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# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Α	For t	he 2014 calendar year, or tax year beginning , 2014, and ending		ı	
В	Check	of applicable s change	D Employer Identification number		
H	Name	LCAUADA CANDO TNO	41-1483503		
Ħ	Initial r	eturo C/O STEVEN GILBRAITH	Telephone number		
Ħ		465 265TH AVE NE	763-	444-6491	
Ħ				Exemption	
	Applica	stion pending P	Numbe		
G	Acco			e organization is not	
1	Webs			h Schedule B	
J	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) ( 5 ) ◄(Insert no.) 4947(a)(1) or 527 (Form 99)	0, 990-l	EZ, or 990-PF).	
		of organization: Corporation Trust Association Other			
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ital ▶ ¢	. 02 004	
_	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru			
Га	ILI	Check if the organization used Schedule O to respond to any question in this Part I		. X	
	1	Contributions, gifts, grants, and similar amounts received	. 1	1,849.	
	2	Program service revenue including government fees and contracts	. 2		
	3	Membership dues and assessments	3	500.	
	4	Investment income	. 4		
	5a	Gross amount from sale of assets other than inventory			
		Less: cost or other basis and sales expenses 5 b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
	6	Gaming and fundraising events			
<b>.</b>	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
V E	b	Gross income from fundraising events (not including \$ of contributions			
NUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	5.		
=	С	Less direct expenses from gaming and fundraising events 6c 65, 632	2.		
T., '11		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6 d	15,113.	
•	7 a	Gross sales of inventory, less returns and allowances	_		
<b>,</b>	b	Less: cost of goods sold			
5	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from Inc. 7a)  Other revenue (describe in Schedule O)	<u>7</u> c		
	8	Other revenue (describe in Schedule O)	. 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>&gt;</b> 9	17,462.	
	10	Grants and similar amounts paid (list in Schedule O) MAY 1 4 2015	. 10	6,000.	
	11	Benefits paid to or for members	11		
E	12	Salaries, other compensation, and employee benefits	. 12		
XPEZSES	13	Professional fees and other payments to independent contractors OGDEN, UT	. 13	249.	
Ñ S	14	Occupancy, rent, utilities, and maintenance	14		
Ě	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe in Schedule O) See Schedule O	16	7,661.	
	17	Total expenses. Add lines 10 through 16	▶ 17	13,910.	
Λ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,552.	
ASSET'S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year (gure reported on prior year's return)	ar <b>19</b>	33,597.	
'T S	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	37,149.	
	A Foi	Paperwork Reduction Act Notice, see the separate instructions.	-	Form <b>990-EZ</b> (2014)	

Pai	Till Balance Sheets (see the instance Check if the organization used Sche	ructions for Part II)	estion in this Part II	i .		
	C C C C C C C C C C C C C C C C C C C	7_1		(A) Beginning of ye	ar	(B) End of year
	Cash, savings, and investments			33,597	. 22	37,149.
423	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			33,597	. 25	37,149.
26	Total liabilities (describe in Schedule O)			(		0.
27	Net assets or fund balances (line 27 of			33,597	. 27	37,149.
Pai	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	 		Expenses
What	Check if the organization used Sc is the organization's primary exempt purpose? See		question in this Part			uired for section 501 and 501(c)(4)
Desc	is the organization's program service a	ccomplishments for each of	ts three largest pro	oram services, as		nizations; optional
mea	oribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service	ces provided, the nu	imber of persons		hers.)
28	GRANTS TO A VARIETY OF LO	CAL NON-PROFIT ORG	WINT TWITONS -		{	
			<b></b> -		1 1	
	(Grants \$ 6,000.) If th	is amount includes foreign g	rants, check here.	:::::-⊁⊓	28 a	6,000.
29	(Crains \$ 0,000.7 it it	io dilitoria included for origin g			1	
					1	
					1	
	(Grants \$ ) If th	is amount includes foreign g.	rants, check here	· · · · · · · · · · · · · · · · · · ·	29 a	
30	<u> </u>		···			
					]	
					]	
	, ,	is amount includes foreign g	rants, check here .	<u> ▶   </u>	30 a	···
31	Other program services (describe in Sch				_	
		is amount includes foreign g			31 a	
32					32	6,000.
Par	t IV List of Officers, Directors,					nstructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o				
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	contributions to emp	loyee	(e) Estimated amount of other compensation
		position	`(If not paid, enter -0-	compensation	ieneu	other compensation
GAI	RY FLORKE					
	esident	0		0.	0.	0.
JO:	CE SCALEZE					_
	ce President	0		0.	0.	0.
TEI	ESA BERHOW					
	cretary	0		0.	0.	0.
	EVEN GILBRAITH	,			0.	0.
Tre	easurer	<u> </u>		0.	٠.	0.
			-			
		<del></del>	ļ <del></del>			
7						
BAA		TEEA0812L C	J )5/28/14			Form <b>990-EZ</b> (2014)
DAA		122,00122				. UIIII UUU == (2017)

	JULY (2017) DAIRING SINDS THE	<u> </u>	•	-90 0
Par	t 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			
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
<del>-5</del> 4	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	İ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		L
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	amount involved			
	Section 501(c)(7) organizations Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  N/A  section 4911 N/A; section 4912 N/A; section 4955 N/A			
h	section 4911 N/A; section 4912 N/A; section 4955 N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40.		
_	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L	40 b		<del> </del>
C	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40		x
	List the states with which a copy of this return is filed None	40 e		
	NOTE			
42 a	The organization's		401	
	books are in care of ► <u>STEVEN_GILBRAITH</u> Located at ► 465 265TH AVE NE ISANTI MN  Telephone no. ► 763-4 ZIP + 4 ► 55040	44-6	491_	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
0	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:▶			
			- 1	ı
	Out to the Control of the Control of Control		1	Ì
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		Х
·	If 'Yes,' enter the name of the foreign country:	720	1	<del></del>
	Too, onto the hand of the folding found in			
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	• • • •	► 📙	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
44.5	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	Γ :	Yes	No
<del>44</del> a	of Form 990-EZ	44 a		x
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	AAL		.,
-	Instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?	44 b		X
-	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		<del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 ь		Х
	TEFA09131 05/39/14	000	\ <u></u>	2014

Accordance of the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to accidedates for public office? If Yes, complete Schedule C, Part I   Section 501(c/)30 organizations only All section 501(c/)30 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 V   Section 501(c) (a) organizations with the organization used schedule O to respond to any question in the Part V   Section 501(c) (a) organization as exclusives or have a section 501(t) election in effect during the tax year? If Yes, organization as school as described in section 170(b)(1)(d)(0)? If Yes, complete Schedule E   48 bit organization as school as described in section 170(b)(1)(d)(0)? If Yes, complete Schedule E   48 bit organization as school as described in section 170(b)(1)(d)(0)? If Yes, complete Schedule E   48 bit organization as school as described in section 170(b)(1)(d)(0)? If Yes, complete Schedule E   48 bit organization as school as described in section 170(b)(1)(d)(0)? If Yes, complete Schedule E   48 bit organization as each or school as school as described in section 170(b)(d)(d)(0)? If Yes, complete Schedule E   48 bit organization as each or school as a school as a school as described organization. If there is no inception to organization as organization from the organization from the organization organization. If there is no inception to organization as organization organization from the organization organization organization organization as organization organization. If there is no inception to organization as organization organi	Form <b>990</b> -	EZ (2014) SAHARA SANDS INC			41-1483	3503		age 4
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  The organization one of the properties of the organization asked schedule O to respond to any question in effect during the tax year? If Yes, is not complete Schedule C, Part II  The organization one of the organization of the properties of the organization asked sets described in section 170(b)(1)(A)(b)(b)? If Yes, complete Schedule E	46 Did t	the organization engage, directly or indire	ctly, in political campa	ign activities on behalf o	of or in opposition to	46	Yes	
Vest   No complete Schedule C, Part III.   Vest   Ves		Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	only ons must answer q	uestions 47-49b an	•	the table		
47  48 Is the organization engage in lobbying activities or have a section 501(t) (A)(iii)? If "Yes," complete Schedulic E. M. 48  48 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedulic E. M. 48  48 Is a Did the organization as each any transfers to on exempt non-charitable related organization?		Check if the organization used Schedul	le O to respond to any	question in this Part VI				· L
49 a bit **Yes,* was the related organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization is section 527 organization?  50 Complete this table for the organization is the 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 paid over \$100,000  Complete this table for the organization if five highest compensated in the organization of the organization if the organization is the organization of the organization in the organization is the organization of the organization in the organization organization in the organization i						47	res	NO
b If Yes, was the related organization a section 527 organization?  50 Complete this table for the organization show the physes 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.  (in) Name and title of each employee  (in) Name and title of each employee paid over \$100,000  Complete this table for the organization is five highest compensated empendent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None.  (in) Name and business address of each independent contractor  (in) Name and business address of each independent contractor  (in) Name and business address of each independent contractor  (in) Name and business address of each independent contractor  (in) Name and business address of each independent contractor  (in) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization if there is none, enter None.  (in) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization of the residence of each independent contractor who each received more than \$100,000 of compensation from the organization of the residence of each independent contractor who each received more than \$100,000 of compensation from the organization of the residence of each independent contractor who have each received more than \$100,000 of compensation from the organization of the residence of each received more than \$100,000 of compensation of ea	<b>48</b> is the	e organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		
So Complete this table for the organization's five highest compensated employees (other than officers, directors, which is somewhat the property of the organization of the reserved 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 prived directed to pend to pend to the organization of the pend to the pend t		- · · · · · · · · · · · · · · · · · · ·	**					
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None, '  (a) Name and 166 of each employee		_	_					
(a) Name and title of each employee	50 Comp	olete this table for the organization's five high	nest compensated emplo 00 of compensation from	yees (other than officers,	directors, trustees and key	i.		
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of			(b) Average hours per week devoted	T	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated other comp	d amoun	it of
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of			-					
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of							·	
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of								
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of							_	
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  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A  3 Did the organization of the property of the service of the service of period, if the service of period, if the service of the service of period, if the service of							-	
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.  Under penalties of perupy, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is structure, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Signature Profiter  Signature Profiter  STEVEN GILBRAITH  Treasurer  Treasurer  Preparer's signature  Date  Print's per print name and title  Preparer's signature  Treasurer  Date  Oate  Signature Profiter  Firm's address P  Firm's add	Comp	plete this table for the organization's five high	nest compensated indepe	endent contractors who ea	ach received more than \$10	0,000 of		_
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensation	1
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A								
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A								
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A								
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	~							
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A						<del>-</del>		
Sign Here    Signature brofficer   Date	52 Did the comp	he organization complete Schedule A? <b>No</b> pleted Schedule A	ote. All section 501(c)(	3) organizations must a	<u> </u>			]No
Sign Here    Signature brofficer   Date	Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than officer	including accompanying scheor) is based on all information of	dules and statements, and to the f which preparer has any knowle	e best of my knowledge and belief edge	, it is		
Paid Preparer Use Only  STEVEN GILBRAITH  Treasurer  Preparer's signature  James Jensen  James Jensen  Firm's name FTM Tax & Accounting  Firm's address FTM Tax & Ave Nw  Isanti, MN 55040  Treasurer  Check X if PTIN POINT P		Jevi Gilbaith						
Paid Preparer   James Jensen   James Jensen   5/07/15   Self-employed   P00165189	Sign Here	STEVEN GILBRAITH						
Paid Preparer Use Only         James Jensen         James Jensen         5/07/15         self-employed         P00165189           Firm's name ► FTM Tax & Accounting         Firm's address ► 3525 253rd Ave Nw         Firm's EIN ► 41-1413424           Isanti, MN 55040         Phone no (763) 444-4856			Preparer's signature	Date	C XI PTIN	<b>1</b>		
Preparer Lise Only         Firm's address ►         FTM Tax & Accounting         Firm's EIN         Firm's EIN         41-1413424           Isanti, MN 55040         Phone no (763) 444-4856	Paid	James Jensen	James Jensen	5/07/1	.5 Check Land if self-employed P0	016518	9	
See Only   Firm's address ► 3525 253rd Ave Nw   Firm's EIN ► 41-1413424								
	Lise Only							
	- 15	· <del>'·· · · · · · · · · · · · · · · · · · </del>		untin no				

Form **990-EZ** (2014)

#### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, June 6a.

OMB No 1545-0047

Open to Public

Inspection

artment of the Treasury ernal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization SAHARA SANDS INC Employer Identification number C/O STEVEN GILBRAITH 41-1483503 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ь Phone solicitations Special fundraising events c g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

41	1-1	1	Ω1	२5	n	12	

		more than \$15,000 of fundraising List events with gross receipts gre	event contribution: eater than \$5,000.	s and gross income	e on Form 990-EZ,	lines 1 and 6b.
RE			(a) Event #1  SPRING CLASSIC (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	80,745.	· · · · · · · · · · · · · · · · · · ·		80,745.
Ĕ	2	Less: Contributions			<u> </u>	
	3	Gross income (line 1 minus line 2)	80,745.			80,745.
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages	·			
EXPERSES	8	Entertainment	<del>-</del>			
N S	9	Other direct expenses	65,632.		· ·	65,632.
Š	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				65,632. 15,113.
Par		Gaming. Complete if the organiza				
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming
REY			(a) Billigo	bingo/progressive bingo	(c) Other garming	(add column (a) through column (c))
Ŭ E	_1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				<del></del>
C S T E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d) .		, ▶	
	8	Net gaming income summary. Subtract lii	ne 7 from line 1, colum	n (d)		
	ls th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:		ese states?		Yes No
		e any of the organization's gaming license es,' explain:		or terminated during the		· Yes No
BAA			TEEA3702L 0	9/16/14	Schedule <b>G</b> (Form	990 or 990-EZ) 2014

Sche	edule G (Form 990 or 990-EZ) 2014 SAHARA SANDS INC	41-1483503	Page 3
11	Does the organization operate gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	🔲 Yes	 ∏ No
		1 (	
	Indicate the percentage of gaming activity conducted in:		0.
	a The organization's facility		<del></del> %
	an outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name •		
	Address ►		
t	Does the organization have a contact with a third party from whom the organization receives gaming revenue of f 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$	L	No
	Name •		
	Address ►		
16	Gaming manager information:		
	Name ►		<b></b> -
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		∏No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	LJ
	organization's own exempt activities during the tax year 🕨 \$		
Par	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide ar information (see instructions).	olumns (III) and ( ny additional	v),

#### **SCHEDULE 0** (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.lrs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

ertment of the Treasury nat Revenue Service

Name of the organization SAHARA SANDS INC C/O STEVEN GILBRAITH

Employer identification number 41-1483503

#### Form 990-EZ, Part I, Line 16 Other Expenses

CLUB FUNCTIONS	\$	4,940.
DELEGATE EXP		750. 572.
REGION 10 DUES		1,290.
SHOW EQUIPMENT		109.
Total	<u>\$</u>	7,661.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

FUNDRAISING TO PROVIDE GRANTS TO VARIOUS LOCAL NON-PROFIT ORGANIZATIONS