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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 2013, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
FALLS CITY COUNTRY CLUB
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 526
 City or town, state or province, country, and ZIP or foreign postal code
FALLS CITY, NE 68355

D Employer identification number
47-0154658

E Telephone number
402-245-3624

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶

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

I Website: ▶

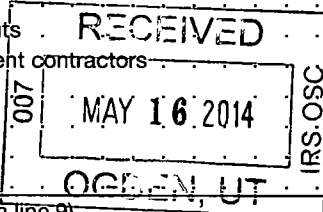
J Tax-exempt status (check only one) – 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **198,062**

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

Expenses	1	Contributions, gifts, grants, and similar amounts received	1	15,029
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	91,416
	4	Investment income	4	13
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	41,719
	7b	Less: cost of goods sold	7b	15,085
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	26,634
	8	Other revenue (describe in Schedule O)	8	34,856
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	167,948
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	65,573
	13	Professional fees and other payments to independent contractors	13	980
	14	Occupancy, rent, utilities, and maintenance	14	15,578
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	90,947
17	Total expenses. Add lines 10 through 16 ▶	17	173,078	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,130)	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,229	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	112,099	



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SCANNED JUN 10 2014 Revenue

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding IRS reporting, organizational changes, income, and controlled entities.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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

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

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b If "Yes," was the related organization a section 527 organization?	49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

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

f Total number of other employees paid over \$100,000 ▶ NONE

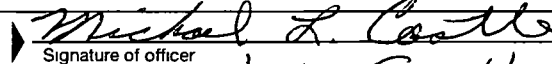
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


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

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here	 Signature of officer	05-12-14 Date
	Michael L. Castle President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT W. AITKEN	Preparer's signature 	Date 5-12-14	Check <input type="checkbox"/> if self-employed	PTIN P00161948
	Firm's name ▶ ROBERT W. AITKEN, CPA, P.C.			Firm's EIN ▶ 47-0711599	
	Firm's address ▶ P.O. BOX 429, FALLS CITY, NE 68355			Phone no 402-245-5566	

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FALLS CITY COUNTRY CLUB

Employer identification number

47-0154658

FORM 990-EZ, PART I, LINE 8: OTHER REVENUE

SHED RENTAL - \$16,102 /

CART RENTAL - \$2,780 /

GREEN FEES - \$7,444 /

TOURNAMENT INCOME - \$7,612 /

POOL INCOME - \$276 /

OTHER INCOME - \$642 /

TOTAL = \$34,856 /

FORM 990-EZ, PART I, LINE 16: OTHER EXPENSES

ADVERTISING - \$61

TRAVEL & MILEAGE - \$5,085

REPAIRS & MAINTENANCE - \$26,015

SUPPLIES - \$4,018

TAXES - \$4,425

DUES & LICENSES - \$633

BANK CHARGES - \$923

INSURANCE - \$7,916

DEPRECIATION - \$32,419

POOL EXPENSE - \$1,189

INTEREST EXPENSES - \$5,408

MISCELLANEOUS EXPENSE - \$2,855

TOTAL = \$90,947 /

Name of the organization

Employer identification number

FALLS CITY COUNTRY CLUB

47-0154658

FORM 990-EZ, PART II, LINE 26: TOTAL LIABILITIES

	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	\$ 19,971 /	\$ 36,110 /
LOANS FROM MEMBERS	53,100 /	47,700 /
DEFERRED REVENUE	29,290 /	24,408 /
NOTES PAYABLE	72,166 /	65,952 /
TOTAL =	\$174,527	\$174,170

FORM 990-EZ, PART III: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE GOLF COURSE AMENITIES AND SOCIAL OPPORTUNITIES TO ALL DUES-PAYING MEMBERS FROM THE FALLS CITY, NEBRASKA AREA.