ph	none no.	(702		-4673		
May	the I	RS discuss this	s return with th	ne preparer sh	own above?	(see instructions	s)		. 			. X Ye	es	No	

		(2015)	Las Vegas	Disc G	olf Club				27-2	559097	F	age 2
Par	t III	State	ment of Prog	gram Ser	vice Accor	nplishments						
						to any line in this P	art III					. 🔲
1	Brief	ly describ	e the organization	on's mission	:							
						<u>OR A DISC GO</u>						
						DISC GOLF PLA	AYERS_FO	R TOURNAMED	NTS AND	CASH_DO	NATION	S_TO
	See	Form 990), Page 2, Part II	<u>I, Line 1 (co</u>	ntinued)							
	D:4 1	h :							h =! =			
2		ne organi 1 990 or 9		any signino		ervices during the y		re not listed on t	ne prior	□ v.	20 17	No
			be these new se	rvicos on Sc						· · · ''	es X	No
3		•				nt changes in how it	conducte a	ny program servi	0002	□ v	es X	No
3		•	be these change	-	-	in changes in now i	. conducts, ai	ly program servi	003:	⊔ '	es A	NO
4			_			ments for each of its	three larges	, t program service	es as measu	red by expe	enses	
•	Secti	ion 501(c))(3) and 501(c)(4	1) organization	ons are require	ed to report the amo	unt of grants	and allocations t	to others, the	total expen	ses,	
	and r	revenue, i	if any, for each p	rogram serv	rice reported.							
4 a	(Cod) (Expense	· · · — —	•	including grants) (Revenue		215,80)3 <u>.</u>)
						LDREN TO LEA						
						S MONEY TO DO	NATE CASI	H AND GOODS	TO DISC	GOLF PI	AYERS_	AND _
	OTH	IER CH	ARITABLE N	IONPROF 1	T ORGANI	ZATIONS.			. – – – – -			
									. – – – – -			
									. – – – – -			
									. – – – – -			
									. – – – – -			
4 k	(Cod	le:) (Expense	es \$		including grants	of \$) (Revenue	\$)
				· —		33	'		, ('		
									. – – – – -			
									. – – – – -			
									. – – – – -			
						7						
4 0	(Cod	le:) (Expense	es \$		including grants	of \$) (Revenue	\$)
								 	· – – – – - · – – – – -	 	-	
						 			· — — — — - · — — — — -	-	 	
					 			 	· — — — — - · — — — — - · — — — — -	 	 	
									· — — — — - · — — — — - · — — — — -	 	 	· — — — · — — —
											 	. — — — . — — — . — — —
4.6		ar program	a services (Deed	cribe in Sche	edule O)							
4 0		er program	n services. (Desc	cribe in Sche	edule O.)	nts of \$) (Revenue	s			

Form **990** (2015) Las Vegas Disc Golf Club 27-2559097 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Х 2 Х 3 4 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 . . . Х 5 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, 6 Х Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х 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 Х 10 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b 11 c Х 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 Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Х 11 e 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. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII 12a Х 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 Х 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a Х 14b 15 Х 16 Х 16

17

18

19

Х

Х

Х

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

17

18

19

complete Schedule G, Part III.

Form 990 (2015) Las Vegas Disc Golf Club Part IV Checklist of Required Schedules (continued)

Га	it iv Checklist of nequired schedules (Continued)			
	_		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
	b 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		Х
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 'Yes', complete Schedule L, Part II	26		Х
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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
35	a 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		Х
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		Х

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part V			. .
_			Yes	No
	1 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	n 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			
b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	e If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		Х
t	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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 payor?	7 a		
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
C	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8				
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	, , , ,			
	Gross income from members or shareholders	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	I Is the organization licensed to issue qualified health plans in more than one state?	13 a		
1.	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI 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. **Section A. Governing Body and Management** Yes No

	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent			
2				
_	officer, director, trustee, or key employee?	2		Х
3	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?	3		Х
4		- 3		Λ
7	since the prior Form 990 was filed?	4		Х
5		5		X
6		6		X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	·		21
•	members of the governing body?	7 a	х	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		Х
8				
Ū	the following:			
	a The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	8 b	X	
9				
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	 a Did the organization have local chapters, branches, or affiliates? 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? 	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their		Х	X
11	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?	10 b	X	X
11	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 	10 b	X	X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 	10 b 11 a		X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 	10 b 11 a 12 a 12 b	X X	X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 	10 b 11 a 12 a	X X X	X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? 	10 b 11 a 12 a 12 b 12 c 13	X X X	X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 	10 b 11 a 12 a 12 b	X X X	X
11 12	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 	10 b 11 a 12 a 12 b 12 c 13	X X X	X
11 12 13 14 15	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 	10 b 11 a 12 a 12 b 12 c 13	X X X	X
11 12 13 14 15	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? 	10 b 11 a 12 a 12 b 12 c 13 14	X X X	
11 12 13 14 15	 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? a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 	10 b 11 a 12 a 12 b 12 c 13 14	X X X	X
11 12 13 14 15	 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X	X
11 12 13 14 15	 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	10 b 11 a 12 a 12 b 12 c 13 14	X X X	X
11 12 13 14 15	 b If 'Yes,' idid 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X	X
11 12 13 14 15	 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X	X
11 12 13 14 15	 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?	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X	X
11 12 13 14 15	 b If 'Yes,' clid 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?. a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? 	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	X X X	X

7	List the states with which a copy of this Form 990 is required to be filed ▶									
8	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.									
	Own website Upon request Other (explain in Schedule O)									
9	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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

JEFF JACQUART 1706 BLANCHARD DRIVE HENDERSON BAA TEEA0106 10/12/15 Form **990** (2015)

89074

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

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

- 1 a 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.

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

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

		(C)								
(A) Name and Title	(B) Average hours per week (list any	than is	Position (do not check more more box, unless person is both an officer and a director/trustee) Institution of the control of		n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
	hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ier			añd related organizations
(1) SCOTT MERRITT	0.00									
PRESIDENT				X				0.	0.	0.
(2) NICK MOUNTAIN	0.00			Х				_		
VICE PRESIDENT				Λ				0.	0.	0.
(3) JEFF JACQUART TREASURER/SECRETARY	_0.00			Х				0.	0.	0.
(4) DUANE KLINE	0.00	_						0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(5) PETER BEAULIEU	0.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRIS SUTHERLAND	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAMON _COCHRAN	_0.00									
BOARD MEMBER		Х						0.	0.	0.
_(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)			(C	•						
(A) Name and title	Average hours per week	box	, unles	ss per	more rson i lirecto	than or s both or/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	amou	(F) stimated unt of other
	(list any hours for	Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr orga	pensation om the anization
	related organiza	dual ector	tiona	쏙	mplo	st cor yee	약				d related anizations
	- tions below dotted	ndividual trustee or director	l trusi		yee	npens					
	line)	Ö	99			sated					
(15)											
							4				
(16)											
(17)											
(18)											
(40)				4							
(19)											
(20)											
(21)							-				
		K	4								
(22)											
(23)	-										
(24)											
(25)											
1 b Sub-total.			٠.	٠.	٠.		>	0.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	0.		0.
2 Total number of individuals (including but not limited							eive			mpensa	
from the organization •											Yes No
3 Did the organization list any former officer, director,	or trustee	e, key	emp	oloy	ee,	or hig	hes	st compensated em	nployee		Tes No
on line 1a? If 'Yes,' complete Schedule J for such in									· · · · · · · · · · · · · · · · · · ·	. 3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	han \$150,	ompe 000?	nsati <i>If 'Y</i>	ion a es' d	and com	other <i>plete</i>	COI Sch	mpensation from hedule J for 		. 4	X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c										. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indene	nden	t con	itrac	tors	that	rece	eived more than \$1	100 000 of		
compensation from the organization. Report compe								with or within the	organization's tax ye		
(A) Name and business addre	ess							(B) Description o			C) ensation
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to the	ose	liste	ed abo	ove) who received mo	re than		
#100,000 or compensation from the organization											

	Check if Schedule O contains a respon	se or note to any lir	ne in this Part VIII .			[
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a					
ìrat our	b Membership dues 1 b	4,820.				
s, C Am	c Fundraising events 1 c					
Gift Iar	d Related organizations 1 d					
ıs, imi	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above . 1 f	977.				
ntri d O	g Noncash contributions included in lines 1a-1f: \$_	689.				
	h Total. Add lines 1a-1f	.	5,797.			
Program Service Revenue		Business Code				
eye	2a TOURNAMENTS	711210	210,006.	210,006.	0.	0.
еB	b					
νic	c					
Se	d					
ram	e					
rog	f All other program service revenue					
<u>a</u>	g Total. Add lines 2a-2f		210,006.			
	3 Investment income (including dividends, in other similar amounts)	nterest and				
	4 Income from investment of tax-exempt bo					
	5 Royalties					
	(i) Real	(ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	V	,			
	7 a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory					
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
ø	8 a Gross income from fundraising events					
'n	(not including \$					
eve	of contributions reported on line 1c).	T				
Other Revenue	See Part IV, line 18	1				
he	b Less: direct expenses	1				
δ	c Net income or (loss) from fundraising eve	nts ▶				
	9 a Gross income from gaming activities. See Part IV, line 19	i				
	b Less: direct expenses					
	c Net income or (loss) from gaming activitie	s				
	10 a Gross sales of inventory, less returns					
	and allowances					
	b Less: cost of goods sold	L				
	c Net income or (loss) from sales of invento					
		Business Code				
	11a					
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	<u> </u>				
	12 Total revenue. See instructions		015 000	210 226		2
	12 10tal revenue. See moductions	<u>-</u>	215,803.	210,006.	0.	0.

Part IX | Statement of Functional Expenses

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 response or note to any line in this Part IX	

	not include amounts reported on lines 7b, 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 domestic organizations and domestic governments. See Part IV, line 21	7,120.	7,120.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management	5,517.	5,517.	0.	0.
	Legal		_		
-	Accounting	625.	0.	625.	0.
	Lobbying				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion	2,664.	0.	2,664.	
13	Office expenses	2,534.	0.	2,534.	0.
14	Information technology				
15 16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			_	
23 24	Insurance	50.	50.	0.	0.
а	PRIZES	66,945.	66,945.	0.	0.
	MERCHANDISE	38,000.	38,000.	0.	0.
	CONTESTANT PACKAGES	88,037.	88,037.	0.	0.
	ENTRY FEE	3,056.	3,056.	0.	0.
	All other expenses	5,935.	5,935.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	220,483.	214,660.	5,823.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X \dots			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	27,138.	1	5,680.
	2	Savings and temporary cash investments		2	_
	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			
		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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	_
Assets	8	Inventories for sale or use	13,110.	8	9,448.
As	9	Prepaid expenses and deferred charges	13,110.	9	410.
2	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			410.
	h	Less: accumulated depreciation		10 c	
	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		40 240	16	15 520
	17	Total assets. Add lines 1 through 15 (must equal line 34)	40,248.	17	15,538.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Ĭ	00			22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	25,977.	25	5,947.
	26	Total liabilities. Add lines 17 through 25	25,977.	26	5,947.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	14,271.	32	9,591.
let	33	Total net assets or fund balances	14,271.	33	9,591.
~	34	Total liabilities and net assets/fund balances	40,248.	34	15,538.

BAA Form **990** (2015)

orr	m 990 (2015) Las Vegas Disc Golf Club 27-2	559097		Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1		1	21	5,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	0,483.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	4,271.
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
D =	column (B))	10		9,591.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	1		
-	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	, 	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
3A			Form 9	90 (2015)

BAA

TEEA0112 10/20/15

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	Las Vegas Disc Golf Club	27-2559097
Par	rt Organizations Maintaining Donor Advised Funds or Other Similar Fund	
<u>ı uı</u>	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?	sed funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	conferring
Par	rt II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	historically important land area
	Protection of natural habitat	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	of a conservation easement on the
		Held at the End of the Tax Year
á	a Total number of conservation easements	2 a
k	b Total acreage restricted by conservation easements	2 b
(c Number of conservation easements on a certified historic structure included in (a)	2 c
C	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	e organization during the
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	violations.
-	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170 and section 170(h)(4)(B)(ii)?	0(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensinclude, if applicable, the text of the footnote to the organization's financial statements that describes	se statement, and balance sheet, and the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	Other Similar Assets.
1.	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	amont and balance cheet works of
1 6	art, historical treasures, or other similar assets held for public exhibition, education, or research in furt in Part XIII, the text of the footnote to its financial statements that describes these items.	therance of public service, provide,
ŀ	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financi amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ial gain, provide the following
a	a Revenue included on Form 990, Part VIII, line 1	▶ \$
k	b Assets included in Form 990, Part X	- \$

Part III Organizations Main	ntaining Collection	s of Art, Historic	al Treasures, or	Other Similar Ass	ets (c	<u>ontinu</u>	<u>ed)</u>
3 Using the organization's acquisitems (check all that apply):	sition, accession, and other	er records, check any	of the following that are	e a significant use of its	collecti	on	
a Public exhibition		d Loan or ex	xchange programs				
b Scholarly research		e Other					
c Preservation for future gen	erations						
4 Provide a description of the org Part XIII.	•	,	· ·				
5 During the year, did the organize to be sold to raise funds rather	than to be maintained as	part of the organizati	on's collection?		Yes		No
Part IV Escrow and Custo line 9, or reported a	dial Arrangements n amount on Form 9	. Complete if the one of the one of the control of	organization answe 1.	ered 'Yes' on Form	990,	Part IV	<i>'</i> ,
1 a Is the organization an agent, troon Form 990, Part X?				s not included	Yes		No
b If 'Yes,' explain the arrangement	nt in Part XIII and comple	te the following table:					
					Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the yearf Ending balance				1 e			
2 a Did the organization include an					Yes		No
b If 'Yes,' explain the arrangement				- L			- '\\
bii 163, explain the arrangemen	TIT IT ATT ATT. OTLOCK HOTE	on the explanation ha	3 been provided on i a	It XIII		· · · L	_
Part V Endowment Funds	. Complete if the ord	ganization answe	red 'Yes' on Form	990. Part IV. line 1	0.		
<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		our years	back
1 a Beginning of year balance			, ,		,,		
b Contributions							
c Net investment earnings, gains and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs	S						
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	age of the current year en	d balance (line 1g, co	lumn (a)) held as:				
a Board designated or quasi-end	owment >	<u> </u>					
b Permanent endowment	8						
c Temporarily restricted endowm		<u> </u>					
The percentages on lines 2a, 2	b, and 2c should equal 1	00%.					
3 a Are there endowment funds no	t in the possession of the	organization that are	held and administered	for the	Г		
organization by:						Yes	No
(i) unrelated organizations					3a(i)		<u> </u>
(ii) related organizations					3a(ii)		<u> </u>
b If 'Yes' on line 3a(ii), are the rel	-	•			. 3b		<u></u>
4 Describe in Part XIII the intend		on's endowment funds	S				
Part VI Land, Buildings, a		Voo' on Form 000) Port IV line 11e	Soo Form 000 Br	ort∨ I	ina 10	
Complete if the orga				1			
Description of propert		st or other basis (nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) l	Book va	lue
1 a Land		,	(/				
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total Add lines 1a through 1e (Colu	ımn (d) must equal Form	990 Part X column I	(R) line 10c)	•			

Schedule D (Form 990) 2015 Las Vegas Disc Gol	f Club	2.	7-2559097 Pag	је
Part VII Investments — Other Securities. Complete if the organization answered "	Yes' on Form 990, F	Part IV, line 11b. See Form	990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost		
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I) 				_
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >				
Part VIII Investments – Program Related. Complete if the organization answered "	Yes' on Form 990 F	Part IV line 11c See Form	990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost		_
(1)	(2) 20011 1200	(c) making of randament cost	or one or your marrier raise	_
(2)				
(3)				
(4)				_
(5)				_
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨				
Part IX Other Assets. Complete if the organization answered **	Vaa'an Earm 000 I	Part IV lina 11d Can Form	000 Port V line 15	
	scription	-arriv, line Tra. See Form	(b) Book value	_
(1)	Somption		(B) Book value	
(2)				_
(3)				
(4)				
(5)				
(6)				
(7) (8)				_
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) li	ne 15.)			
Part X Other Liabilities.			l	_
Complete if the organization answered 'Yes' on F	form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,	line 25	
(a) Description of liability	(b) Book value			
(1) Federal income taxes				
(2) Unearned Income	5,94	:7 •		
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				

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

5,947.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
b Prior year adjustments	
c Other losses 2c d Other (Describe in Part XIII.) 2d	
c Other losses	2 e
c Other losses 2c d Other (Describe in Part XIII.) 2d	
c Other losses 2 c d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d	
c Other losses	
c Other losses	3
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) C Add lines 4a and 4b	3 4c
c Other losses	3 4c

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

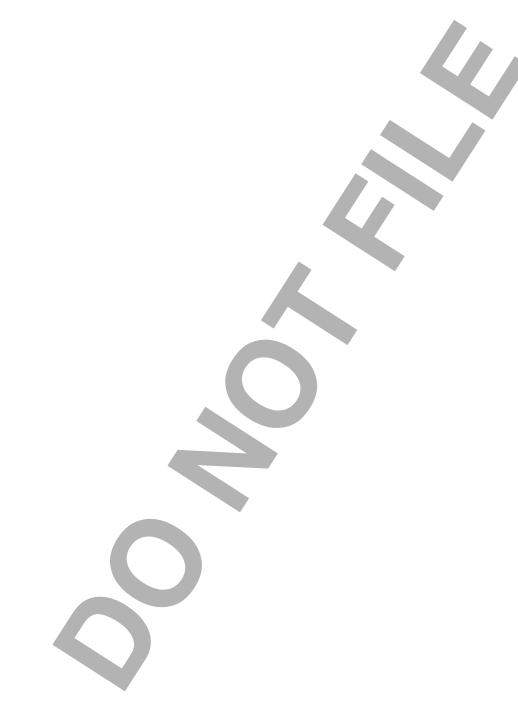
27-2559097

Las Vegas Disc Golf Club

Pt VI, Line 11b NO REVIEW WAS OR WILL BE CONDUCTED Pt VI, Line 19 NO DOCUMENTS AVAILABLE TO THE COMPANY

Pt VI, Line 7a BOARD OF DIRECTORS

Pt VI, Line 12c EACH BOARD MEMBER OR OFFICER MUST SIGN AN UPDATED POLICY



Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

OMB No. 1545-1709

Internal Revenue		►Information about Form 886	68 and its i	nstructions is at <i>www.irs.gov/form</i> 8	8868.	1	
If you are	• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you are	• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
corporation r request an e Associated V	required to file For extension of time With Certain Pers	orm 990-T), or an additional (not aut to file any of the forms listed in Part	omatic) 3-m I or Part II v be sent to t	3-month automatic extension of time tonth extension of time. You can electivith the exception of Form 8870, Information Instruction in paper format (see instruction in the instruction	ronically fil mation Re	le Form 886 turn for Trar	nsfers
Part I	Automatic 3	B-Month Extension of Time	. Only sub	omit original (no copies needed	d).		
A corporation	n required to file	Form 990-T and requesting an auto	matic 6-mo	nth extension – check this box and co	mplete Pa	ırt I only	• 🖂
All other corp income tax r		ing 1120-C filers), partnerships, REI	MICs, and ti	rusts must use Form 7004 to request a Enter filer's ic			ee instructions
	Name of exempt or	ganization or other filer, see instructions.					ion number (EIN) or
Type or							
print	Las Vegas	Disc Golf Club			27-	-255909 [°]	7
File by the		d room or suite number. If a P.O. box, see instru	uctions.			al security numb	
due date for filing your	1706 Blar	chard Drive					
return. See		ffice, state, and ZIP code. For a foreign address	s, see instructio	ns.	•		
instructions.	Hendersor	1				NV 89	074
							_
Enter the Re	turn code for the	return that this application is for (file	e a separate	e application for each return)			01
Application Is For			Return Code	Application Is For			Return Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL	_		02	Form 1041-A			08
Form 4720 (i	individual)		03	Form 4720 (other than individual)			09
Form 990-PF	F		04	Form 5227			10
Form 990-T	(section 401(a) c	or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than	above)	06	Form 8870			12
Telephor If the org	ganization does r for a Group Retu) _249_0387	t Group Exe	ited States, check this box emption Number (GEN)	. If this is	s for the who	ole group,
check th	is box ►	. If it is for part of the group, che	ck this box	▶ and attach a list with the	names an	d EINs of a	II members
	nsion is for.						
until The ex	<u>Aug 15</u>	organization's return for: 20 <u>15</u> or	ization retur	n for the organization named above.			
	_ , ,	n line 1 is for less than 12 months, o		g , 20 n:	Final ret	urn	
		Forms 990-BL, 990-PF, 990-T, 4720 See instructions		enter the tentative tax, less any	3	a \$	0.
b If this a tax pay	application is for yments made. In	Forms 990-PF, 990-T, 4720, or 606 clude any prior year overpayment a	9, enter any llowed as a	refundable credits and estimated credit	3	b \$	0.
c Baland EFTPS	ce due. Subtract 6 (Electronic Fed	line 3b from line 3a. Include your pa eral Tax Payment System). See ins	ayment with tructions	this form, if required, by using	3	c \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

990-EZ, 990, 990-T and 990-PF Information Worksheet

2015

Part I — Identifying Information							
Employer Identification Number . 27–2559097							
Name Las Vegas Disc Golf Club							
Doing Business As Las Vegas Disc Golf Club							
Address							
City							
Province/State Foreign Postal Code							
Foreign Code Foreign Country							
Telephone Number							
Eligible for hurricane tax relief legislation benefits, check here							
Part II — Type of Return							
Form 990-EZ only Form 990 only Form 990-PF only Form 990-T Form 990-PF with Form 990-T Form 990-PF only Form 990-T only QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ. IMPORTANT Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line. Part III — Type of Organization							
X 501(c) Corporation/Association 4 (subsection number) 220(e) Trust 501(c) Trust 408A Trust 408A Trust 4947(a)(1) Trust 529(a) Corporation 408(e) Trust 529(a) Trust 401(a) Trust 530(a) Trust Other (describe) Corporation/Association 527 Organization 501(c) Association 501(c) Association							
Part IV — Tax Year and Filing Information							
Calendar year Fiscal year — Ending month Short year — Beginning date Ending date							
X Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)							

Select the state and/or city amended return(s) to file electronically.

	State(s) *			
	File Amended Form 114 Report of Foreign Bank and	d Financial Account	ts (FBAR) electron	ically
Pa	rt VII – Electronic Funds Withdrawal Informatio	n (Form 990PF	filers only)	
	Use electronic funds withdrawal of federal Use electronic funds withdrawal of Form 88 Use electronic funds withdrawal of amende any options selected above, enter information below, (R	868 balance due (E ed return balance d	EF only)? due (EF only)?	ccuracy)
	nk Information			
	ame of Financial Institution (optional) heck the appropriate box Check	ing Savings	3	
	outing number			
T.a	s Vegas Disc Golf Club		27–255	9097 Page 3
B B E If	Inter the payment date to withdraw tax payment		- - - - -	
Pa	rt VIII — Information for Client Letter			
		Form 990-EZ or Form 990	Form 990-PF	Form 990-T
E	xtended Due Date	08/15/16		
Le	etter Salutation			
Pa	rt IX — Return Preparer			
	er preparer code from Firm/Preparer Info (See Help) ickZoom to Firm/Preparer Info			>
Qu Qu Qu	ickZoom to Form 990-EZ, Pages 1 through 4 ickZoom to Form 990, Page 1 ickZoom to Form 990-PF, Page 1 ickZoom to Form 990-T, Page 1 ickZoom to Form 990-N, e-PostCard			
	ickZoom to Client Status			

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _ _ _ _ , 2015, and ending OMB No. 1545-1878

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

27-2559097

Las Vegas Disc Golf Club Name and title of officer

Jeff Jacquart Treasurer

Treasurer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<u> </u>		
1 a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	215,803.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	. 2b	
3 a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3 b	
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here ▶ D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one	e box only		
I authorize		to enter my PIN	as my signature
	ERO firm name	Enter five do not ent	numbers, but er all zeros
on the organization's a state agency(ies) return's disclosure	tax year 2015 electronically filed return. If I have indicate egulating charities as part of the IRS Fed/State programe consent screen.	ated within this return that a copy of the re n, I also authorize the aforementioned ER	turn is being filed with to to enter my PIN on

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State

Date \triangleright 07/19/2016

program, I will enter my PIN on the return's disclosure consent screen.

Part III | Certification and Authentication

Officer's signature

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

88302732764

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature 07/19/2016

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

IRS e-file Authentication Statement

► Keep for your records

Name(s) Shown on Return Employer ID Number Las Vegas Disc Golf Club 27-2559097 A – Practitioner PIN Authorization

2015

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

B – Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

EFIN Self-Select PIN 883027 32764

C — Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Electronic Filing Information Worksheet • Keep for your records

2015

Name(s) shown on return Las Vegas Disc Golf Club		Identifying number 27-2559097					
Part I – State Electronic Filing:							
Check this box to force state only filing for all states selected to	be filed electronically						
Part II — Electronic Return Originator Information							
The ERO Information below will automatically calculate based o	n the preparer code entered	on the return.					
For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return							
For returns that are marked as a "Non-Paid Preparer" (XNP) or enter a PIN for the ERO that is responsible for filing return ERO Name $ \frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2}$	'Self-Prepared" (XSP)	▶ ution Number (EFIN)					
Lorrie Edelblute	883027						
ERO Address	ERO Employer Identification N	umber					
7065 W Ann Road 130 679 City State ZIP Code	20-1657860 ERO Social Security Number of	r DTIN					
	P00532764	T I IIIV					
Country							
Part III — Paid Preparer Information							
Firm Name	Preparer Social Security Numb	er or PTIN					
CCS INC	P00532764						
Preparer Name	Employer Identification Numbe	r					
Lorrie Edelblute Address	20-1657860 Phone Number Fax	Number					
7065 W ANN ROAD 130 679	(702) 220–4673	Number					
City State ZIP Code	(102) 220-4013						
LAS VEGAS NV 89130							
Country	Preparer E-mail Address						
Part IV — Amended Returns							
Enter the payment date to withdraw tax payment		►					
Amount you are paying with the amended return							
Check this box to file another federal amended return el							
File another Amended Form 114 Report of Foreign Bank and Fi		onically					
Check this box to file another state and/or city amended * Select the state and/or city amended return(s) to file electron							
School the state and of only amended return(s) to me closuren	iodily.						
State/City *							
California State Exempt							

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

OTHER CHARITABLE NONPROFIT ORGANIZATIONS.

TO PROVIDE AN OPPORTUNITY TO CHILDREN TO LEARN ABOUT DISC GOLF, PROVIDE A MEMBERSHIP ORGANIZATION THAT RAISES MONEY TO DONATE CASH AND GOODS TO DISC GOLF PLAYERS AND OTHER CHARITABLE NONPROFIT ORGANIZATIONS.



Form 990 p 7: Part VII Compensation of Officers etc.

Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees

Note: Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7., The next 10 entries will be placed on the appropriate lines on page 8 If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

	(A)		(B)			((C)			(D)		(E)		(F	<u> </u>
	Name and Title	Ck if	Avg			•	ition			Reporta	hle	(-)	F	st an	-
	Name and The		hrs/wk	(do not check more than				compn from			oth compn				
		B u	(list	,		k, unle		- 4		the org					g and
		S	hrs for			an of				zation (\					orgs
		i	related			ector				1099-MI					
		n	orgs	C1		div tru		,	r		,				
		е	below			stituti									
		s	dotted		- Of										
		s	line)	C4	- Ke	ey em	ploye	ee							
			,			ghest			ated						
						nploy				Г		J [1	
				C6	C6 - Former			Reportable co		com	ıpn				
						4			l		fron	n relate	d org	gs	
				C1	C2	C3	C4	C5	C6		(W-	2/1099	-MIS	C)	
(1)	SCOTT MERRITT		0.00												
(.,	PRESIDENT					X				0			0.		0.
(2)	NICK MOUNTAIN		0.00												
	VICE PRESIDENT					Х				0			0.		0.
(3)	JEFF JACQUART		0.00												
	TREASURER/SECRETARY					Х				0			0.		0.
(4)	DUANE_KLINE		0.00												
	BOARD MEMBER			X	Ш		Ш	Ш	Ш	0	•		0.		0.
(5)	PETER_BEAULIEU		_0.00												
	BOARD MEMBER		2.00	Х	Ш	Ш	Ш	Ш	Ш	0	•		0.		0.
(6)	CHRIS SUTHERLAND		0.00							_					0
/7\	BOARD MEMBER		0.00	X		Ш				0	•		0.		0.
(7)	DAMON_COCHRAN_		0.00	x						_					0
(8)	BOARD MEMBER			[A]	Ш		Ш	Ш		0	•		0.		0.
(0)															
(9)															
(5)															
(10)											+				
()															
		1		ш	ш	ш	ш	ш	ш	l	11				

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

	Filing Address Smart Worksheet
Send Form 8868 to:	Department of the Treasury
	Internal Revenue Service Center
	Ogden, UT 84201-0045

D.K. WALLIN LTD. 265 E WARM SPRINGS RD STE 104 LAS VEGAS, NV 89119 (702) 736-7994

Client 60002 May 6, 2014

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074 (702) 249-0387

FEDERAL FORMS

Form 990 Schedule O 2013 Return of Organization Exempt from Income Tax

Form 8868 Form 8879-EO

Supplemental Information Application for Extension

IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

675.00

Amount Due

\$ 675.00

CLIENT COPY

2013 FEDERAL EXEMPT ORGAN	FEDERAL EXEMPT ORGANIZATION TAX SUMMARY						
LAS VEGAS DISC	27-2559097						
REVENUE	2013	2012	DIFF				
CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE	5,320 124,099	5,078 129,577	242 -5,478				
TOTAL REVENUE	129,419	134,655	-5,236				
EXPENSES OTHER EXPENSES	123,859	130,116	-6,257				
TOTAL EXPENSES	123,859	130,116	-6,257				
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR	5,560 14,434 0 14,434	4,539 8,874 0 8,874	1,021 5,560 0 5,560				

CLIENT COPY

2013

GENERAL INFORMATION

PAGE 1

LAS VEGAS DISC GOLF CLUB

27-2559097

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH O, 8868

CARRYOVERS TO 2014

NONE

CLIENT COPY

PREPARER E-FILE INSTRUCTIONS - FEDERAL

PAGE 1

LAS VEGAS DISC GOLF CLUB

27-2559097

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOUR ECEIVE YOUR FEDERAL

KEEP A SIGNED COPY OF FORM 8879-EO, IPS E-F LE S ATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-EO IRS E-FILE SIGNATURE AUTHORIZATION

LAS VEGAS DISC GOLF CLUB

27-2559097

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868

NO SIGNATURE IS REQUIRED WHEN FILING FORM 8868 ELECTRONICALLY.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.



2013	FEDERAL WORKSHEETS	PAGE 1
	LAS VEGAS DISC GOLF CLUB	27-255909
FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS		
	PROGRAM SERVICES TOTAL FORM 990 SOURCE	
TOTAL EXPENSES GRANTS REVENUE	*122,211.	, COL. B
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES		
OUTSIDE SERVICE	(A) (B) (C) PROGRAM MANAGEMENT SERVICES & GENERAL 710. 710. 710. 5 710. \$ 0	(D) FUND- RAISING . \$ 0.
FORM 990, PART IX, LINE 24E OTHER EXPENSES	COPY (C)	(D)
BANK, MERCHANT AND PAYPAL BOOTH RENT CONTESTANT ENTRY FEES	PROGRAM SERVICES & GENERAL ** 31.	FUNDRAISING
LICENSES AND PERMITS MEMBERS BENEFITS MISCELLANEOUS SUPPLIES	451. 426. 25 497. 497. 1,072. 1,072. 598. TOTAL \$ 8,366. \$ 7,743. \$ 623	•

IRS e-file Signature Authorization

for an Exempt Org	anization	OMB No. 1545-1878
calendar year 2013, or fiscal year beginning	, 2013, and ending ,	
► Do not send to the IRS Keep	o for your records	2012

Form 60/3-EU	TOT ATT EXOTING	_		OMB No. 1545-1878
	For calendar year 2013, or fiscal year beginning	, 2013, and ending ,	·	0010
Department of the Treasury Internal Revenue Service	► Do not send to the IF ► Information about Form 8879-EO and it	RS. Keep for your records. s instructions is at www.irs.gov/form	8879eo.	2013
Name of exempt organization			Employer iden	tification number
LAS VEGAS DISC G	OLF CLUB		27-2559	097
	TD.	DDEG TDENM		
JOHN R. RICKER,	rn and Return Information (Whole D	PRESIDENT		
	n for which you are using this Form 8879-E		any from t	he return. If you
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	a, 3a, 4a, or 5a, below, and the amount on treations of the same o	that line for the return being filed with	this form w	as blank then
1 a Form 990 check here	b Total revenue, if any (Form 9	990, Part VIII, column (A), line 12)	11	b × 129,419.
2a Form 990-EZ check h	ere b Total revenue, if any (Fo	rm 990-EZ, line 9)	21	b X 129,419.
3a Form 1120-POL chec	k here b Total tax (Form 1120	-POL, line 22)	3 1	b
4a Form 990-PF check h	ere b Tax based on investmen	it income (Form 990-PF, Part VI, line	5) 41	D
5 a Form 8868 check her	b Balance Due (Form 8868, Pa	irt I, line 3c or Part II, line 8c)	51	b
Part II Declaration of	nd Signature Authorization of Offic			
	nd Signature Authorization of Office I declare that I am an officer of the above o			
refund, and (c) the date of	nount in Part I above is the amount shown of cer, transmitter, or electronic return originato ament of receipt or reason for rejection of the any refund. If applicable, I authorize the U.S. bit) entry to the financial institution account is owed on this return, and the financial institutions account inancial Agent at 1-888-353-4537 no later the tutions involved in the processing of the election in the payment. I have selection and, if applicable, the organization's continuous control in the processing of the control in the payment.	e transmission, (b) the reason for any 5. Treasury and its designated Financi indicated in the tax preparation softw tution to debit the entry to this action han 2 business days prior to the apayro ctronic payment of taxe, to lece ye co- ceted a personal frent to don number nsent to electron to fur is vithdrawal.	delay in prijal Agent to	ocessing the return or initiate an electronic
Officer's PIN: check one be	ox only			
X I authorize D.K. W	ox only ALLIN LTD. EROS n ne	Em	60002 ter five number not enter all ze	as my signature
on the organization's tax a state agency(ies) regi the return's disclosure of	year 2013 electronical stil d return, If I have in ulating charities as part of the IRS Fed/State consent screen.	dicated within this return that a copy of t program, I also authorize the aforem	he return is l nentioned El	being filed with RO to enter my PIN on
indicated within this ret	ization, I will enter my PIN as my signature on urn that a copy of the return is being filed wi PIN on the return's disclosure consent scre	ith a state agency(ies) regulating char	ically filed re ities as par	eturn. If I have t of the IRS Fed/State
Officer's signature		Date ▶		
Part III Certification a	nd Authentication			
ERO's EFIN/PIN. Enter your number (EFIN) followed by	six-digit electronic filing identification your five-digit self-selected PIN			88302732764 do not enter all zeros
I certify that the above num above. I confirm that I am s Authorized IRS <i>e-file</i> Provid	eric entry is my PIN, which is my signature out ubmitting this return in accordance with the ers for Business Returns.	on the 2013 electronically filed return requirements of Pub 4163, Modernize	for the orga ed e-File (M	anization indicated eF) Information for
ERO's signature ► T.ORRT	E EDELBLUTE	Date ▶		

 $\hbox{ERO Must Retain This Form - See Instructions} \\ \hbox{Do Not Submit This Form To the IRS Unless Requested To Do So}$

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

Form **990**

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For	the 2013 calen	dar year, or tax year begi	nning	, 2013, a	and ending	g			,		
В	Chec	k if applicable	С		-		D	Employ	er Ident	ification Nun	nber	
		Address change	LAS VEGAS DISC G	GOLF CLUB				27-	2559	097		
	П	Name change	1706 BLANCHARD D				E	Telepho	ne num	ber		
	П	Initial return	HENDERSON, NV 89	3074			į.	(70	2) 2	49-038	7	
	П	Terminated										
	_П.	Amended return					l G	Gross r	eceipts	\$	129,	419
	\vdash	Application pending	F Name and address of principal	al officer:			H(a) Is this a gr				Yes	X No
			SAME AS C ABOVE				H(b) Are all sub If 'No,' atta	ordinates	include	d?	Yes	No
ī	Ta	x-exempt status	501(c)(3) X 501(c) (4) ◄ (insert no.)	4947(a)(1) or	527	If 'No,' atta	ch a list.	(see ins	tructions)	-	
J			TP://WWW.LVBAGTA		1011(2)(1) 01		H(c) Group exer	notion o	ımbar Þ			
K		m of organization:	X Corporation Trust	Association Other	I ve	ear of formation				egal domicile	NT/	
_	art I	Summar		Association	L Te	ear or formatic	ni. 2003	146 3	state of it	egai domicile	TAA	
F	1	Briefly descri	be the organization's miss	sion or most significant	activities: 7 1	MEMBED	סגם מדעי	ED O	DC N N	T770TC	M EC	7 C(
	'	DISC GOI	F_CLUB. PROVIDI	NC CHARTTARTE	DOMATIONS	TO DIS	C COLE I	תקיים על	KGAN	TVATIO	N IC	JK A
Governance		TOURNAME.	NTS AND CASH DON	ATIONS TO OTHE	R CHARTTAR	TE NON	DBUELL (JBC7/	11771 1272	PIONS	TO	
mai		PROVIDE.	OPPORTUNITY TO C	HILDREN TO LEA	RN ABOUT D	TSC GO	I.F PROV	TOF.	A ME	MBERSI		
Ve	2	Check this bo	x F if the organization	on discontinued its oper	rations or dispos	sed of mo	re than 25%	of its	net as	sets.		
	3		ting members of the gove	rning body (Part VI, lin	e 1a)				3			1 7
-გ ი	4		dependent voting member						4	- 1		0
iţie	5	Total number	of individuals employed in	n calendar year 2013 (F	Part V, line 2a)		***************************************		5			0
Activities &	6	Total number	of volunteers (estimate if	necessary)	10		. 25 (9)9(2		6			0
A	'	a lotal unrelate	ed business revenue from business taxable income	from Form 000 T U	ine iz			2200	7 a			0.
	-	net unrelateu	business taxable income	from Form 990-1, line	34				7 b	_		0.
	8	Contributions	and grants (Part VIII, line	, 1h)			Prior	Year	70		ent Yea	
e	9		ice revenue (Part VIII, line	•		()4		5,0			5,	
Revenue	10		come (Part VIII, column (A		70		1	29,5	11.	~	124,	099.
Re	11	Other revenue	e (Part VIII, column (A), lir	nes 5, 6d_8 30	nd le)					707-25		
	12	Total revenue	- add lines 8 through 11	(must eq. a) art. VII.	column (A). line	e 12)	1	34,6	55	- X	120	419.
	13		milar amounts paid (Par					34,0	55.	2000	123,	317.
	14		to or for members (Part									-
	15		er compensation, employee									
Ses	16a		fundraising fees (Part IX, o				-					
Expenses			ing expenses (Part IX, col					ancova i		1100	1113	or nell
X								1000				
	17		es (Part IX, column (A), lir					30,1		-	123,8	
	18		es. Add lines 13-17 (must e				1	30,1	_	X	123,8	
8	19	Revenue less	expenses. Subtract line 1	8 from line 12				4,5		X		560.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				Beginning of				of Year	
Ass	21		s (Part X, line 26)					8,8		X	14,4	434.
Net	21								0.			0.
			fund balances. Subtract li	ne 21 from line 20	• • • • • • • • • • • • • • • • • • • •			8,8	74.	×	14,4	434.
Pa		Signature										
Unde	r pena olete. [lities of perjury, I dec Declaration of prepar	clare that I have examined this retured to the contract of the	rn, including accompanying so all information of which prepare	hedules and statemer er has any knowledge	nts, and to the	e best of my kno	owledge a	and belie	f, it is true, c	orrect, a	ind
Sin	ın	Signature	e of officer				Date					
Sig He	re	лони.	R. RICKER, JR.				PRESIDE	ידודו				
		Type or p	print name and title.				PKESIDE	INT				
		Print/Type pre	eparer's name	Preparer's signature	3	Date	Chec	rle	if F	PTIN		
Pai	Ч	LORRIE	EDELBLUTE	LORRIE EDELBLU	וייד			employe	1		761	
	u par		► D.K. WALLIN I				2611	стъроуе	1 I E	2005327	04	
	e Or			PRINGS RD STE 1	0.4			In EINI -	0.0	010264	0	
_		, iiii 3 addres	LAS VEGAS, NV		.04			's EIN P		019364		
May	the	IRS discuss this	s return with the preparer		tructions)	0.00	Phor	ne no-	(702	736- X Yes	7994	
uy		0.00000 (1110	z . otalii mai ale preparer	2112411 0D04E: (3EE 1115	an actions)	**				A Tes	1 1	No

	n 990 (2013) LAS VEGAS DISC GOLF CLUB	27-2559097	Page 2
Par	rt III Statement of Program Service Accomplishments		
50	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
			_=
2	Did the organization undertake any significant program services during the year which were not listed on the pri	ior	
	Form 990 or 990-EZ?	Ye	s X No
	If 'Yes,' describe these new services on Schedule O.	113880 138 18	21
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.		.5 X 140
4		vices as measured h	W avponces
•	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported.	of grants and allocation	is to
	others, the total expenses, and revenue, if any, for each program service reported.	J	
4 a	a (Code:) (Expenses \$ 122,211. including grants of \$) (F	Revenue \$)
	TO PROVIDE THE OPPORTUNITY TO CHILDREN TO LEARN ABOUT DISC GOLF,	PROVIDE A ME	MBERSHIP
	ORGANZATION THAT RAISES MONEY TO DONATE CASH AND GOODS TO DISC GO	OLF PLAYERS A	ND OTHER
	CHARITABLE NONPROFIT ORGANIZATIONS.		
4Ь	(Code:) (Expenses \$including grapts of \$) (R	Revenue \$)
4 c	(Code:) (Expenses \$ including grants of \$) (R	Pevenue \$	
		· ·	
		. – – – – –	
		. – ~ – – – – .	
		. – – – – – – .	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e '	Total program service expenses ► 122 211		·

BAA

Form 990 (2013) LAS VEGAS DISC GOLF CLUB
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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
١	b Did the organization report an amount for investments — other securities in Part X, line 12 and 15 for nore of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related 1. Part X line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedul, 2, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Ya. X. lin. 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete School Part X.	11 d		Х
•	e Did the organization report an amount for the liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f	ļ	Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	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 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
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 (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) LAS VEGAS DISC GOLF CLUB

Part IV | Checklist of Required Schedules (continued)

		Т	TV	NI.
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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		Х
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		Х
24	a 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		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	
	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a 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		Х
	b 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		Х
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.	26		Х
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 of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedu at Pa, IV	28a		Х
١	A family member of a current or former officer, director, trustee, or key employee? The 'co' pute Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee or in the uplo see (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? The set of in, set Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in not of sheontributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of a landstorical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule in	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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, Parts II, III, IV, and V, line 1.	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	olf '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		
	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		Х
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
BAA		Form	990 (2	2013)

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable...... 0 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return..... 2 b **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?... X 3 a 3 b **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **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. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Χ solicit any contributions that were not tax deductible as charitable contributions?..... 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.... 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided2 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for as required to file 7 c 7 d d If 'Yes,' indicate the number of Forms 8282 filed during the year. e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, the party of the rectly, on a personal benefit contract? 7 f g If the organization received a contribution of property, did the organization file Form 8899 as required?..... 7 g h If the organization received a contribution or cars, boats, airplanes, or other vehicles, did the organization file a 7h 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 8 X holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9 a b Did the organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders...... 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412. b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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..... 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b

Form 990 (2013) LAS VEGAS DISC GOLF CLUB 27-2559097 Page 6 Part VI 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. X Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 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. SEE SCH. O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 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?.... 2 X 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?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a **b** Each committee with authority to act on behalf of the governing body?..... X 86 9 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.... X 9 Section B. Policies (This Section B requests information about policies by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10a X b If 'Yes,' did the organization have written policies and procedures governing the ct ities if such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b upber of its governing body before filing the form?... 11 a Has the organization provided a complete copy of this Form 10 to a X 11 a b Describe in Schedule O the process, if art, used by the organization to review this Form 990. 12a Did the organization have a written conflict anterest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy?.... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 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? a The organization's CEO, Executive Director, or top management official. 15a X **b** Other officers of key employees of the organization..... X 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 taxable entity during the year?.... Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20

JEFF JACQUART 1706 BLANCHARD DRIVE LAS VEGAS NV 89074 (702) 249-0387

Form 990 (2013) LAS VEGAS DISC GOLF CLI	Form 990	(2013)	T.A.S	VEGAS	DTSC	COLF	CLITE
---	-----------------	--------	-------	-------	------	------	-------

27-2559097

Page 7

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

- 1 a 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.

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

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

				(C)					
(A) Name and Title	(B) Average hours per	ge one box, unless person is both an officer and a director/trustee) con		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_DANNY_BLESSINGS BOARD_MEMBER	0								
(2) MATT DALANGAUSKAS	0		+	+			00	0.	0.
BOARD MEMBER	0							0.	0.
(3) JOHN HANAHAN	0				17		U	*	-
BOARD MEMBER (4) JOHN R. RICKER, JR.	0 10. ¶		L	1	3_1		0.	0.	0.
PRESIDENT	0		X				0.	0.	0.
(5) JEFF M. JACQUART			T-	+			0.	0.	<u> </u>
TREASURER/SEC	10		X				0.	0.	0.
	$-\frac{10}{10}$.	X				0	0	0
(7)	10		^	+	-	\vdash	0.	0.	0.
		·							
(8)									
(9)									
(10)		+							
(11)			+				,		
(12)			+						
(13)				-					
(14)									
	1	1	- 1	1	- 1	- 1	I		

Part VII Section A. Officers, Directors, Iru		ney	Em	_		es,	and	d Highest Com	pensated Emp	loyee	S (con	tinued)
(A) Name and title	Average hours per week	box	, unle	Po: heck	erson direct	than is bot or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	am	(F) Estimate	other
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	0 8	mpensa from the rganizati nd relati ganizati	e ion ed
(15)												
(16)												
(17)												
(18)									-			
(19)												
(20)												
(21)			+									
(22)			\dashv									
(23)								Ya-				
(24)								Oh ,				
(25)	15	7	1					·				
1 b Sub-total.							>	0.	0.			0.
c Total from continuation sheets to Part VI							•	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those li	sted a	bov	e) w	/ho r	eceiv	ed r	more than \$100,000	of reportable comp	ensatio	n	
3 Did the organization list any former officer, directed	ar or true	****	kov	0.000	nlav			aland annual			Yes	No
on line 1a? If 'Yes,' complete Schedule J for such	individua	al					. 111			3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	than \$15	50,00	0? //	f 'Yı	ion es' (and (otne olete	er compensation for	om	4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens complet	satior e Scl	n fro hedu	m a	iny ι I for	unrel sucl	ated h pe	d organization or i	ndividual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensi	ated inde	pend	ent	con	trac	tors	that	received more th	an \$100,000 of			
compensation from the organization. Report compens (A) Name and business addre		he ca	lenda	ar y	ear (endin	ig wi	(B)	"	(C)	
Manie and business addre								Description of	Services	Compè	ensatio	<u>п</u>
							1					
							1					
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization >		ed to	thos	e lis	sted	abov	e) w	ho received more t	han			
BAA		EEA01	DB) 1	11/11	/13					Form	990 (2013)

-	Check if Schedule O contains a response or note to a		1		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
TS TS	1 a Federated campaigns 1 a				
E N	b Membership dues				
S, C	c Fundraising events				
돌	d Related organizations 1 d				
SINS,	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1, 540				
TRI	g Noncash contributions included in lines 1a-1f: \$				
S S	h Total. Add lines 1a-1f	× 5,320.			
(NE	Business Code				
EVE	2a TOURNAMENTS 711210	× 124,099.	× 124,099.		
Щ. 22	b				
S.	c				
SE	d				
RAN	f All other program service revenue				
စ္တ	g Total. Add lines 2a-2f	124,099.			
Δ		124,099.			
	other similar amounts)	•			
	4 Income from investment of tax-exempt bond proceeds!	•			
	5 Royalties	•			
	(i) Real (ii) Personal	_	Ya		The legicine
	6 a Gross rentsb Less: rental expenses		UL,		
	c Rental income or (loss)		,0'		
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) C he	NT C			
	assets other than inventory.				
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
삥	8a Gross income from fundraising events (not including \$				
EVENUE	of contributions reported on line 1c).				
OC I	See Part IV, line 18 a				
OTHER	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				- 5. 25
	b Less: cost of goods sold b		HE WILLIAM THE TREET PROPERTY OF		
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a			-	·
	D				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions.	× 129,419.	X-124 099	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All other organizations must complete column (A).	

	not include amounts reported on lines 7b, 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				
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	0	0		^
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal				
C	Accounting	× 925.		× 925.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17			10000000000000000000000000000000000000	
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	× 710.	× 2,821.	★ 100.	
	Office expenses	1 68	× 1,668.	∼ 100.	300 1 100
14	Information technology.	1000.	70 1,000.		-
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				
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	★ 150.	★ 150.		
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.)				
	· · · · · · · · · · · · · · · · · · ·	Y CO 100	V 60 100		use to A see quint
	PRIZES MERCHANDISE	35,317.			
	CONTESTANT PACKAGES	9,227.	9,227.		
	AWARDS AND TROPHIES	× 4,393.	× 4,393.		-
	All other expenses	× 8,366.	7,743.	★ 623.	
	Total functional expenses. Add lines 1 through 24e.	123,859.	122,211.	× 1,648.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).	, , , , , , ,	, 		

8,874.

34

14,434. Form 990 (2013)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 1,589. 5,881 Cash — non-interest-bearing..... 2 Savings and temporary cash investments..... 2 3 Pledges and grants receivable, net..... 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L.... 5 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L... 6 7 Notes and loans receivable, net..... Inventories for sale or use..... 7,285. 8 8,553. Prepaid expenses and deferred charges..... 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10 c Investments — publicly traded securities..... 11 11 Investments — other securities. See Part IV, line 11..... 12 12 Investments - program-related. See Part IV, line 11...... 13 13 Intangible assets..... 14 14 Other assets. See Part IV, line 11..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 8,874. 16 14,434 16 17 Accounts payable and accrued expenses..... 17 18 19 19 20 Escrow or custodial account liability. Complete Part IV of Sciedule D. . . Loans and other payables to current and former officers, a prospiration of the payables to current and former officers. 21 21 Loans and other payables to current and former off ers 22 key employees, highest compensated employees Complete Part II of Schedule L..... valmed persons. 22 Secured mortgages and notes payable to militared third parties 23 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 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. 25 25 Total liabilities. Add lines 17 through 25..... 26 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets..... 28 28 Temporarily restricted net assets..... 29 Permanently restricted net assets..... Q R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUZD 30 30 Capital stock or trust principal, or current funds..... 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds..... 14,434. 32 8.874. 33 Total net assets or fund balances..... 8,874. 33 14,434.

TEEA0111L 07/08/13

Total liabilities and net assets/fund balances.....

34

BAA

Form	1990 (2013) LAS VEGAS DISC GOLF CLUB 27-	2559097		۲۶	age I≱
Par	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	1	29,4	419.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	23,8	359.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,5	560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,8	874.
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		14,4	134.
Par	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: Cash X Accrual Other			三清	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	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 separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite			
	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 as sign of the audit, review, or compilation of its financial statements and selection of an independent and treatment.		2 c		
	If the organization changed either its oversight process or selection process allning the ax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to un lergy an audit of addits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	If 'Yes,' did the organization undergo the required a dit on at its? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 ((2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

LAS VEGAS DISC GOLF CLUB	27-2559097
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
A MEMBERSHIP BASED ORGANIZATION FOR A DISC GOLF CLUB.	PROVIDING CHARITABLE
DONATIONS TO DISC GOLF PLAYERS FOR TOURNAMENTS AND CA	SH DONATIONS TO OTHER
CHARITABLE_NONPROFIT_ORGANIZATIONSTO_PROVIDE_OPPOR	RTUNITY TO CHILDREN TO LEARN
ABOUT_DISC_GOLF, PROVIDE A MEMBERSHIP_ORGANIZATION_TH	MAT RAISES MONEY TO DONATE CASH
AND GOODS TO DISC GOLF PLAYERS, AND OTHER CHARITABLE	NONPROFIT ORGANIZATIONS.
FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERE	ENCES OF VOTING RIGHTS
THERE ARE NO DIFFERENCES IN VOTING RIGHTS OF GOVERNIN	IG_MEMBERS
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	-~
NO_REVIEW_WAS_OR_WILL_BE_CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUE 10 LY (VAILABLE
COMPILED INDEPENDENT ACCOUNTANT PREPARED FINANCIALS	٠,
COMPILED INDEPENDENT ACCOUNTANT PREPARED FINANCIALS	
CLIP	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, cor	nplete only	Part I and check this box			> X	
If you ar	e filing for an Additional (Not Automatic) 3-Mont	th Extensio	n, complete only Part II (on page 2 of th	is for	n).	1	
-	plete Part II unless you have already been grante				•		
Electronic f corporation request an ex Associated	illing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not tension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of the second secon	B if you nee t automatic I or Part II v lust be sent	d a 3-month automatic extension of time) 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	to filectron	e (6 months fo ically file Form	1 8868 to	
Part I	Automatic 3-Month Extension of Time	Only sul	omit original (no copies needed)				
	n required to file Form 990-T and requesting an				ete Part Loniv		
	porations (including 1120-C filers), partnerships,						
income tax	returns.	ricinios, a	Enter filer's identi				
	Name of exempt organization or other filer, see instructions.				yer identification n		
Type or print	LAS VEGAS DISC GOLE CLUB			27-	2559097		
File by the Rumber, street, and room or suite number. If a P.O. box, see instructions. LAS VEGAS DISC GOLF CLUB 27-2559097							
due date for filing your	1706 BLANCHARD DRIVE						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	ctions.				
	HENDERSON, NV 89074						
Enter the Re	turn code for the return that this application is fo	r (file a sep	parate application for each return)	, . ,	• • • • • • • • • • • • • • • • • • • •	01	
Application Is For		Return Code	Application Is For			Return Code	
Form 990 or I	orm 990-EZ	01	Form 990-T (corpora 9p			07	
Form 990-BL	-	02	Form 10 TA			08	
Form 4720 (ir	ndividual)	03	mm 47 0 (other man individual)		<u> </u>	09	
Form 990-PF		0	Fc m 5227			10	
	(section 401(a) or 408(a) trust)	<u> 0</u> 5	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
Telephono If the org If this is check thi the exter I I reques until The ext	anization does not have an office or place of bus for a Group Return, enter the organization's four s box	digit Group heck this bo	E United States, check this box	this is	for the whole	group,	
•	calendar year 20 13 or tax year beginning , 20, x year entered in line 1 is for less than 12 month	, and endin	g, 20 eason: ∏Initial return ∏Fina	al retu	rn		
Cha	inge in accounting period		·				
nonrefu	pplication is for Forms 990-BL, 990-PF, 990-T, 470 and pplication is for Forms 990-BE, 990-T, 4770 at 6			3 a	\$	0.	
tax pay	pplication is for Forms 990-PF, 990-T, 4720, or 6 ments made. Include any prior year overpayment	allowed as	a credit	3 b	\$	0.	
EFTPS	e due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See in	nstructions		3 c		0.	
payment inst	ou are going to make an electronic funds withdraw ructions.	war (direct o	aedit) with this Form 8868, see Form 845	3-E0	and Form 887	9-EO for	

D.K. WALLIN LTD. 265 E WARM SPRINGS RD STE 104 LAS VEGAS, NV 89119 (702) 736-7994

Client 60002 June 10, 2013

Las Vegas Disc Golf Club 1706 Blanchard Drive Henderson, NV 89074 (702) 249-0387

FEDERAL FORMS

Form 990 Schedule O 2012 Return of Organization Exempt from Income Tax

Supplemental Information

Form 8879-EO IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee COMPUTER AND EFILE FEE

\$ 650.00 75.00

Amount Due

\$ 725.00

CLIENT COPY



2012 FEDERAL EXEMPT ORGAN	SUMMARY	PAGE 1				
LAS VEGAS DISC GOLF CLUB						
REVENUE	2012	2011	DIFF			
CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE OTHER REVENUE	5,078 129,577 0	11,520 90,654 6,730	-6,442 38,923 -6,730			
TOTAL REVENUE	134,655	0	134,655			
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID OTHER EXPENSES	0 130,116	655 103,914	-655 26,202			
TOTAL EXPENSES	130,116	104,569	25,547			
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	4,539 8,874 0 8,874	4,335 10,164 5,829 4,335	204 -1,290 -5,829 4,539			

CLIENT COPY

2012

GENERAL INFORMATION

PAGE 1

LAS VEGAS DISC GOLF CLUB

27-2559097

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH O

CARRYOVERS TO 2013

NONE

CLIENT COPY

2012	FEDE	RAL WORK	KSHEETS		PAGE 1
	LAS V	EGAS DISC G	OLF CLUB		27-2559097
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES					
	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OUTSIDE SERVICE	TOTAL \$	1,557. 1,557.	1,202. \$ 1,202.	355. \$ 355.	\$ 0.
FORM 990, PART IX, LINE 24E OTHER EXPENSES				-	
		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK FEES BOOTH RENT CONTESTANT ENTRY FEES		2. 1,200. 2,885.	1,200. 2,885.	2.	
DONATION MERCHADISE DUES AND MEMBERSHIPS		1,388. 1,211.	1,120.	1,388. 91.	
LICENSES AND PERMITS MEMBERSHIP MERCHANDISE		630. 742.	90.	540. 742.	
MISCELLANEOUS POSTAGE SANTION AND INSURANCE		322. 137. 550	COP	258.	

322. 137. 550

SANTION AND INSURANCE

SUPPLIES VOLUNTEERS MEALS ON PREMISE

534.

3,555. \$

0.

264. 6,767. \$

Form **8879-EO**

IRS e-file Signature Authorization

Form 8879-EO		OMB No. 1545-1878					
	For calendar year 2012, or fiscal year beginning, 2012, and ending,		0040				
Department of the Treasury Internal Revenue Service	► Do not send to the IRS. Keep for your records.		2012				
Name of exempt organization		Employer ident	ification number				
LAS VEGAS DISC GO Name and title of officer	LAS VEGAS DISC GOLF CLUB Name and title of officer 27-25						
JOHN R. RICKER,	JR. PRESIDENT						
	rn and Return Information (Whole Dollars Only)						
leave line 1b, 2b, 3b, 4b, o	n for which you are using this Form 8879-EO and enter the applicable amount, if a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with r 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the complete more than 1 line in Part I.	i this form w	as hlank than				
1 a Form 990 check here	> X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	18	134,655.				
2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)	2t					
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL, line 22))				
4a Form 990-PF check h	ere	5) 4 b					
5a Form 8868 check her	a ▶	5 b					
Part II Declaration a	nd Signature Authorization of Officer						
Under penalties of perjury, electronic return and accomp I further declare that the ar intermediate service provid the IRS (a) an acknowledge refund, and (c) the date of funds withdrawal (direct de organization's federal taxes contact the U.S. Treasury Fauthorize the financial institianswer inquiries and resolv	I declare that I am an officer of the above organization and that I have examined anying schedules and statements and to the best of my knowledge and belief, they are nount in Part I above is the amount shown on the copy of the organization's electer, transmitter, or electronic return originator (ERO) to send the organization's rement of receipt or reason for rejection of the transmission, (b) the reason for any any refund. If applicable, I authorize the U.S. Treasury and its designated Financial) entry to the financial institution account indicated in the tax preparation software owed on this return, and the financial institution to debit the entry to this account indicated in the tax preparation software to the second of the electronic payment of taxe to each even the second in the processing of the electronic payment of taxe to each even electronic payment of taxe to each even even even even and, if applicable, the organization's consent to electronic fur is vithdrawal.	true, correct, tronic return eturn to the lift y delay in pro- cial Agent to vare for payr nt. To revoke ment (settlerr onfidential in r (PIN) as m	and complete. I consent to allow my RS and to receive from ocessing the return or initiate an electronic nent of the				

สอก ทน_{ฑาย}ะ vithdrawal.

60002

to enter my PIN

Officer's PIN:	check	one	box only
X authorize	D.	K.	WALLIN

D.K. WALLIN LTD.

ERO	The state of the s	Enter five numbers, but do not enter all zeros
on the organization's tax year 2012 electronical of a state agency(ies) regulating charities as part of the return's disclosure consent screen.	return. If I have indicated within this return that the IRS Fed/State program, I also authorize	a copy of the return is being filed with the aforementioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN a indicated within this return that a copy of the return program, I will enter my PIN on the return's disclo	n is being tiled with a state agency(ies) regu	112 electronically filed return. If I have lating charities as part of the IRS Fed/State
Officer's signature	Date ►	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing is number (EFIN) followed by your five-digit self-selected	dentification	
number (EFIN) followed by your five-digit self-selected	d PIN	88302732764
		do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

LORRIE EDELBLUTE

Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO

as my signature

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2012 calendar year, or tax year beginning , 2012, and ending Check if applicable: D Employer Identification Number Address change LAS VEGAS DISC GOLF CLUB 27-2559097 1706 BLANCHARD DRIVE Name change Telephone number HENDERSON, NV 89074 Initial return (702) 249-0387 Terminated Amended return G Gross receipts \$ 134,655. F Name and address of principal officer: Application pending JOHN R. RICKER, JR. H(a) Is this a group return for affiliates? X No Yes H(b) Are all affiliates included?
If 'No,' attach a list. (see instructions) SAME AS C ABOVE No Yes 501(c)(3) X 501(c) (4 Tax-exempt status) ◀ (insert no.) 4947(a)(1) or Website: ► HTTP://WWW.LVBAGTAG.COM H(c) Group exemption number X Corporation Trust Association Form of organization: L Year of Formation: 2009 M State of legal domicile: NV Part I Summary Briefly describe the organization's mission or most significant activities: A MEMBERSHIP BASED ORGANIZATION FOR A DISC GOLF CLUB. PROVIDING CHARITABLE DONATIONS TO DISC GOLF PLAYERS FOR Activities & Governance TOURNAMENTS AND CASH DONATIONS TO OTHER CHARITABLE NONPROFIT ORGANIZATIONS PROVIDE OPPORTUNITY TO CHILDREN TO LEARN ABOUT DISC GOLF, PROVIDE A MEMBERSHIP Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a)..... 5 0 Total number of volunteers (estimate if necessary). 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 7 a Ō. **b** Net unrelated business taxable income from Form 990-T, line 34..... 7 b Ō. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)... 11,520. 5,078. Revenue Program service revenue (Part VIII, line 2a) 90,654. 129,577. 10 Investment income (Part VIII, column (A), lines 3, 4, and Other revenue (Part VIII, column (A), lines 5, 6d, 8 30 11 6,730 Total revenue - add lines 8 through 11 (must eq. column (A), line 12)..... 108,904 134,655. Grants and similar amounts paid (Par IX, ct ump A), lines 1-3)..... 655. Benefits paid to or for members (Part Column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 103,914. 130,116. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 104,569. 130,116. Revenue less expenses. Subtract line 18 from line 12..... 4,335. 4,539. **Beginning of Current Year End of Year** Total assets (Part X, line 16).... 20 10,164 $8,\overline{874}$ 21 5,829 0. 22 Net assets or fund balances. Subtract line 21 from line 20..... 4,335. 8,874. Part II Signature Block 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. Signature of officer Sign Here JOHN R. RICKER, PRESIDENT Type or print name and title. Print/Type preparer's name Preparer's signature PTIN Date Check LORRIE EDELBLUTE LORRIE EDELBLUTE Paid self-employed P00532764 Preparer D.K. WALLIN LTD. Firm's name Use Only 265 E WARM SPRINGS RD STE 104 Firm's address Firm's EIN ► 88-0193640 LAS VEGAS, NV 89119 (702) 736-7994 May the IRS discuss this return with the preparer shown above? (see instructions).....

	990 (2012) LAS VEGAS DISC	GOLF CLUB	27-2559097 Page 2
Par		ervice Accomplishments	
		a response to any question in this Part III	X
1	Briefly describe the organization's mis	ssion:	
	SEE SCHEDULE O		
		·	
2		ficant program services during the year which were not lis	
		•••••	Yes X No
	If 'Yes,' describe these new services of		
3	Did the organization cease conducting	g, or make significant changes in how it conducts, any	program services? Yes X No
	If 'Yes,' describe these changes on So		
4	Describe the organization's program s	ervice accomplishments for each of its three largest rations and section 4947(a)(1) trusts are required to report	program services, as measured by expenses.
	others, the total expenses, and reveni	itions and section 494/(a)(1) trusts are required to reportue, if any, for each program service reported.	the amount of grants and allocations to
	carere, are total expenses, and revent	ac, if any, for each program service reported.	
12	(Code:) (Expenses \$	10F 272 including greats of \$) (D
→ a		125, 372. including grants of \$) (Revenue \$ 129,577.)
	ODCANGE THE OPPORTUN	ITY TO CHILDREN TO LEARN ABOUT DIS	SC_GOLF, PROVIDE A MEMBERSHIP_
	ORGANZATION THAT RAISES	MONEY TO DONATE CASH AND GOODS TO	DISC GOLF PLAYERS AND OTHER
	CHARITABLE NONPROFIT ORG	JANIZATIONS.	
			/
4 b	(Code:) (Expenses \$	including grapts of \$) (Revenue \$
		.17 0	
		SM	
Δc	(Code:) (Expenses \$	including grants of \$	\ /D
	(code:) (Expenses \$\varphi_{}) (Revenue \$)
A -1 -	Other program assisses (Described)	ahadula ON	
	Other program services. (Describe in S Expenses \$		
	· · · · · · · · · · · · · · · · · · ·		Revenue \$)
4 e	Total program service expenses >	125,372.	

27-2559097 Page 3 Part IV Checklist of Required Schedules Yes No 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 (see instructions)?... X 2 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 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 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 Χ 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, 6 Х 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III. 8 X 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. Х 9 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 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI....... X 11 a b Did the organization report an amount for investments — other securities in Part X, line assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. pre of its total X 11 b c Did the organization report an amount for investments — program related 1, Part 3 assets reported in Part X, line 16? If 'Yes,' complete School 2, Par VIII. 13 that is 5% or more of its total Х 11 c X, lir d Did the organization report an amount for other assets in in Part X, line 16? If 'Yes,' complete Schedule L. Pa 15 that is 5% or more of its total assets reported X 11 d the liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... e Did the organization report an amount for 11 e X 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. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII..... Х 12a 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 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E... Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a Χ **b** 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 or more? If 'Yes,' complete Schedule F, Parts I and IV..... Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV..... 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV..... 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G, Part III.... X 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... X 20

20 b

23

240

24d

25a

25b

27

28a

28b

28c

29

31

32

33

34

35a

35b

36

37

38

No

Х

Χ

X

X

X

X

X

Х

X

X

X

 \overline{X}

Х

X

X

X

Х

Х

Part IV Checklist of Required Schedules (continued) Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II..... 21 Did the organization report more than \$5,000 of grants and 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

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

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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25..... 242 Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?...

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...

b 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

Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.... 26 X

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 of any of these persons? If 'Yes,' complete Schedule L, Part III.

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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Ye Schedule L, Part IV*.....

c An entity of which a current or former officer, director, trustee, or key implementation officer, director, trustee, or direct or indirect owner? If ee (or amily member thereof) was an Schedule L, Part IV.....

Did the organization receive more than \$25,000 in no on contributions? If 'Yes,' complete Schedule M.....

Did the organization receive contributions of art contributions? If 'Yes,' complete Schedule M cal treasures, or other similar assets, or qualified conservation 30

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete

Schedule N, Part II.... 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 L*.... 33

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.... 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....

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*.....

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.....

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......

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

Form 990 (2012)

P	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
•	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Med		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	HAPPING.		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	SUNT	Tarah.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20	EMIN	100.00
;	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	997963	Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3 b		_^
4	a 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)?			X
	b If 'Yes,' enter the name of the foreign country: ▶	4a	8+29+JH-	Λ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			v
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a	v 2	X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 b		Λ
6	a Does the organization have appual gross receipts that are pormally groater than \$100,000, and did the	5 c		
	solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 a		Х
-	not tax deductible:	6ь		
,	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided2.	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for the as required to file Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7.0	364000	
	e Did the organization receive any funds, directly or indirectly to pay promiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, the personal benefit contract?	7 f		
	g If the organization received a contribution of parties intered a property, did the organization file Form 8899 as required?			
	h If the organization received a contribution of ears, boats, airplanes, or other vehicles, did the organization file a	7 g		
	10111 1036-0:	7 h		
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 year?			
9	notatings at any time during the year:	8		X
	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		X
10	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 Ь		X
	Section 501(c)(7) organizations. Enter:			
•	a Initiation fees and capital contributions included on Part VIII, line 12		-, -	
11	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a 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.)			
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		2300
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	10 3 3 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a 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.			
ı	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			
1/1 -	Enter the amount of reserves on hand	150		
;→č	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	711 165, that it they a FULLI /20 to report these payments? If 'No.' provide an explanation in Schooling O	1 A L		

Form 990 (2012) LAS VEGAS DISC GOLF CLUB 27-2559097 Page 6 Part VI 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 to any question in this Part VI..... X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent. 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?.... 2 X 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?.... 3 Х 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?.... 5 X Did the organization have members or stockholders?.... 6 X 7 a 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?.... 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a **b** Each committee with authority to act on behalf of the governing body?..... 8 b X Is there any officer, director or 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.......... 9 Х Section B. Policies (This Section B requests information about policies not required by the e Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If 'Yes,' did the organization have written policies and procedures governing the such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form O to a nhers of its governing body before filing the form?.... X 11 a **b** Describe in Schedule O the process, if ar e organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict winterest policy? If 'No,' go to line 13..... 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.... X 12_b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Did the organization have a written whistleblower policy?.... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official..... 15a X **b** Other officers of key employees of the organization..... 15b X 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 taxable entity during the year?.... 16a X **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 taken steps to safeguard the organization's exempt status with respect to such arrangements?. 16h 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFF JACQUART 1706 BLANCHARD DRIVE LAS VEGAS NV 89074 (702) 249-0387

Form 990 (2012) LAS VEGAS DISC GOLF CLUB	27-2559097	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
Check if Schedule O contains a response to any question in this Part VII.		Г
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	· · · · · · L
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	an anithain ata	

isted. 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.

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

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

				(C)			d any current officer, d	rector, or trustee.		
(A) Name and Title	(B) Average hours per week (list	er Officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JOHN R. RICKER, JR.	10							1		
PRESIDENT	10			X				0.	0.	
(2) JEFF M. JACQUART	_10									
TREASURER	10		- -	<u> </u>			0.	0.	0.	
(3) JESSIE W HYNIE SECRETARY	5	.			17					
(4) SCOTT MERRITT	5 10.	-	U	X	1		0.	0.	0.	
DIRECTOR	-	1	L	•						
(5)		1	- 2	X	 	\vdash	0.	0.	0.	
	{ - -}									
(6)				+	-					
(7)		-+	+	+	-					
(8)				-						
(9)			+	+						
(10)		-+	_	-						
(11)										
(12)			+-	+-		+				
(13)		_	+	+		+				
(14)		-	+	+		+				

Part VIII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	pensated Emp	loyee	s (co	nt)
(A) Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable	(E) Reportable	(F) Estimated		d
	week (list any hours for related organiza tions below dotted line)	or di	_	Officer	Key employee	employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	coi or a	ount of ompensate from the ganization relate ganization	ion on ed
(15)	 	-				_						
(16)		-										
(17)		-									·	
(18)												
(19)					L							
(20)												
(21)												
(22)			_									
(23)								Ya				
(24)						(94 ,				
(25)	10	1	1									
1 b Sub-total c Total from continuation sheets to Part VII, Station d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including but not limited to from the organization ▶ 0	o those lis	sted a	abov	e) w	ho r	eceiv	ed r	0. more than \$100,000	0.	ensation	1	0.
3 Did the organization list any former officer, directo	or or trust	ee, k	cey e	emp	loye	e, or	hic	nhest compensate	d employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of recomplete organization and related organizations greater	individua enortable)/	2001	ocati	····	ond a				3		X
sucri individual										4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complete	Sch	nedu	ile J	for	such	pe	rson	····	5		X
1 Complete this table for your five highest compensation from the organization. Report compensation	ated indep ation for th	oend ne cal	ent lend	cont	tract	ors t	hat g wi	received more that	an \$100,000 of anization's tax year.			
(A) Name and business addre								(B) Description of		(C Compe) nsation	1
							\downarrow					
					_		\downarrow					
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶	not limite	ed to	thos	e lis	ted	above	e) w	ho received more th	nan		4.76 (1) 4.76 (1)	24
BAA	<u> </u>	EA010	08L (01/24	/13				<u> </u>	Form !	990 (2	2012)

_		Check if Schedule O conta	ains a res	sponse to any questi	on in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMIL AD AMOUNTS	1	a Federated campaigns	1			revenue		512, 513, or 514
285	2	b Membership dues	11	3,915.				
TS,	Š	c Fundraising events	10					
₩.		d Related organizations	10					
SS	5	e Government grants (contributions)	1 ε					
Ĕ	<u> </u>	f All other contributions gifts grants	and					
8 5		f All other contributions, gifts, grants, a similar amounts not included above.	1 f	1,163.				
88		g Noncash contributions included in Ins	s 1a-1f:					
		h Total. Add lines 1a-1f			5,078.			
PROGRAM SERVICE REVENUE			·	Business Code	3,076.	The state of the s		
2	2 8	TOURNAMENTS_		711210	129,577.	129,577.		Markets Street Colors
ini E		b			125,511.	123,311.		
≨								
S		1						
₹		,						
Ö	f	All other program service revi	enue	,				
歪		Total. Add lines 2a-2f			129,577.	t areca diesis	au a carriera a carriera u	
	3	Investment income (including			129,511.			
		other similar amounts)						
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal			19.00 and 19.00	THE REPORT OF THE PARTY OF THE
	6 a	Gross rents				-DY		
		Less: rental expenses						
		: Rental income or (loss)			1			
	d	Net rental income or (loss)			NT C		louple the late of	
1	7 a	Gross amount from sales of (i) S	Securities	(ii) Che	4		(SE-Section 2011)	
	, a	assets other than inventory.						
	L	·			1	1		
1	D	Less: cost or other basis and sales expenses	`					
	С	Gain or (loss)						
		Net gain or (loss)						
ĺ						William Commission of the Comm	****	
REVENUE	oa	Gross income from fundraising (not including. \$	g events					
<u> </u>		of contributions reported on lir	ne 1c).					
~		See Part IV, line 18		a				
OTHE	b	Less: direct expenses		<u></u>				
0	С	Net income or (loss) from fund	draising e	events				2 41.186.165.70
		Gross income from gaming ac				The second secon		
ĺ	Ja	See Part IV, line 19	a					
	b	Less: direct expenses						
		Net income or (loss) from gam			a is an analysis we be a			
].		Gross sales of inventory, less		100	NEW RESIDENCE OF THE	antonia storem in ex	All property and the second	
	ıva	and allowances						
ļ	b	Less: cost of goods sold	1					
		Net income or (loss) from sale			A SHALLOW MANAGEMENT DO			
		Miscellaneous Revenue		Business Code		SUBSTITUTE OF THE	331/3 m 436/4536	amin'ny salahan
[11a						and the second second last	CONTRACTOR OF THE PARTY OF
	b							
	c							
	d	All other revenue						
		Total. Add lines 11a-11d		•	China		PRATE THAT HE WAYNE WAY	
1		Total revenue. See instructions			124 CEC	100 555	E STATE BARBY CO.	
100	_				134,655.	129,577.	0.]	0.

Form 990 (2012)

Form 990 (2012) LAS VEGAS DISC GOLF CLUB Part IX Statement of Functional Expenses

_	ection 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a r	esponse to any question	on in this Part IX		
//	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	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			gorierar experieses	expenses
:	grants and other assistance to individuals in the United States. See Part IV, line 22				
;	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	×			
	Benefits paid to or for members				
6	•	0.	0.	0.	0
7		0.	0.	0.	0
8	 				·
. 9	Other employee benefits				
10					
	Fees for services (non-employees):				-
	a Management				
	b Legal				
	c Accounting.	775.		775.	
	d Lobbyinge Professional fundraising services. See Part IV, line 17				
			0		
	f Investment management fees		COL		
	umn (A) amt, list line 11g expenses on Sch (i)	1,557.	1,202.	355.	
13	Advertising and promotion.	3.41.	3,205.	59.	
14		03.	203.		
15	to of miology				
16	Royalties. Occupancy				
17	Travel.				
18					
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization				
23	Insurance				
	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.).		u.		
а	PRIZES	71 004			
	MERCHANDISE	71,334.	71,334.		
	CHARITABLE CONTRIBUTIONS	33,572.	33,572.		
- d	AWARDS AND TROPHIES	5,846.	5,846.		
е	All other expenses	3,243.	3,243.		
	Total functional expenses. Add lines 1 through 24e	10,322. 130,116.	6,767. 125,372.	3,555.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	-55,225.	140,014.	4,744.	0.
AA					
		TEEA0110L 12/18/	12		Form 990 (2012)

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	504.	1	1,589
	2	Savings and temporary cash investments.		2	
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
A	7	Notes and loans receivable, net.		6	
A S E T S	8	Inventories for sale or use.		7	
ן זַ	9	Prepaid expenses and deferred charges.	9,660.	8	7,285.
٦	-	1 1		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	The state of the s
	11	Investments — publicly traded securities.		11	
- 1	12	Investments – other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments – program-related. See Part IV, line 11		13	
- 1	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)	10,164.	16	8,874.
	17	Accounts payable and accrued expenses	5,829.	17	
- 1	18	Grants payable	OY	18	
	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability. Complete Part IV of Sciedt e D		21	
L A B I L I T	22	Loans and other payables to current and former off lers, at a prestrustees, key employees, highest compensated employees at a disc laimed persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to included third parties		23	
S	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.		25	
- ;	26	Total liabilities. Add lines 17 through 25.	5,829.	26	0.
P		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
A SS	27	Unrestricted net assets		27	
È 2	28	Temporarily restricted net assets.		28	
E S	29	Permanently restricted net assets.		29	
R		Organizations that do not follow SFAS 117 (ASC 958), check here ► X			(b) of the water as the water
		and complete lines 30 through 34.			
FUND :	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
֡֝֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income, or other funds	4,335.	32	0.074
BALANCES	33	Total net assets or fund balances.		33	8,874.
5 3	34	Total liabilities and net assets/fund balances.		34	8,874.
BAA			10,104.	<u>~</u>	8,874. Form 990 (2012)

Form 990 (2012) LAS VEGAS DISC GOLF CLUB	2559097	Page 12
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI	<u></u>	
1 Total revenue (must equal Part VIII, column (A), line 12)		134,655.
2 Total expenses (must equal Part IX, column (A), line 25)	2	130,116.
Revenue less expenses. Subtract line 2 from line 1		4,539.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, colum	nn (A))	4,335.
5 Net unrealized gains (losses) on investments.	5	
Donated services and use of facilities		
7 Investment expenses		
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 column (B))	., line 33,	0 074
Part XII Financial Statements and Reporting	10	8,874.
Check if Schedule O contains a response to any question in this Part XII		
a respense to any question in this rait All		
1 Accounting method used to prepare the Form 990: Cash X Accrual	Other	Yes No
If the organization changed its method of accounting from a prior year or checked 'C		
in Schedule O.	·	
2a Were the organization's financial statements compiled or reviewed by an independe	nt accountant?	2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year separate basis, consolidated basis, or both:	were compiled or reviewed on a	
Separate basis Consolidated basis Both consolidated and separ		
b Were the organization's financial statements audited by an independent accountant?	?	2b X
If 'Yes,' check a box below to indicate whether the financial statements for the year basis, consolidated basis, or both:	were audited on a separate	
Separate basis Consolidated basis Both consolidated and separ	rate basis	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility review, or compilation of its financial statements and selection of an independent		2c
If the organization changed either its oversight process or selection process auring to Schedule O.	the ax year, explain	
3a As a result of a federal award, was the organization required to undergo arraudit of audits Audit Act and OMB Circular A-133?	as set forth in the Single	3. V
b If 'Yes,' did the organization undergo the required a dit or put the lifthe organization did no or audits, explain why in Schedule O and describe any steps taken to undergo such	ot undergo the required audit	3a X
BAA		3b
		Form 990 (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number LAS VEGAS DISC GOLF CLUB 27-2559097 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION A MEMBERSHIP BASED ORGANIZATION FOR A DISC GOLF CLUB. PROVIDING CHARITABLE DONATIONS TO DISC GOLF PLAYERS FOR TOURNAMENTS AND CASH DONATIONS TO OTHER CHARITABLE NONPROFIT ORGANIZATIONS. TO PROVIDE OPPORTUNITY TO CHILDREN TO LEARN ABOUT DISC GOLF, PROVIDE A MEMBERSHIP ORGANIZATION THAT RAISES MONEY TO DONATE CASH AND GOODS TO DISC GOLF PLAYERS, AND OTHER CHARITABLE NONPROFIT ORGANIZATIONS. FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS THERE ARE NO DIFFERENCES IN VOTING RIGHTS OF GOVERNING MEMBERS FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE COMPILED INDEPENDENT ACCOUNTANT PREPARED FINANCIALS

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

For calendar year 2011, or fiscal year beginning ______, 2011, and ending ______, 20

Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions on back.

Name of exempt organization Employer identification number LAS VEGAS DISC GOLF CLUB 27-2559097 Name and title of officer JEFF JACQUART TREASURER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22). . . . 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return. and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize D. K. Wallin, Ltd. to enter my PIN 59097 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 88302732764 I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

Form 990

Return of Organization Exempt From Income Tax

k luna

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2011 cal	lendar yea	r, or tax ye	ar beginning			્, and લ	ending							
В	Check if	eck if applicable: C Name of organization LAS VEGAS DISC GOLF CLUB D Emplo									yer identification number					
	Address	ess change Doing Business As LAS VEGAS DISC GOLF CLUB								27-2559097						
	lame ch	ange	Number	and street (o	r P.O. box if mail is			Room/suite			one number					
M I	nitial retu	ırn -	1706 BI	ANCHARE	DDIVE						6					
\equiv	erminat				country, and ZIP +	4		_1			VIA	VIA.				
=			HENDER		oodinay, and En		NV	89074		G Gross	receints 9			120,207		
=	mended		Ŷ	With the state of			14.0	09074	Time	A STATE OF THE PARTY OF THE PAR	ACCOUNT NAMED IN					
□ ^p	Application	on pending	1		f principal officer:					his a group		200	=	X No		
					28 Mackenzie	River Avenu	e, Henderso	n, NV 8900	×3805	A			Yes	No		
I Ta	ax-exem	pt status:	501	I(c)(3) X 50	01(c) (4)	◀ (insert no.)	4947(a)(1) or 527	A Pr	No," attach	a list. (se	e instructi	ons)			
JW	Vebsite	: ► http	://www.lv	bagtag.cor	m				H(c) Gro	oup exempti	on numb	er ▶				
		rganization:		rporation		ociation	other >	I Va	ar of forms	AT			egal domicil	O: ND /		
_				poration [ociation	and -	276	ar or lorning	ition: 200	9 11	otate or r	egai domici	e: NV		
	art I		mmary	<u> </u>			-:64		St. Company	100	1	·	·			
	1				ation's missior						ı organ	ization	or a			
a)					aratible donation			r tournamen	ts and							
ğ		cash do	nations to	other cha	aritable nonpro	fit organizati	ons.			ž						
Activities & Governance				·- <u></u>					пинактир							
ò	2				organization disco											
-ಶ	3				of the governi						3			7		
ijes	4				ing members of						4			0		
₹	5	Total nu	ımber of i	ndividuals	employed in c	alendar year	2011 (Part \	/, line 2a) .			5			0		
Ac	6	Total nu	ımber of v	olunteers	(estimate if ne	cessary)			a	390	6	SEE-G-0067301	net-re-diffusion-edi			
	7a	Total un	Total unrelated business revenue from Part VIII, column (C), line 12								7a			0		
	b	Net unrelated business taxable income from Form 990-T, line 34							7b		x-0x	0				
							h.			Prior Year	•		Current Ye	ar		
60	8	Contribu	Contributions and grants (Part VIII, line 1h)											11,520		
Ž	9	Program	Program service revenue (Part VIII, line 2g)										90,654			
Revenue	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d)								dis-		0			
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)											6,730			
	12		otal revenue—add lines 8 through 11 (must equal PartsVIII, column (A), line 12) .											108,904		
S-Western	13				paid (Part IX,								100.00	655		
	14				bers (Part IX,									0		
10	15				employee bene							250000000000000000000000000000000000000	880// - Law	0		
Se	16a				(Part IX, col									0		
Expenses	b				(Part IX, colun			0				表				
ũ	17												A THE STREET STREET	103,914		
	18	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .									(104,569		
	19		Revenue less expenses. Subtract line 18 from line 12											4,335		
- Ses			A	70110001 01	7		 	3.00	Beginn	ing of Curr		-	End of Yea			
ets	20	Total as	sets (Par	X, line 16	S) . A									10,164		
Ass	21		Fotal liabilities (Part X, line 26).								(5,829		
Net Assets or Fund Balances	22	AND								(4,335			
Pa			nature E						L					.,,,,,,		
					amined this return,	including accom	panying schedul	es and stateme	nts, and to	the best of	my know	vledge		111 38000		
					ation of preparer (o											
Sia	•		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	ed V												
Sig			Signature of	f officer						Dat	е					
Her	е															
			Type or prin	nt name and ti	itle											
		Print	t/Type prepa	rer's name		Preparer's s	ignature		Date	•			PTIN			
Pai	d	1.	22 50 00	.4			. H. L 4			0/00/5	Check		D00====	0.4		
Pre	parer	Lorr	rie Edelblı			Lorrie Ede	elblute		<u> 9/1</u>	9/2012			P005327	64		
	Only	I	n's name	D. K. Wa	allin, Ltd.					Firm's EIN	▶ 88-0	0193640)			
			ı's address	<u>> 265 E.</u> V	Varm Springs	Road Ste 10	4, Las Vegas	s, NV 89119		Phone no.	(702	2) 736-7	994			
Mav	the IF			111 (6	e preparer sho								X Yes	No		
		,				, ,						٠ . ١				

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Χ
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,	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
0	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		Х
		 		
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, Partil	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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	\vdash	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	MESSAGE	0000000	
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.	1.4.7	MAPIAS	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44-		~
	Schedule D, Part VI	11a		Х
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
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, XII, and XIII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			,,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ—	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	\vdash	_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		_
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20~	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	\vdash	
, D	in resito inte zoa, dio die organization attach a copy of its addited infancial statements to this fetunit?			

Form 990 (2011) Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and 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		х
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		Х
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		1	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
C	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		Х
b	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			
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		7 - A	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If Yes, " complete Schedule L, Part IV	28a	Allie Aurilia per	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		_X_
3 2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	,,		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	_X_
J J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III, IV, and V, line 1	34	- 1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	l	X
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		I	83%
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V

tale Enter the number reported in Box 3 of Form 1096 Enter -0 · If not applicable 1b. Enter the number of Form W-26 inclused in line 1a. Enter -0 · If not applicable 1b. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 1c. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 1c. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a lot the organization have unrelated business gross income of \$1,000 or more during the year? 3a lot if "Yes." has it filed a Form 990-T for this year? If "No, "provide an explanation in Schedule 0 3b. At any time during the calendary year, did the organization have ware in 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 accounts? 3b. See instructions for filing requirements for Form TD F 80-22.1, Report of Foreign Bank and Finagial Accounts. 3b. Was the organization a party to a prohibited tax shelter transaction at any ting during the tax year? 3c. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or any ting during the tax year? 3c. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or any ting during the tax year? 3c. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or special accounts on special shelt that such contributions or gits were not tax deductible? 3c. If "Yes," did the organization have an unally great season 176(c). Did the organization have an unally great season 176(c). Did				Yes	No
b Enter the number of Forms W-2G included in line 1s. Enter -0- If not applicable. Did the organization comply with backup withholding rules for reportable permitted to the gramming (gambling) winnings to prize winners? Enter the number of embloyees 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. If at least one is reported on line 2a, did the organization file all required federal embloyment tax returns? Note. If the sum of lines to and 2a is greater than 250, you may be required to e-file. (see instructions) If Yes', has at filed a Form 950-T for this year? If YNO, provide an explanation in Schedule 9. If Yes', set as it filed a Form 950-T for this year? If YNO, provide an explanation in Schedule 9. If Yes', set as it filed a Form 950-T for this year? If YNO, provide an explanation in Schedule 9. 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 Finagial Accounts. Was the organization and yearly to a prohibited tax shelter transaction at any timp during the tax; year? 5a Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction at any timp during the tax year? 5b Did any taxable party notify the organization file Form 886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100:000, and did the organization solicl any contributions that were not tax deductible? 6b If Yes, did the organization include with every solicitation an expless statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). Did the organization have any receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7c Did the organizat	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		THE WAY	110
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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. 5 If at least one is reported on line 2a, did the organization line all required feederal employment tax returns? 2b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No.," provide an explanation in Schedulo O 3b At any time during the calendar year, did the organization have wen 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 accounts. 4a If "Yes," enter the name of the foreign country. 5a See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finaggial Accounts. 4b Was the organization a party to a prohibited tax shelter transaction at any tings during the tax year? 5b If "Yes" on line 5a or 6b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" of line 5a or 6b, did the organization file Form 8896.1 "Both organization solicid any contributions to shirt were not tax deductible? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Does the organization self exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 5c Did the organization self, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 5c Did the organization receive a payment in excess of \$75 paids party as a contribution o	_				
gaming (gambling) winnings to prize winners? Statements, filed for the calendar year ending with or within the year covered by this return Is a statements, filed for the calendar year ending with or within the year covered by this return Is a statements, filed for the calendar year ending with or within the year covered by this return Is a statements, filed for the calendar year ending with or within the year covered by this return Is a statements, filed for the calendar year ending with or within the year covered by this return Is a statements, filed a form sport or this year? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) If Yes, has filed a form 990-1 for this year? If Yeo, 'provide an explanation in Schedule 0 3b If Yes, 's that it had a foreign country (such as a bank account, or or drift financial account in a foreign country (such as a bank account, or or drift financial account in a foreign country (such as a bank account, or or drift financial account in a foreign country (such as a bank account, or or drift financial account in a foreign country (such as a bank account, or or drift financial account in a foreign country (such as a bank account, or drift financial accounts or drift financial account in a foreign country (such as a bank account, or drift financial accounts or drift financial accounts. If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign country: If Yes, 'enter the name of the foreign					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest, in, or a singature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendary year, did the organization have an interest, in, or a singature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b Did any travable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 5a Does the organization have annual gross receipts that are normally greater than \$100;00, and did the organization solicit any contributions that were not tax deductible? 5c Does the organization that we are not ax deductible? 6d Did the organization that we not excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6d Did the organization serve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 6d Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," idd the organization notify the donor of the value of the goods or services provided? 7d Did the organization se			1c	Ethale a Carteria	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines it and 2a is greater than 250, you may be required to e-file. (see instructions) Joid the organization have unrelated business gross income of \$1,000 or more during the year? Joid Ty'es," has it filed a Form 990-T for this year? "Two," provide an explanation in Schedule O. 3b Joid the organization have unrelated business gross income of \$1,000 or more during the year? Join and the dividence of the foreign country (such as a bank account, securities account, or other financial account)? Join accountly? Join accountly? Join accountly? Join and the foreign country (such as a bank account, securities account, or other financial accountly? Join accountly? Join any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for Form TD F 00-22.1, Report of Foreign Bank and Finangial Accounts. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? See instructions for tiling requirements for Form TD F 00-22.1, Report of Foreign Bank and Finangial Accounts. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that there not tax deductible? Joid the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? Organizations that may receive deductible contributions under section \$170(c). Joid the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? Joid the organization receive any funds, directly or indigetly, to pay premiums on a personal benefit contract? Joid the organization receive any funds, directly or indigetly, to pay premiums on a personal benefit contract? Joid t	2a				Pog
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-mile. (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 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)? 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 Finangial Accounts. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8866-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should have every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). b If "Yes," idid the organization notify the donor of the value of the goods or services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? If the organization received a contribution of qualified intellectual property, did the organization for form 8282? If the organization the number of Forms 8282 filed during the year Did the organ		1 493			
3a bif the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filled a Form 90-1 for this year? if No," provide an explanation in Schedule O 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)? 5b if "Yes," enter the name of the foreign country (securities account, or other financial account)? 5c yes 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? 5b DId any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," did the organization have annual gross receipts that are normally grester than \$100,000, and did the organizations oslicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally grester than \$100,000, and did the organizations oslicit any contributions where the explorition solicit any contributions or the value of the gross statement that such contributions or glifts were not tax deductible? 6c Did the organization stat may receive deductible contributions under section 179(c). 6d Did the organization stat may receive deductible contributions under section 179(c). 6d Did the organization stat may receive deductible contributions under section 179(c). 6d Did the organization for gross and services provided? 7d Did the organization receive any funds, directly or indicatly, to pay premiums and a party for your premiums on a personal benefit contract? 7e Did the organization receive any funds, directly or indicatly, to pay premiums and benefit contract? 7f Did the organization received a contribution of cars, boas, arplanes, or other vehicles, did the organization have ex	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\$100,000,000	
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule Q. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sae in Sae in Sae and Financial Accounts for Form TD F 90-22.1, Report of Foreign Bank and		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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)? 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c I"Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$109,000, and did the organization solicit any contributions that were not tax deductible? 6a Did the organization start may receive deductible contributions under section 170(c). 6b Did the organization start may receive deductible contributions under section 170(c). 6c Did the organization start may receive deductible contributions under section 170(c). 6d Did the organization sell, exchange, or otherwise dispose of 3rangible personal property for which it was required to file Form 82827. 6d Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 82827. 6d If "Yes," indicate the number of Forms 8282 filed during the year. 6d Did the organization receive any premiums, and the second of the organization file Form 8899 as required? 7d If the organization received a contribution of qualited intellectual property, did the organization file a Form 1098-C? 7d Did the organization received a contribution of qualited intellectual property, did the organization file a Form 1098-C? 7d Did the organization received a contribution of a cas, boats, arplanes, or other ve	3a ,	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
over, a financial account in a foreign country (such as a bank account, securities account). If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. 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. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 888-17. Country of the organization social any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, or nal personal benefit contract? To bid the organization receive any funds, directly or indirectly, or a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, aniphanes, or other velocies, did the organization file Form 8990 are equired to a contribution of cars, boats, aniphanes, or other velocies, did the organization file form of the properties of organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring o	b	AND THE RESERVE OF THE PERSON	3b		
account)?. 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 Finalgoial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any tinje during the tax year?	4a	707			
b If "Yes," enter the name of the foreign country: ▶ See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Finangial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization fold with every solicitation at environment of the organization solicit any contributions that were not tax deductible? 5c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 3c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If "Yes," indicate the number of Forms 8282 filed during the year. 5d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of qualified intellectual property, did the organization for the supporting organization as of the payment and section 509(4)(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 year? 9 Sponsoring organizations maintaining donor advised funds and section 509(4)(3) supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds an advised person? 9 Sponsoring organizations maintaining donor advised funds an advised person? 9 Sponsoring organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12. 10a Did the organization make any that be during the year? 11b Section 501(c)(1					
See instructions for filing requirements for Form TD F 90-22 J. Report of Foreign Bank and Finangial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? End of "Yes" to line 5a or 5b, did the organization file Form 8896-T? Does the organization have annual gross receipts that are normally greater than \$109:000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Organizations that may receive deductible contributions under section 170(c). Did the organization sective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization than the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization organization organization organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization organization organization of qualified intelectual property, or indirectly, on a personal benefit contract? To bid the organization organization organization organization organization file form 8899 as required? If the organization make a contribution of cars, boals, airplanes, or other vehicles, did the organization file organization make any taxable distributions under section 49667. Sponsoring organizations maintaining donor advised funds and section 5904(a)3 supporting organization, have excess busine			4a	POWA DESIGNATION	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Die If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5 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? 5 Dif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 7 Did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization fle Form 8899 as required? 7 Dif the organization received a contribution of qualified intellectual property, did the organization fle a Form 1098-C? 7 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 Sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Did the organization make any basel distributions under section	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? b If "Yes" to line 5 aor 5b, did the organization file Form 8886-T? 6 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? c If "Yes," indicate the number of Forms 8282 filed during the year. c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8282? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8264 filed funds and section 509(a)(3) supporting organizations. Did the supporting organizations are aligned intellectual property, did the organization file Form 8267. S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations under section 49667. 9 Sponsoring organizations make any its about a donor, donor advised funds and section 501(a)(7) organizations. Enter: a Gross income from members or shareholders. b Gross receipts, included on Form(990, Part VIII, line 12, for public use of club facilities. 10b	_	And the second s			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 5c 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? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 6 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 7 If If "Yes," indicate the number of Forms 8282 filed during the year. 7 Did the organization received and from the year, pay premiums which ye year to granization received a contribution of qualified intellectual property, did the organization fere excess on the year and the organization received a contribution of qualified intellectual property, did the organization fere and capital property or indirectly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization fere of the supporting organizations. In the organization received a contribution of qualified intellectual property, did the organization fere and capital property, did the organization 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 make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 10 Gross income from members or sha	_				X
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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed organize the year Did the organization, during the year, pay premiums of each you indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums of each your indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization file organization file a Form 1098-C? Sponsoring organizations make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12 Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Forms seems that the amount of tex-exempt interest received or accrued during the year 11a Section 501(c)(7) organizations for additional information the organization must report on Schedul					X
organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Id the organization notify the donor of the value of the goods or services provided? 1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Tc 3 If "Yes," indicate the number of Forms 8282 filed trying the year 4 Did the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract? 7 Tid be organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 5 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contribution to a donor, donor advised funds. 5 Gross income from members or shareholders. 6 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a	_	VOIN. ZOV	5c		\vdash
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Tb c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required? 7 Th 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 make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations. Enter initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12c 13c 14c 15citon 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15citon 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 15citon 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041? 15cito	ьа		6-		
gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bit the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining denor 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 year? Sponsoring organizations make a distributions under section 4986? Did the organization make a distributions under section 4986? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross income from members or shareholders. Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization incensed to issue qualified health plans in more than one state? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization incensed to issue qualified health plans in more than one state? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization in censed to issue qualified health plans in more than one state? Section 501(c)(29) qualified nonprofit health insurance issuers.	b		ьа		X
7 Organizations that may receive deductible contributions under section 170(c) a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S ponsoring 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 organizations make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make and capital contributions under section 4966? Did the organization make and capital contributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distribution to a donor, donor advisor, or related person? Did the organization by organization make any taxable distribution to a donor, donor advisor or related person? Did the organization of the organization file of form 1041? Did the organization form oth	D		e b		×
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b f*Yes," did the organization notify the donor of the value of the goods or services provided? 7b f*Yes," did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? 7c f*Yes," indicate the number of Forms 8282 filed during the year 7c f*Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums/directly, or a personal benefit contract? 7f f* the organization, during the year, pay premiums/directly, or a personal benefit contract? 7f f* the organization deceived a contribution of qualified intellectual property, did the organization file Form 8399 as required? 7g f* the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distrib	7		BANKS.	40240	1
and services provided to the payor? Ta					
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year. d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advised, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a Gross receipts, included or Form 990, Part VIII, line 12, for public use of club facilities. 10b Gross receipts, included or Form 990, Part VIII, line 12, for public use of club facilities. 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(2) qualified nonprofit health insurance issuers. 13a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13b If "Yes," 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserve	u		72		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, on a personal benefit contract? To Did the organization, during the year, pay premiums on a personal benefit contract? To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, ave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. Enter the amount of reserves on hand. 14a Did the organization received any payments for indoor tanning services during the tax year? 14a	b				-
required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums directly, or indirectly, on a personal benefit contract? 76 g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? B Did the organization make any taxable distributions under section 4966? B Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. B Gross receipts, included on Form(90, Part VIII, line 12, for public use of club facilities. D Gross receipts, included on Form(90, Part VIII, line 12, for public use of club facilities. Tale Gross income from members or shareholders. B Section 501(c)(1) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a B If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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 i			1.0		
pe Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, or indirectly, on a personal benefit contract? ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g h ff the 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 year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b section 501(c)(7) organizations. Enter: a Gross receipts, included on Form(990, Part VIII, line 12. b Gross receipts, included on Form(990, Part VIII, line 12, for public use of club facilities. 10b section 501(c)(12) organizations. Enter: a 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.). 11a b f''ves, "enter the amount of tax-exempt interest received or accrued during the year. 11b 11c 12a 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 in more than one state? 11a 12b 12c Enter the amount of reserves on hand. 13d Did the organization receive any payments for indoor tanning services during the tax year?			7c		X
Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums directly, or indirectly, on a personal benefit contract? ff life organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Nonsoring organizations maintaining denor 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 year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Bab Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a Section 501(c)(2) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. c Enter the amount of reserves on hand. 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a	d	980. 1955			State of
fi the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? fi the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. C Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? 14a	е		7e	Promotion of	Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 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 year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form(90, Part VIII, line 12, for public use of club facilities. Gross income from members or shareholders. Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a Section 501(c)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? 14a	f	Did the organization, during the year, pay premiums; directly or indirectly, on a personal benefit contract?	7f		Х
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 year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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. Gross income from members or shareholders. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. C Enter the amount of reserves on hand. 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a	g		7g		Х
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 10 Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 11 Initiation fees and capital contributions included on Part VIII, line 12. 12 Gross receipts, included on Form 90, Part VIII, line 12, for public use of club facilities. 13 Section 501(c)(12) organizations. Enter: 14 Gross income from members or shareholders. 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 16 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 17 Section 501(c)(29) qualified nonprofit health insurance issuers. 18 Is the organization licensed to issue qualified health plans in more than one state? 18 Note. See the instructions for additional information the organization must report on Schedule O. 19 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. 18 Enter the amount of reserves on hand. 19 Did the organization receive any payments for indoor tanning services during the tax year? 19 Did the organization receive any payments for indoor tanning services during the tax year?	h		7h		Х
organization, have excess business holdings at any time during the year?	8				2
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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. 10a Section 501(c)(12) organizations. Enter: a 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		NATO. 207 202			
Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Did Gross receipts, included on Formige0, Part VIII, line 12, for public use of club facilities. Did Section 501(c)(12) organizations. Enter: Gross income from members or shareholders. Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Ital Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. C Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? 14a		A NORTH AND	8		X
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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. Section 501(c)(12) organizations. Enter: 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.). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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. C Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? 14a	9				
Initiation fees and capital contributions included on Part VIII, line 12			-		X
Initiation fees and capital contributions included on Part VIII, line 12		The state of the s	9b	5735.70	X
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			5.5		
Section 501(c)(12) organizations. Enter: a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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. c Enter the amount of reserves on hand. 13b C Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a					
a 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.)		500 T A T			
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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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. c Enter the amount of reserves on hand. 13b 13c 14a 14a		104 305			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		VIII. 188			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a	PARTICIA.	69275
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?					
a Is the organization licensed to issue qualified health plans in more than one state?		•			
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		· · · · · · · · · · · · · · · · · · ·	13a	ALL REPORTS PROPERTY.	
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					19.
the organization is licensed to issue qualified health plans	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
	С		11 5		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	14a		14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 to any question in this Part VI. Part VI

	Check if Schedule O contains a response to any question in this Part VI			X			
Sect	ion A. Governing Body and Management		Yes	Na			
4.	Enter the number of retire manhous of the gavening hadres the and of the tourner	9.05300	res	No			
Та	Enter the number of voting members of the governing body at the end of the tax year 1a 7						
	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		July 1				
	committee, explain in Schedule O.			2			
L	305						
b	Enter the number of voting members included in line 1a, above, who are independent	-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	NAME OF STREET					
	any other officer, director, trustee, or key employee?	2		X			
3							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	.,	Х			
6	Did the organization have members or stockholders?	6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		V				
	one or more members of the governing body?	7a	_X				
a	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,			
	stockholders, or persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following: The governing body?	O-	V				
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	OD	^	-			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	_		^			
	A STATE OF THE CONTROL OF THE CONTRO	000.7	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	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?	11a	Х				
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	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done.	12c	Χ				
13	Did the organization have a written whistleblower policy?	13	Χ	ALLEGE ST			
14	Did the organization have a written document retention and destruction policy?	14	Χ				
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?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or keytemployees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization investrin, contribute assets to, or participate in a joint venture or similar arrangement						
	with a taxable entity during the year?	16a		_X_			
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	1					
Cook	the organization's exempt status with respect to such arrangements?	16b					
	ion C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ► NV Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(december 2014)).	2/(2)2	onk.\				
10	available for public inspection. Indicate how you made these available. Check all that apply.	J)(3)8	only)				
	Own website Another's website 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.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ą.					
_ •	organization: ► Jeffrey M. Jacquart (702) 249-03						
	1706 Blanchard Drive1706 Blanchard Drive1706 Blanchard Drive1706 Blanchard Drive, H		rson.	NV 8			

11)	LAS VEGAS DISC GOLF CLUB	27-2559097	Pag

	Check if Schedule O contains a response to any question 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."

Form 990 (20

compensated employees; and former such persons.

- 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.

 List persons in the following order: individual trustees or directors; institutional trustees; **officers**; key employees; highest

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

officer the box is notified the organization for the	ily rolated organ			O1114	, O. II	Dutou	۷.,	y dulibrit dilloci.	an color, or trac	100.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	o c c look individual trustee or director	ot ch unles	Pos eck s pe	more rson	than on the state of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John R. Ricker, Jr. President	10.00	A STATE OF THE PARTY OF THE PAR	٥	Х				0	0	0
(2) Jeff Jacquart Treasurer	15.00			Х				0	0	0
(3) Scott Merritt VP	10.00			Х				0	0	0
(4) Jessie Hynie Secretary	5.00			Х				0	0	0
(5)										
(6)										
.(7)										
(8)										
(9)										
(10)										
(11)	<u> </u>									
(12)										
(13)										
(14)										

Pa	rt VII	Section A. Officers, Directors, To	rustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (contir	ued)	
							C)							
		(A)	(B)			neck		e than		(D)	(E)		(F)	
		Name and title	Average hours per			h a h	irect	is bot or/trus	tee\	Reportable compensation	Reportable compensation		Estimate	
			week			g	ক	g F	Fo	from	from related	1	other ompensa	
			(describe hours for	Individual trustee or director	Institutional trustee	Officer	yen	hest	Former	the organization	organizations (W-2/1099-MIS	C)	from th	e
			related organizations	al tr	onal		yoldı	ee con		(W-2/1099-MISC)	A		organizat and relat	
			in Schedule O)	uste	trust		8	pen				(organizati	ions
)		ee			Highest compensated employee			M			
/4E\								_		75-200 S		- N	W-12	- 1
713).														2))
(16)									Г					7
19														
(17)						ľ								
(40)					_	_		.460		100				
(18)							1	A STATE OF THE PARTY OF THE PAR	500.00 E	1				
(19)						_	HC10	Ĭ.		12.1				
32.32.							-	D.		M				
(20)					A		P	400						
(04)								607						
(21)				******				Viii				9		
(22)	· · · · · ·				A	_		A				+		
322922								37		,				
(23)														
			A									+		
(24)				30										
(25)			400.	12	P	-	-		\vdash			+		
7557.														
1b	Sub-tota	Ī				•			•	0		0		0
		m continuation sheets to Part VII,								0		0		0
d_	Total (ad	d lines 1b and 1c)	Considered to Alamana						• ·	0	100.000 -5	0		0
		nber of individuals (including but not e compensation from the organizátio		ustec		ove 0) WI	no re	ceiv	/ea more than \$	100,000 01			
	горолава	o componedati nom ano ilganização	23			<u> </u>							Yes	No
		rganization list any former officer, di					yee	e, or h	nigh	est compensate	ed			R.L.
	employee	e on line 1a? <i>If "Yes," complete Schê</i>	dule J for such	indivi	dua	1.						3	come, cours or assist	X
		ndividual listed on line 1a, is the sum												
		nization and related organizations gre	eater than \$150,	000?	If "	Yes	, " C	ompl	ete	Schedule J for s	such			
					•	٠						4		X
		person listed on line 1a receive or access rendered to the organization? If "										5		X
		dependent Contractors	res, complete	OCHE	dare	, 0 1	0/ 3	ucii	3676	3011			N.C.	1 ^
		e this table for your five highest comp	ensated indepe	nden	t co	ntra	acto	rs th	at re	eceived more that	an \$100,000 (of	754 — Chill	No.
	compens	ation from the organization. Report o	compensation fo	r the	cale	enda	ar y	ear e	ndi	ng with or within	the organiza	tion's	tax	
	year.								ı					
		(A) Name and business add	ress							(B) Description of ser	vices		(C) censation	1
		2.00 200.000 000												0
														0
														0
									<u> </u>					0
	Total au	ther of independent contractors (incl	uding but not fin	nitad	to t	hon	م ان م	tod -	<u></u>	va) who receive		lagrana.	المراجعة المراجعة	0
		nber of independent contractors (incl a \$100,000 of compensation from the	-	nitea	io t	IIOS	e IIS	งเซนิ 8 ก	aDO/	ve) willo received	J	7,5		

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	8,330				
ts, An	С	Fundraising events 1c	0				
ilar	d	Related organizations	0				
ns,	е	Government grants (contributions) 1e	0				
atio er (f	All other contributions, gifts, grants, and	0.400				
년 원		similar amounts not included above	3,190			A Park	
nd n	g	• -		11,520			
	<u>h</u>	Total. Add lines 1a–1f	Business Code	11,020		est appear to the military of	
an us	2a	Tournament Income	711210	90,654	90,654	Marie Popular Control	Far Search Lo Ad
Seve	b	l ournament income	711210	0	00,004		
es E	C			0	D. William		
e Z	d			0	AN A		
Program Service Revenue	е			0	V.		
gra	f	All other program service revenue		0	M		
Pro	g	Total. Add lines 2a–2f		90,654			
	3	Investment income (including dividends, interest	4	Dinestry -			
		other similar amounts)		<u></u> 0			
	4	Income from investment of tax-exempt bond prod	ceeds 🌬	0			
	5	Royalties		/ 0			
		(i) Real	(ii) Personal				
	6a	Gross rents	19		6.4		
	b	Less: rental expenses					
	C	Rental income or (loss)	0				
	d	Net rental income or (loss)	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory . (i) Securities	(ii) Other				
	_	Less: cost or other basis	U U				
	b	and sales expenses 0	0				
	c	Gain or (loss) 0	0				
	d	Net gain or (loss)	▶	0		2007 Marc 11 10 12 12 12 13	The second second
e		Gross income from fundraising					
Other Revenue	ou	events (not including \$					
Se		of contributions reported on line 1c).					
ē		See Part IV, line 18	o				
돭	b	Less: direct expenses b	0				
•	С	Net income or (loss) from fundraising events	►	0			
	9a	Gross income from gaming activities.					
		See Part V, line 19 a	0				
		Less: direct expenses b	0				
		Net income or (loss) from gaming activities	P	0	7-0-7-5	n filtr in the filtre	A SUSTINIAN STATE
	10a	Gross sales of inventory, less returns and allowances	40.000				in 11 - 4
		2000 PM 1000 PM 1000 PM	18,033				
		Less: cost of goods sold b	11,303 •	6,730			
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0,730			
	11a		2401400 0046	0			3 NGC 25 A TO SHE
	b			0			
	C			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	1	108,904	90,654	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX						
	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	0					
2	Grants and other assistance to individuals in the	255					
3	United States. See Part IV, line 22	655		3. 4. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.			
3	organizations, and individuals outside the		- 6				
	United States. See Part IV, lines 15 and 16	o					
4	Benefits paid to or for members	0	A				
5	Compensation of current officers, directors,			9			
	trustees, and key employees	0					
6	Compensation not included above, to disqualified			A	-		
	persons (as defined under section 4958(f)(1)) and			400 m			
	persons described in section 4958(c)(3)(B)	0					
7	Other salaries and wages	0					
8	Pension plan accruals and contributions (include						
_	section 401(k) and 403(b) employer contributions) .	0					
9	Other employee benefits	0					
10	Payroll taxes	0	\$ 91 				
11	Fees for services (non-employees):		A				
a b	Management	0	edicije/				
0	Legal	© 0					
d	Lobbying	0					
e	Professional fundraising services. See Part IV, line 17	00					
f	Investment management fees	0	120				
g	Other	0					
12	Advertising and promotion	0		T			
13	Office expenses	1,128	962	166			
14	Information technology	0					
15	Royalties	0					
16	Occupancy	0					
17	Travel	0			-11-4/		
18	Payments of travel or entertainment expenses						
19	for any federal, state, or local public officials	0					
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	0	0	0	0		
23	Insurance	0					
24	Other expenses, Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e. If			14			
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	License and Permits	925	T. B.	925			
b		0					
C		0			***************************************		
d	All other evenence	0	404.004				
е 25	All other expenses 101861 Total functional expenses. Add lines 1 through 24e.	101,861	101,861	4 004	-		
26	Joint costs. Complete this line only if the	104,569	102,823	1,091	0		
	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation. Check here						
2.21	following SOP 98-2 (ASC 958-720)						

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 504 2 2 3 3 0 4 ol 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 employees' beneficiary organizations (see instructions) 6 7 8 8 9,660 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation 10b 0 10c b 11 0 11 0 0 12 12 Investments—other securities. See Part IV, line 11 0 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 0 14 0 0 15 15 0 16 Total assets. Add lines 1 through 15 (must equal line;34) 16 10,164 17 Accounts payable and accrued expenses 17 5,829 18 18 19 19 g. 20 20 Escrow or custodial account liability. Complete-Part IV of Schedule D . . . 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 Unsecured notes and loans payable to unrelated third parties ol 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 0 26 Total liabilities. Add lines 17 th ough 25 . . . ol 26 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds . . . 4,335 33 ol 33 4,335 ol 34 10,164

orm 9	990 (2011) LAS VEGAS DISC GOLF CLUB	27-20090	91 P	age IZ
Pari				
	Check if Schedule O contains a response to any question in this Part XI			
	4	¥		
1	Total revenue (must equal Part VIII, column (A), line 12)		10	08,904
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	04,569
3	Revenue less expenses. Subtract line 2 from line 1	}		4,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			0
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	<u>; </u>		4,335
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No No
1	Accounting method used to prepare the Form 990:			
	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	_
b	Were the organization's financial statements audited by an independent accountant?		2b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation dits financial statements and selection of an independent accountant?	2	2c X	
	If the organization changed either it oversight process or selection process during the tax year, explain in			
	Schedule O.	73		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate başıs, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis	35 35		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Activities and Committee	
	the Single Audit Act and OMB Circular A-133?	[3	3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	

Form **990** (2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

990,

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

 Inspection

Name	of the organization		Employer identification number
LAS Y	VEGAS DISC GOLF CLUB		27-2559097
Part	Organizations Maintaining Donor Advised Funds	or Other Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV		·
	(a) Donor ad		(b) Funds and other accounts
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 writi	ng that the assets held in	dônor advised
J	funds are the organization's property, subject to the organization'		
6	Did the organization inform all grantees, donors, and donor advis		7/152
0	used only for charitable purposes and not for the benefit of the de		
	purpose conferring impermissible private benefit?	Account of the Contract of the	
Part	Conservation Easements. Complete if the organization	tion answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check alighat apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of	an historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	=	1 Teachwatton of	a certifica filotorio di actare
_	Preservation of open space	(to the form of a second tree
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu		2c
d	Number of conservation easements included in (c) acquired after		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or term	ninated by the organization
	during the tax year		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodi	c monitoring, inspection,	handling of
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation e	easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, and enfo	rcing conservation easer	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation of		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's fina	ncial statements that describes
	the organization's accounting for conservation easements.		
Pari			imilar Assets.
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 8.	1987
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for	•	
	of public service, provide, in Part XIV, the text of the footnote to i		
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
~	works of art, historical treasures, or other similar assets held for		
	of public service, provide the following amounts relating to these		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasu		
2			
_	following amounts required to be reported under SFAS 116 (ASC		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		>

	-
'age	- 4

Part						d)
3	Using the organization's acquisition, acces		, check any of the follo	owing that are a signific	cant	
	use of its collection items (check all that ap	pply):				
а	Public exhibition	d 📙	Loan or exchange	programs		
b	Scholarly research	е 📙	Other			
С	Preservation for future generations			A		
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt p	urpose in	
	Part XIV.			W		
5	During the year, did the organization solicit					_
	assets to be sold to raise funds rather than	to be maintained as pa	irt of the organization's	s collection?	Yes	No
Part	IV Escrow and Custodial Arrange	ments. Complete if th	ne organization ansy	vered "Yes" to Form	990, Part	21
	IV, line 9, or reported an amount	on Form 990, Part X,	line 21. 🔬			
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets not		
	included on Form 990, Part X?				Yes	No
b	If "Yes," explain the arrangement in Part X	V and complete the foll	owing table:			
			0	The state of the s	Amount	
C	Beginning balance			1c		
d	Additions during the year			1d 1e		
e	Distributions during the year			1f		0
f		1	105			
2a	Did the organization include an amount on		217		Yes	X No
b Part	If "Yes," explain the arrangement in Part X Endowment Funds. Complete if		vored "Yes" to Form	200 Part IV line 10	<u> </u>	
Part		Current year (b) Prior				rears back
1a	Beginning of year balance	Current your 2 (a) 1 iii	(0) (110)0110	(4)	X-1-1-1	
b	Contributions		720-2-72			
C	Net investment earnings, gains,	A VO				
	and losses	439			7.2	
d	Grants or scholarships				发现 个人。	
е	Other expenditures for facilities					
	and programs				1. A 1. A 1.	Carlo ST
f	Administrative expenses					
g	End of year balance	7 0	0	0	0	
2	Provide the estimated percentage of the co	field.	(line 1g, column (a))	held as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment Temporarily restricted endowment	<u>%</u> .				
С	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%				
3a	Are there endowment funds not in the post		ion that are held and	administered for the		
Ja	organization by:	occolori or the organizat	ion that are more and		Y	es No
	(i) unrelated organizations				3a(i)	
					3a(ii)	
b	If "Yes" to 3a(ii), are the related organization				3b	
4	Describe in Part XIV the intended uses of the			<u>, , , , , , , , , , , , , , , , , , , </u>		
Part	VI Land, Buildings, and Equipme	nt. See Form 990, Pa	rt X, line 10.			
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	value
		(investment)	basis (other)	depreciation		
1a	Land	0	0			0
b	Buildings	0	0			0
C	Leasehold improvements	0	0			0
d	Equipment		0	· · · · · · · · · · · · · · · · · · ·		0
e Total	Other					0
·vu	, rea mice ra micagn re. (Column (a) mas	. oqual i olili 990, i alt.	, ooranni (22), mio 10	1-7-7	7.0	J

Page 3

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	0	30 30 30 30 30 30 30 30 30 30 30 30 30 3	
(2) Closely-held equity interests	0	3340000	
(3) Other	0	75.45	
(A)	0	<u>A</u>	***************************************
(B)	0		
(<u>C</u>)	0		4/
<u>(D)</u>	0	AND THE RESERVE OF THE PERSON	***************************************
(Ē)	0		30
(F)	0	ACCOMPANY.	4
(G)	0	262 200	
(H)	0	CS AW	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		Not seems to brush
Part VIII Investments—Program Relate	ed. See Form 990. Part X	. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va	
(1)	0		
(2)	0		17.0
(3)	A 0		
(4)	W 0		- 100 g
(5)	0		- Xullet
(6)	0		
(7)	0	Marrie	control (ME)
(8)	0		
_(9)	<u> </u>		200-
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
(-)	and the second s	155 July 2014 12 12 15 15 July 2014 12 July 2014	(Cal Ottomorphism) of China, Call Ast 1191-1
	a) Description		(b) Book value
	a) Description		0
(1)			0
(2)			0
(4)		3000 Section 11 Section 12 Sectio	0
(5)		W800 Access 32	0
(6)	(Fa)		0
(7)	A		0
(8)	ATT CONTRACTOR OF THE PROPERTY		0
(9)		in the second se	0
(10)	September 1		0
Total. (Column (b) must equal Form 990, Part X, o			0
Part X Other Liabilities. See Form 99			
1. (a) Description of liability.	(b) Book value		
(1) Federal income taxes	0		
(2)	0		
(3)	0	拉克里 连手机 医乳头切除术 的现在分词 计记录 化二氯甲基	
(4)	0		
(5)	0		
(6)			
(7)			
	C		
(10)	C		
(11)	C		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	C		

LAS VEGAS DISC GOLF CLUB

Sche	edule D (Form 990) 2011	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	0
2	Total expenses (Form 990, Part IX, column (A), line 25)	0
3	Excess or (deficit) for the year. Subtract line 2 from line 1	0
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	0
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	
1	Total revenue, gains, and other support per audited financial statements	T
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a		
b		
c	Recoveries of prior year grants	
d		
e		0
3	Subtract line 2e from line 1	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b		
C		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	0
-	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	
-	Total expenses and losses per audited financial statements	I
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	6
2		
a		
b		
C		
d		0
e	Subtract line 2e from line 1	0
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· ·
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A
a	ADD ADD	
b		0
c	900.	0
5	Total Capolicos. Had into California	1 ,0
	Int XIV Supplemental Information	lines dh
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	
	I 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mpiete
this	part to provide any additional information.	
		,

LAS VEGAS DISC GOLF CLUB

27-2559097

Schedule D (Form	990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
1888		
	<u>.</u>	
		7
	·	
***************************************	A CONTRACTOR OF THE CONTRACTOR	
2244		
	<u> </u>	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2011

Open To Public

Department of the Treasury Internal Revenue Service

►Attach to Form 990 or Form 990-EZ. ►See separate instructions. Inspe

Inspection

	GAS DISC GOLF CLUB								10e110111	Jauon II	lulliber	
Part I		(section	n 501(c)((3) and section 501	(c)(4) organiz	ations		-2559	J9 <i>1</i>			
	Complete if the organization as								EZ, Pa	rt V, li	ne 40b).
1	(a) Name of disqualified person	nn.			(b) Description	of trans	naction				(c) Cor	rrected?
•	(a) Name of disqualified person) i			(b) Description	or uaris	Sacuon				Yes	No
(1)						na granden	in.	-	A			
(2)	1400					A	The same		4			
(3)				DIL BEGGGGGG		7				- 193		0.00
(4)					16		7					0.00
(5)					1	49	A					
(6)						<i>b</i> '						
	Enter the amount of tax imposed on				4274	BIGH	-	•				
	under section 4958				P.	209				\$		
3	Enter the amount of tax, if any, on lir	ie 2, abo	ove, reim	bursed by the orga	inization	7			▶	\$		
Part II	Loans to and/or From Interes	sted Per	rsons	iii iii	4							
· die ii	Complete if the organization ar			n Form 990. Part IV	/. line 26. or F	orm 9	90-EZ	. Part	V. line	38a		
(a)	Name of interested person and purpose		to or from	(c) Original	(d) Balance o			efault?		proved	(a) W	Vritten
(/	, , , , , , , , , , , , , , , , , , ,		nization?	principal amount	un balance o		(6,	roiduit:	, ,, ,,	proved ard or	1	ment?
			A	7						nittee?		
		То	From				Yes	No	Yes	No	Yes	No
(1)			_ ~	0		0						
(2)			ALC: NO.	0		0						
(3)			- KO	. 0		0						X
(4)		1	PROFESSES.	0		0						
(5)		· 6	-	0		0						
(6)				0		0						
(7)				0		0						
(8)		N. C.	1	0		0						
(9)	A *0		jš.	0		0						
(10)				0		0						
Total .				🕨 💲		0	25		- 1		30-e	15, 45-1
Part III												5
	Complete if the organization ar	swered	"Yes" or	Form 990, Part IV	, line 27.	-2004		3000	981			
27	(a) Name of interested person	(b) F	Relationship	between interested personganization	son and the		(c) A	mount a	nd type	of assist	tance	
(1)												
(2)												
(3)	3.79/											
(4)							3250			=32.5		
(5)					est.			2000		-		
(6)						Water			300	30,1127		
(7)								5-515-51				
(8)								130				

(9) (10)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation'
				Yes	No
		0			
		0			
		0			
		0	N		
		0	And the second s		
		0			
		0		-	_
A. (100 - 10		40		+	_
		O		+	_
Supplemental Information	1	- AND TO SERVE	The state of the s		
	e additional information for re	sponses to questions	on Schedule L (see instructio	ons).	
		61			
		W.			
		and the same			
			P		
	The second secon				
		A			
	<i>A</i>				
		>			
	A Company of the Comp				
A					
	M. M				
	<u>- Y</u>				
	P				
20). EU					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public
Inspection
Employer identification number

LAS VEGAS DISC GOLF CLUB 27-2559097	
Form 990 Part IV Section B Line 11B A copy of the return is precented to each officer and	
board member to review, questions are submitted to accountant if applicable.	
Form 990 Part IV Section B Line 12c All related parties and associates, etc. must annually	
complete a disclosure form that includes information onall actual or potential confilcts of	
interest involving the board members, or related parties. The board reviews these documents	
and addresses any conflicts that may have arisen. There is also an open door policy for any	
conflicts that may arise the information is gathered and presented to the board for	
resolution.	
Form 990 Part IV Section B	. - -
Form 990 Part VI Section C Line 19 The financials and tax returns are available to all	
interested parties upon request. Notification is sent out when these are available to the	
public.	
	
9	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
LAS VEGAS DISC GOLF CLUB	27-2559097
	The state of the s
A STATE OF THE STA	
	2
# The second	
	g

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

internal Revent	de Service						
• If you are	e filing for an Automatic 3-Month Extensice filing for an Additional (Not Automatic) **nplete Part II unless you have already be	3-Month	Extension, complete only Part II (on page 2 of	this		► X
	filing (e-file). You can electronically file F	_		A	•		
	on required to file Form 990-T), or an additi		-	3000		•	
	uest an extension of time to file any of the						
	ransfers Associated With Certain Persona						
). For more details on the electronic filing o			THE REAL PROPERTY.		•	
Part I	Automatic 3-Month Extension of 1	Time. Onl	y submit original (no copies nee	ded).	~		
A corporation	on required to file Form 990-T and request	ing an auto	omatic 6-month extension—check t	his box and c	omp	lete	
Part I only .							▶ 🔲
All other cor	rporations (including 1120-C filers), partne	rships, RE	MICs, and trusts must use Form 70	004 to reques	t an	extensi	on of
time to file in	ncome tax returns.						
			Ente	r filer's identifyi			
Type or	Name of exempt organization or other filer, se	e instruction	ns.				imber (EIN) or
print	LAS VEGAS DISC GOLF CLUB			X 27-255			
File by the due date for	Number, street, and room or suite no. If a P.O	. box, see ii	nstructions.	Social se	curity	numbe	r (SSN)
filing your	1706 BLANCHARD DRIVE	F fi-	M				
return. See instructions.	City, town or post office, state, and ZIP code. HENDERSON	ror a toreig	n address, see instructions.	NV	90	074	
7-200				***	09	074	
Enter the Re	eturn code for the return that this application	on is for (fil	le a separate application for each re	eturn)		- 32-1000	01
Application	n	Return	Application				Return
Is For		Code	ls For				Code
Form 990		4 01	Form 990-T (corporation)				07
Form 990-E		b 02	Form 1041-A				08
Form 990-E		01	Form 4720				09
Form 990-F		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	≱Form 6069				11
Form 990-1	(trust other than above)	06	Form 8870				12
	as are in the care of ► JEFF JACQUAR	<u> </u>	FAX No. ▶				
	anization does not have an office or place	of busines		OOX			
	or a Group Return, enter the organization'				• •		this is
	e group, check this box				. •	an	d attach a
list with the	names and EINs of all members the exten	sion is for.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		- VS
1 I requ	est an automatic 3-month (6 months for a	corporatio	n required to file Form 990-T) exter	nsion of time			
until		exempt or	ganization return for the organizatio	n named abo	ve	The ext	ension
	the organization's return for:						
► X	calendar year <u>2011</u> or						
▶			, and ending	· <u></u>			
	tax year entered in line 1 is for less than 1	2 months,	check reason: X Initial return	Final r	eturi	n	
	nange in accounting period						
	application is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tentative tax, le	ess any	1		
	fundable credits. See instructions.				3a	\$	<u>.</u>
	application is for Form 990-PF, 990-T, 472		•				
	ated tax payments made. Include any prior				3b	\$	
	ce due. Subtract line 3b from line 3a. Incl S (Electronic Federal Tax Payment System			y using	,		^
	u are going to make an electronic fund withdray			orm 8879-FO fo	3c	\$ /ment in	0 estructions

Reasonable Cause Explanation (990)

Initital Return unaware of due date, and had to gather additional information

Part I, Ln 1 and Part III, Ln 1 (990) - Organization's Mission or Most Significant Activities

Part I Line 1 - Briefly describe the organization's mission or most significant activities:

Limit to 320 characters.

A membership based organization for a disc golf club. Providing charatible donations to disc golf players for tournaments and cash donations to other charitable nonprofit organizations.

Part III Line 1 - Briefly describe the organization's mission: Limit to 375 characters.

To provide opportunity to children to learn about disc golf, provide a membership organization that raises money to donate cash and goods to disc golf players, and other charitable nonprofit organizations.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns	1	
2 Membership dues	8,330	
3 Fundraising events	3	
4 Related organizations	4	
5 Government grants (contributions)	5	· · · · · · · · · · · · · · · · · · ·
6 All other contributions, gifts, grants and similar amounts not included above:		
Donations	3,190	
	_	
Other contributions total	3,190	0
7 Total	7 11,520	0

Par	Part VIII, Line 10 (990) - Gross Sales of Inventory	18,033	11,303	6,730
	Category	Gross Sales	Cost of Goods Sold	ŧ
1	Merchandise	18,033	11,303	6,730
2				0
3		A COLUMN TO A COLU	parties.	0
4				0
9				0
ဖ	The state of the s			0
7		AMERICAN .		0
œ				0
တ				0
10				0
11				0
12				0
13				0
14				0
15			1 1	0
16				0
17				0
18				0
19				0
20				0
				Total Indiana and the Control of the

n (e	Total:	101,861
	Merchandise Given Away		29,407
	Artwork Design	2	555
	Donation Supplies	3	2,097
	Booth/Park Rent	4	2,300
	Supplies	5	1,245
	Player Entry Fees	6	5,609
	Tournament Fees	7	3,343
	Game Fees	8	1,594
	Winner Paid Outs	9	47,484
)	Sponserships	10	3,656
	Awards/Trophies	11	1,901
	Outside Svc	12	854
	Membership Supplies ⁸⁷	13	1,816
,		14	

LAS VEGAS DISC GOLF CLUB 27-2559097

(Sch O (990/990EZ)) - Supplemental Information

Form	Part	Section	Line	Explanation
Form 990	Part IV	В	11B	A copy of the return is precented to each officer and board member to review,
1 01111 000	r dit i v	J		questions are submitted to accountant if applicable.
1				
Form 990	Part IV	В	12c	All related parties and associates, etc. must annually complete a disclosure form that
2 Form 990	Part IV	B		includes information onall actual or potential conflicts of interest involving the board members, or related parties. The board reviews these documents and addresses any conflicts that may have arisen. There is also an open door policy for any conflicts that may arise the information is gathered and presented to the board for resolution.

		Form 990	Part VI	С	19	The financials and tax returns are available to all interested parties upon request. Notification is sent out when these are available to the public.
(d	4					
	5					
*	6					

LAS VEGAS DISC GOLF CLUB 27-2559097 13 14

18

20