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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

| | A | | nue Service The organization may have to use a copy of this return to satisfy state | | | inspection | | | | | |
|---------------|---|------------|--|----------------|------------------|---------------------------------------|--|--|--|--|--|
| | <u>~</u> | | 2011 calendar year, or tax year beginning // , 2011, and end | ding 121 | | , 20 1/ | | | | | |
| | В | | applicable C Name of organization Linderhot Country Club Inc | | | yer identification number | | | | | |
| | Ц | Address | change Doing Business As | | - | .0347153 | | | | | |
| | Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | |
| | 닏 | Initial re | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | \sqcup | Termina | | | | | | | | | |
| | Ц | | d retain | | G Gross r | | | | | | |
| | Ш | Applicat | ion pending F Name and address of principal officer | | | n for affiliates? 🔲 Yes 🔟 No | | | | | |
| | | | | | | ncluded? Yes No | | | | | |
| | <u> </u> | | mpt status | If " | No," attach | a list (see instructions) | | | | | |
| | <u>J</u> | Website | | | ip exemptio | n number 🕨 | | | | | |
| | _ | | organization Corporation Trust Association Other ► L Year of form | nation | M State | e of legal domicile | | | | | |
| | Р | art I | Summary | | | | | | | | |
| | | 1 | Briefly describe the organization's mission or most significant activities | | | | | | | | |
| | ģ |] | private gulf course | | | | | | | | |
| | auc | | r J | | | | | | | | |
| | Ë | | | | | | | | | | |
| | ŏ | 2 | Check this box ▶☐ if the organization discontinued its operations or disposed | d of more tha | n 25¦% of | its net assets. | | | | | |
| | Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 14 | | | | | |
| - | es | 4 | Number of independent voting members of the governing body (Part VI, line 1 | b) | . 4 | 14 | | | | | |
| | <u>viti</u> | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | . 5 | 5 | | | | | |
| | \cti | 6 | Total number of volunteers (estimate if necessary) | | . 6 | 0 | | | | | |
| | • | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | . <u>7a</u> | 3392- | | | | | |
| | | b | Net unrelated business taxable income from Form 990-T, line 34 | | . 7b | | | | | | |
| | | | | Prior Y | | Current Year | | | | | |
| | <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | 1348 | | 140259 | | | | | |
| | enc | 9 | Program service revenue (Part VIII, line 2g) | 358 | | 39715 | | | | | |
| | Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 31 | 3 | 262 | | | | | |
| | ш | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 1198 | | | | | |
| | | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1713 | <u>53</u> | 181934 | | | | | |
| | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | • | | | | | |
| | | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | _ | | | | | | |
| _2 | S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 345 | 17 | 29003 | | | | | |
| ZI.0.Z | ŠUŠ | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | | | | | |
| | Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | | | | | | |
| <i>≫</i> | ш | 17 | Other expenses (Part IX, column (A), lines 11a_11d, 11f-24e) | 1606 | 06 | 140638 | | | | | |
| | | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), in 25) | 195 | 123 | 169641 | | | | | |
| N N | | 19 | Revenue less expenses. Subtract line 18 from line 12 | (237 | 200) | 11 793 | | | | | |
| | Net Assets or Fund Balances | | Total assets (Part X, line 16) | Beginning of C | | End of Year | | | | | |
| SCANNED | sset | 20 | 65 | 542 5 | <u>57</u> | 554 150 | | | | | |
| Z | ad E | 21 | Total liabilities (Part X, line 26) | 175 | 70 | 1803 | | | | | |
| * | | 22 | Net assets or fund balances Subtract line 21 from line;20 [-] U | <u> </u> | 47 | 552547 | | | | | |
| \mathcal{Q} | | irt II | Signature Block | | | | | | | | |
| IJ) | | | lties of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer other than officer) is based on all information of which preparer. | | | my knowledge and belief, it is | | | | | |
| | | | Lauten Rapole | | | | | | | | |
| | Sig | | Signature of officer | D | ate), / | | | | | | |
| | He | re | Kathleen Rapisa | | 7/14/12 | <u> </u> | | | | | |
| | | | Type or print name and title | | , , | | | | | | |
| • | Pa | id | Print/Type preparer's name Preparer's signature | Date | Check | if PTIN | | | | | |
| | | epare | r | | self-em | ployed | | | | | |
| | | e Onl | 1 | Fir | n's EIN ▶ | | | | | | |
| | | | Firm's address ▶ | Ph | one no | | | | | | |
| | May | the IF | S discuss this return with the preparer shown above? (see instructions) | | | 🔲 Yes 🗌 No | | | | | |

Form **990** (2011)

| Part | Chack if Schedule O contains a response to any question in this Part III |
|------|---|
| 1 | Briefly describe the organization's mission: ANNALE GUIT CHUSE |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ \$3570 including grants of \$) (Revenue \$ 14161) |
| | goit course main lenance |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 29.003 including grants of \$) (Revenue \$) |
| 7.5 | |
| | g Clubhause. Salaries |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 22591 including grants of \$) (Revenue \$ 25554) |
| | |
| | |
| | Club house operations. |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 32212 including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 166376 |

Form **990** (2011)

| Part | 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 | | V |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 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 | | ~ |
| 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 | | ~ |
| 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 | | / |
| 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 | | / |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | / |
| 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 | | / |
| 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 | | ~ |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | V | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | v |
| 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 | | 1 |
| 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 | | / |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 . | 11e | | رز |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 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, XII, and XIII is optional . | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | / |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>レ</u> |
| | 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 | | / |
| 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 | | ~ |
| 16 | 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 | | - |
| 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 | | V |
| | 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 | | / |
| | 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 | | / |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | \ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | A | MA |

| Part | Checklist of Required Schedules (continued) | | 7 | |
|----------|---|-----------------|--------------|--------|
| • | | | 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 | | ~ |
| 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 | | |
| 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 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | / |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | NI | A |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | 1 | ~ |
| 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 | | V |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 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 | | / |
| 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 b | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a 28b | _ | 1 |
| 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 | | ~ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 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? <i>If "Yes," complete Schedule R, Part VI </i> | 37 | | / |
| 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 | ✓ | |
| | | | n 990 | (2011) |

| Form 9 | 90 (2011) | | ı | Page 5 |
|--------|---|----|-----|---------------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| • | Check if Schedule O contains a response to any question in this Part V | | | . 🗆 |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | NII | 4 |
| 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 2a 5 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | V | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 1 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | V | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | V | |
| 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 | | | . , |

| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
|--------|--|-----|----------|--------------|
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | NI | + |
| 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 2a 5 | | -/- |] |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | <i>v</i> | |
| • | 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 | <u> </u> | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | <u> </u> | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | V |
| b | If "Yes," enter the name of the foreign country: ▶ \\\//A | 40 | | |
| b | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | ĺ | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . | 5a | | V |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | N | 4 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 7. | |
| | organization solicit any contributions that were not tax deductible? | 6a | | V |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | NI | y |
| 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? | 7a | L 11 | V |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | NH | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7. | | / |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7с | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | - |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | / |
| ň | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 1 |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | ~ |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | ┰/ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . 10a 1/A | | ļ | |
| a 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. | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | / |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the appropriate of the second to second successful to the self-to-defend to self-to-defend to-defend to-de | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | / |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | N | 4 |

Form **990** (2011)

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI | See ins | structi | |
|-------------------|--|-------------------|--------------|--------------|
| Secti | on A. Governing Body and Management | , | | |
| | | | Yes | No |
| 1a | 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. | | | |
| b 2 | 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_ | V | |
| 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 | | V |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? | 4 5 6 7a | | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 1 | |
| а b 9 | The governing body? | 8a 8b 9 | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | <u>ue C</u> | | |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No 1 |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 114 | | |
| 12a b | Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13 | 12a 12b | | 7 |
| 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 | | 1 |
| 13 14 15 | Did the organization have a written whistleblower policy? | 13 | | |
| a b 16a | The organization's CEO, Executive Director, or top management official | 15a 15b | N/S | |
| 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? | 16b | N). | - |
| Secti | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. | i 501(| c)(3)s | only) |
| 19 | Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year. | f inter | est p | olicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | 38: | 3.90 | |
| | organization: Linderhot Country Clubs Po Bex 610 Glew NH 03838 (603) | Forn | n 990 | (2011) |

| _ | |
|------|---|
| Page | 4 |
| | |

| Form | 990 | (2011) | |
|------|-----|--------|--|
| | | | |

| (| •7 | | | | | | | |
|----------|---------------------------|------------|-----------|----------------|---------|-------------|------------------|-------|
| Part VII | Compensation of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated | Employees | , and |
| | Independent Contractors | | | | | | | |

Check if Schedule O contains a response to any question in this Part VII.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

| (a) Name and Title Average hours per week (describe hours for related organizations in Schedule O) (1) Bob Zaire President (2) Frank Graham V. Pres. (3) Kathy Rapsa Treasure (4) Claire Zaire Boo (6) (A) Name and Title (B) Average hours per week (describe hours for related organizations in Schedule O) (A) (B) Position (do not check more than one box, unless person is both an organization from the organization from the organizations (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/ | of ation ee son eed |
|--|---------------------------------|
| Name and Title Average hours per week (describe hours for related organizations) in Schedule O) President O) President (1) Bob Zaino President (2) Frank Graham V. Pres. (3) Kothy Rapisa Treasmic (4) Olaine Zaino Secretary (6) Mary Born Raportable (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box and relation from from the organization (w-2/1099-MISC) (do not check more than one box and relation from the organization (w-2/1099-MISC) (do not check more than one box and relation from the organization (w-2/1099-MISC) Reportable compensation from the organization (w-2/1099-MISC) Reportable compensation from the organization (w-2/1099-MISC) Reportable compensation (w-2/1099-MISC) Reportable compensation (w-2/1099-MISC) Reportable compensation (w-2/1099-MISC) Reportable compensation (w-2/109 | of ation ee son eed |
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| (describe hours for related organizations in Schedule O) (1) Bob Zaine President (2) Frank Graham V. Pres. (3) Kothy Ropesa Treashire (4) Claine Zaine Secretary (5) Tony Antosiewicz Roo (6) Mary Born Room Room Room Room Room Room Room Roo | ation e e ed |
| related organizations in Schedule O) (1) Bob Zaine President (2) Frank Graham V. Pres. (3) Kathy Repase Treesure (4) Elquis Zaine Societary (5) Tony Antosiewicz Boo (6) Mary Borin Born Boo | e son ed |
| related organizations in Schedule O) (11) Bub Zaine President (2) Frank Graham V. Pres. (3) Kathy Repasa Treasure (4) Claine Zaine Societary (5) Tony Antosiewicz Boo (6) Mary Born Born Born Born Born Born Born Born | tion ted |
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| (1) Bob Zaine President (2) Frank Graham V. Pres. (3) Kothy Repasa Treesure (4) Claine Zaine Secretary (5) Tony Antosievicz Roo (6) Mary Borin Boro | ons |
| (1) Bob Zaine President (2) Frank Graham V. Pres. (3) Kothy Repasa Treesure (4) Claine Zaine Secretary (5) Tony Antosievicz Roo (6) Mary Borin Boro | |
| (1) Bob Zaine President (2) Frank Graham V. Pres. (3) Kothy Repose Treesure (4) Claine Zaine Secretary (5) Tony Antosievicz BoD (6) Mary Borin Born Bod | |
| (2) Frank Graham V. Pres. (3) Kothy Ropasa Treasure (4) Elgine Zaino Secretary (5) Tony Antosiewicz 800 (6) Mary Borin Born Bor | |
| (3) Kothy Ropasa Treasure (4) Elgine Zaino Secretary (5) Tony Antosievicz Boo (6) Mary Borin Boo | |
| (3) Kathy Rapasa Treasure (4) Elgine Zaino Secretary (5) Tuny Antosievicz BOD (6) Mary Borin BOD | |
| (4) Elgine Zaino Societary (5) Tuny Antosiewicz BOD (6) Mary Burin BUD | |
| (5) Tony Antosiewicz BOD (6) Mary Borin BOD | |
| (6) Mary Burin Bun | |
| 16) Mary Burin Bun | |
| • | |
| (7) Shawn Collins BOD | |
| | |
| (8) Davina Deure 300 | |
| (9) Dothe Duguette Bup | |
| (9) Dotte Duquette Bur | |
| (10) Susan Mumphy Sallivan Bin | |
| (11) Den Retalic Bon | |
| MI DUI LEIGHC SUIZ | |
| 112) Jume Zarinsky Bio | |
| (13) Madeline De Silva BOD | |
| (14) Brian Dusgraff Don | |
| 1.7 2 1.01 2 0.0 5 (5.1) | |

| all | (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule | (do no box, office or directo | ot ch unles er and | Pos neck ss pe | c) ition more | e than of the structure | one i an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | , (F) Estimated |
|--------------|---|---|-------------------------------|--------------------------|----------------------|---------------------|--|-------------|---|--|---------------------------|
| | | 0) | 8 | stee | | | nsated | | | | |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | - | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (22) | | | | _ | | | | | | | |
| (23) | | | | | - | | | | | | |
| | | | | | | | | | | _ | |
| | | | | | | | | | | | |
| (25) | | | | | | | | | | _ | |
| 1b c d | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Sectio | | | | | | > | 1000 | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | | | | | ed a | above | e) w | | ore than \$100,00 |)0 of <i>O</i> |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i> | ficer, direc | | | | | | | | | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater the | an \$1 | 150, | 000 | ? // | "Yes | s, " | complete Sch | edule J for su | ch |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | | al 5 |
| Section | on B. Independent Contractors | | , | | | | | | , | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | • | | • | | | | | | | • |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | (C) Compensation |
| | NIA | | | | | | | - | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed abo | ove) who | |

| Fela | <u> SVIIII</u> | 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 |
| nts its | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | 140259 | | | | |
| | С | Fundraising events 1c | 1,000 | | | | <u> </u> |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| Sic | f | All other contributions, gifts, grants, | | | | | |
| uti e | • | | | | | | |
| ë₽ | | <u> </u> | | | | | |
| o d | 9 | Noncash contributions included in lines 1a-1f \$ | | 1./4 100 | | | |
| | h | Total. Add lines 1a-1f | <u> </u> | 140259 | | : | |
| a l | | 11/4 | Business Code | - - | | | |
| eve | 2a | Clubhause | 25554 | | | | |
| Program Service Revenue | b | Clubhaise Gif Course | H161 | | | *** | 3/30 |
| Vic | С | <u> </u> | | | | | |
| Ser | d | | | | | | |
| 듵 | е | | | | | | |
| ğ | f | All other program service revenue. | | | | | |
| <u>F</u> | g | Total. Add lines 2a-2f | 🕨 | 39715 | | | |
| | 3 | Investment income (including divide | nds, interest, | / | | | |
| | | and other similar amounts) | 🕨 | 262 | | | 262 |
| | 4 | Income from investment of tax-exempt bor | nd proceeds ► | | | | _ |
| | 5 | Royalties | 🕨 | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | ▶ | | | • | |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| ĺ | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ▶ | | | · · · · · · · · · · · · · · · · · · · | · |
| | - | January (122) | | | | | |
| Jue | 8a | Gross income from fundraising | | | | | |
| Ver | | events (not including \$ | | | | | |
| æ | | of contributions reported on line 1c). | | | | | |
| Other Revenu | | See Part IV, line 18 a | | | | | |
| ₹ | b | Less: direct expenses b | | | | | |
| _ | С | Net income or (loss) from fundraising e | vents . ▶ | | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 . a | | | | | |
| | b | Less. direct expenses b | | | | | |
| | С | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances . a | 1172 | | | | |
| | b | Less: cost of goods sold b | 1593 | | | | |
| | С | Net income or (loss) from sales of inver | ntory 🕨 | (421) | | | - |
| Ī | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | Miss. | | 1619 | | | |
| | b | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | - | 1619 | | | |
| | 12 | Total revenue. See instructions | ▶ [| 18/434 | | | 3392- |

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 respons | se to any question | | | |
|---------------|---|-----------------------|------------------------------|-------------------------------------|--|
| | t include amounts reported on lines 6b, 7b, , 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 5 | Benefits paid to or for members 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 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 26150 | 76150 | | |
| 9 10 11 | Other employee benefits | 2853 | 2853 | | |
| a b | Management | 1 A C C | | /040 | |
| d | Accounting | 1000 | | 1000 | |
| e f | Professional fundraising services. See Part IV, line 17 Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 2265 | | 2265 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 16142 | 16142 | | |
| 17 | Travel | 7 4 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | - | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 10315 | 103919 | | - 4: |
| 24 | Other expenses. Itemize expenses not covered | 10512 | 1-1-1 | | , 1 |
| 24 | 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) | | | | |
| | $\epsilon i \lambda$. | / 0 | / / / / | | |
| а | Pool | 616 | 696 | | |
| b | Clubhouse | 22591 | 22591 | | |
| С | Golf Couise | 82570 | 82570 | | |
| d | Ropain + Maintenance | 4999 | 4999 | | |
| е | All other expenses | • • | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 169641 | 166376 | 3265 | |
| 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 following SOP 98-2 (ASC 958-720) | | | | |
| | following SOP 98-2 (ASC 958-720) | | L | | E 000 (2244) |

Balance Sheet Part X (B) (A) Beginning of year End of year 2 · 35 528 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 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) Assets Notes and loans receivable, net Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a i **b** Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments—other securities. See Part IV. line 11 Investments—program-related. See Part IV, line 11 Other assets. See Part IV, line 11 542 391 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete **Net Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances 554 150 Form **990** (2011)

| Par | XI Reconciliation of Net Assets | | , | |
|------|--|------|-------|----------|
| | Check if Schedule O contains a response to any question in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 181 | 43 | 4 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 169 | 64 | <u>/</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 117 | 193 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | 5400 | 649 | 7 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | 93) | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | - | | |
| | column (B)) | 552 | 341 | 7 |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other 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 | | V |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | V |
| C | If "Yes" to line 2à 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? | 2c | N | 4 |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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 basis, consolidated basis, or both: | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | 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? | 3a | NIA | } } |
| 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 | | |
| | | Forr | n 990 | (2011) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 20 **1 1**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Club Inc inderhat Country 02.0347153 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Part | III Organizations Maintaining | Collections of | Art, His | torical T | reasures, d | or Ot | her Similar <i>i</i> | <u>Ass</u> | ets (continu | ed) |
|---------|--|----------------------------------|-----------------|-------------|--------------------------|--------|-------------------------|------------|----------------|---------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and of | ther reco | rds, chec | k any of the | follov | ving that are a | 1 SIG | inificant use | of its |
| a` | ☐ Public exhibition | | d | ☐ Loan | or exchange | prog | rams | | | |
| b | ☐ Scholarly research | | е | Other | r <u></u> | | | | | . . . |
| C | ☐ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizat | ion's collections | and expla | ain how th | hey further th | ne org | anization's ex | emp | ot purpose in | Part |
| | XIV. | | | | | | | | | |
| 5 | During the year, did the organization | | | | | | | | | |
| | assets to be sold to raise funds rather | | | | | | | | | |
| Part | IV Escrow and Custodial Arra | | | | janization ar | nswe | red "Yes" to | For | m 990, Part | IV, |
| | line 9, or reported an amoun | | | | | | other coasts | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | | | | | N. |
| | | | | | | • | | • | ☐ Yes ☐ | NO |
| b | If "Yes," explain the arrangement in Pa | art XIV and compi | ete the id | ollowing to | able: | | 1 | Δm | ount | |
| _ | Decinaling halance | | | | | 10 | | 7 117 | | |
| С | Beginning balance | | | | | 1d | | | | |
| d e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | - | | | |
| 2a | Did the organization include an amour | | | | | | | | ☐ Yes ☐ | No |
| | If "Yes," explain the arrangement in Pa | | | | | | | | | |
| Par | | ete if the organiz | zation ar | swered | "Yes" to Fo | orm 9 | 90, Part IV, li | ne | 10. | |
| | | (a) Current year | | or year | (c) Two years | back | (d) Three years b | ack | (e) Four years | back |
| 1a | Beginning of year balance | | | | | | | | *4 | |
| b | Contributions | | | | | | | | | . 1 |
| С | Net investment earnings, gains, and | | | | | | | | , 5,13 | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | 't _{e''} , |
| е | Other expenditures for facilities and | | | | | | | | 34 | 1 |
| _ | programs | | | | | | | | . , | |
| f | Administrative expenses | | | | | | | | -1 | |
| 9 | End of year balance Provide the estimated percentage of t | h | ad balans | a (lina 1a |)(a)\ | bold | | | L | |
| 2 | Board designated or quasi-endowmer | | nu balani oz | e (iiile ig | j, column (a)) | neia | a5. | | | |
| a b | Permanent endowment ▶ | % | 70 | | | | | | | |
| C | Temporarily restricted endowment ▶ | | | | | | | | | |
| · | The percentages in lines 2a, 2b, and 2 | | 00% | | | | | | | |
| 3a | Are there endowment funds not in the | • | | zation the | at are held a | nd ad | ministered for | r the | • | |
| | organization by: | • | - | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organi | | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses | | | | | | | | | |
| Part | | | | | | | | | | |
| - | Description of property | (a) Cost or o | | 1 ' ' | or other basis other) | | Accumulated epreciation | | (d) Book value |) |
| 1a | Land | | | | | | 1 | | 502.57 | ¥ |
| b | Buildings | | | | | | | 1 | | |
| C | Leasehold improvements | | | ļ | | | | ┼ | | |
| d | Equipment | • | | | | | | + | | |
| Total | Other | rust equal Form (| 200 Part | Y colum | n /R) line 10/ | (c)) | | \vdash | 502574 | |
| ı Ulal. | Aug mies la unough le, (Columni (a) n | nust c quai r Uiili S | , JU, Fail. | n, coluilli | יו עטן, יוווי דען יי | ·/·/ | | 1 | 70NJ /7 | |

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization | 6 Countr | Chila | | Employer Identification number |
|--------------------------|------------|-------------------------------|-------------------|--------------------------------|
| Linaer | NOT COUNTY | y Clar | | 02.0347153 |
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| Part II | 4d clu | bhouse utilities & | INSURANCE 4 | leal estate taxes |
| | | | | |
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| Part II | II B WI | il be provided pon request | at the bull | lia meenna ok |
| | <u>u</u> | pon request | | |
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| | 19 E | ou-laus & fina | inciai stalements | upon request |
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| Daysin | Da | lim of ox K | LAN S. Fr. | lack le |
| Part 14 | ru | 4Me/11 1 1 1 | ,000) 5 781 U | seekly payoul, pueting |
| | 10 | x deposit and | ! Guarterly re | pulting |
| | | | | <i></i> |
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| PartXI | line 5 | 93 Ment. | to a decuese | in anitel |
| [M] | | 1) laws | 10 a acocas | |
| | | reserve acc | ount for copil | iel expanditures |
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| Schedule D | Pact II | s 500,574 | has been | the amount |
| | | Since acc | quired for lar | nd + building. |
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