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## Form **990**

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2014 calend	dar year, or tax year begin	ning 7/01	, 2014, and endir	ig 6/			2015
В	Check if a	pplicable	С				D Employ	er identifi	ication number
	Addre	ess change	RIO SALADO SPORT		C.		23-	72287	45
	Name	e change	3960 N. USERY PA	SS ROAD			E Telepho	ne numbe	er
	Initial	return	MESA, AZ 85207				480	-984-	·9610
	Final re	eturn/terminated							
	Amer	nded return					G Gross re	eceipts \$	2,113,641.
	$\vdash$	cation pending	F Name and address of principa	l officer		H(a) Is this	a group retur		
	☐, .₽₽	oation ponang	SAME AS C ABOVE			H(b) Are al	subordinates attach a list	included:	
<del></del>	Tay-eye	empt status		1 ) (insert no)	4947(a)(1) or 527	If 'No,	attach a list	(see instr	ructions)
<u>;</u>	Webs	<del></del>	OSALADOSPORTSMANS	•	1017(0)(1) 01 027	H(a) Group	exemption nu	ımber 🛌	
K		organization:	X Corporation Trust	Association Other	L Year of forma		<del></del>		gal domicile AZ
			_ <del></del>	ASSOCIATION Other	L Tear or forma	195	5  m3	state of leg	gar domicile AZ
Po	irii j	Summar	<b>y</b> be the organization's missi	ion or most significant	activities: CAEETV A	MD TMC	ייים זוכייד	ONTA T	DDOCDAMS FOD
			AND SHOOTING SPOR						
92		CTIVITI		ZIO. LEGATOTIA	2 LWCITTITES LO	<u> </u>	TIME WI	קה הד	UEV VETVIED
nan	-≏	701171	E2						
Activities & Governance	2 5	heck this bo	ox ► ☐ if the organization	n discontinued its oper	ations or disposed of m	ore than 2	25% of its	net ass	ets.
පි			oting members of the gover					3 1	6
∾্			dependent voting members					4	6
ties			of individuals employed in					5	32
≅	<b>6</b> To	otal number	of volunteers (estimate if	necessary)				6	412
Ą	7a To	otal unrelate	ed business revenue from	Part VIII, column (C), I	ine 12	*	•	7a	5,622.
	b N	et unrelated	d business taxable income	from Form 990-T, line	3	··· · ··		7b	4,622.
Revenue 4013			r of volunteers (estimate if ed business revenue from d business taxable income s and grants (Part VIII, line	/2 /	CEIVE	F	Prior Year		Current Year
70	8 C	ontributions	s and grants (Part VIII, line vice revenue (Part VIII, line	1h) /&/ ,	VED -	,	23,7		61,274.
ᅺ	<b>9</b> Pi	rogram serv	vice revenue (Part VIII, line	2g)///	and 11e)		994,0		1,228,449.
> <u>ĕ</u>			ncome (Part VIII, column (/		2015 / 65/			194.	513.
. "			e (Part VIII, column (A), lii				194,0		297,732.
<u>'—</u>			e – add lines 8 through 11			•	1,212,4	107.	1,587,968.
	1		ımılar amounts paid (Part I		(3)	• ——			
	1	· ·	I to or for members (Part I)						
Ø	<b>15</b> S		er compensation, employe				466,0	81.	488,847.
nse	<b>16a</b> Pi	rofessional	fundraising fees (Part IX, o	column (A), line 11e).					
Expenses	b To	otal fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►					٠. ﴿
Ш	17 0	ther expens	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			799,3	378.	672,165.
	1		es. Add lines 13-17 (must			<u> </u>	1,265,4		1,161,012.
	19 R		s expenses. Subtract line 1			` <del>                                    </del>	-53,0		426,956.
8	10 //					Reginni	ng of Currer		End of Year
eets alan	20 To	otal assets	(Part X, line 16)			-	1,313,4		1,740,446.
A P	21 To		ès (Part X, line 26)			. —	-, 5-5, -	86.	86.
Net Assets or Fund Balances	22 N		r fund balances. Subtract li				1 212 /		
				inc 21 nom inc 20		•   •	1,313,4	104.	1,740,360.
		Signatur							
com	er penalties plete Decla	s of perjury, I de aration of prepa	eclare that I have examined this reti arer (other than officer) is based on	urn, including accompanying s all information of which prepai	chedules and statements, and to rer has any knowledge	the best of r	ny knowledge	and belie	ef, it is true, correct, and
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US	e Only	Firm's addre		S DRIVE		<del></del>	Firm's EIN		0426474
				AZ 85251			Phone no	480	946-0505
_			ns return with the preparer				•		X Yes No
BA	A For P	aperwork F	Reduction Act Notice, see	the separate instructio	ns. TE	EA0113L 05	/28/14		Form <b>990</b> (2014)

	1990 (2014), RIO SALADO SPORTSMANS CLUB, INC.	23-1	22874	5		age Z
Par	·					
	Check if Schedule O contains a response or note to any line in this Part III	• • •	••	,	•••	<u>··_ L_l</u>
1	Briefly describe the organization's mission:					
	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS	<u> </u>	ONIDI	NG_		. <del>_</del>
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.	- <del>-</del>				. <i></i>
						. <b>_</b>
2	Did the organization undertake any significant program services during the year which were not listed on the prior				_	
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ıces?.		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	es, as r to othe	neasure rs, the	ed by e total e	expen xpens	ses. ies,
4 a	a (Code: ) (Expenses \$ 1,158,675. including grants of \$ ) (Re	venue	\$			)
	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS			NG		
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.		<u></u>	<u></u> _		· – – –
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4 0	c (Code:) (Expenses \$) (Re	venue	\$			)
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		- <b></b> -				<b>_</b>
			. <b></b> .		<b>-</b>	
_						
40	d Other program services. (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue \$				)	
46	e Total program service expenses ► 1,158,675.				<del>-</del>	
	<u> </u>					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
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	4		أسسية
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	x	
	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	11 b		х
	c 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	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	-	X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ <u>.</u>	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	${f b}$ If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u></u>	

Part IV Checklist of Required Schedules (continued) Yes No 21 X X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . . . 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . . . . . . 25a Х **b** is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Schedule L, Part I . 25b X and the second of the second o Х 26 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV ... X 28a **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete* Х 28b 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. . . . . . . . . X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х X 33 X X 35a 35b 36 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? BAA Form 990 (2014)

	228745	F	Page <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance			_
Check if Schedule O contains a response or note to any line in this Part V		• • • • • •	$\perp \perp \perp$
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. 6		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			and the second
(gambling) winnings to prize winners?	1	c X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		}	\$
ments, filed for the calendar year ending with or within the year covered by this return 2a	32	a	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	ьХ	l
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3	b X	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<del> </del>
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a	X
b If 'Yes,' enter the name of the foreign country: ►			1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		İ	1450
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5		<u> </u>
		<u> </u>	<del>                                     </del>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.	5	<u>c                                     </u>	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?	tion [ _	1	v
	· · · · · <u>6</u>	a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		.	
not tax deductible?	<u>6</u>	b	<u></u>
7 Organizations that may receive deductible contributions under section 170(c).			1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?	7	a	l
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	· · ·   7	С	<u> </u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year			المعمد و
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	е	<u></u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7	g	<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7	h	<u></u> .
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	- dimen	~-	
organization have excess business holdings at any time during the year?	8		<u> </u>
9 Sponsoring organizations maintaining donor advised funds.	***************************************		ļi
a Did the sponsoring organization make any taxable distributions under section 4966?	9	a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a		1	}
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		<i>"</i> ]	
11 Section 501(c)(12) organizations. Enter:		,	
a Gross income from members or shareholders		1.	1
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources		1	1 1
against amounts due or received from them.)	ļ, \	.	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12		<del> </del> ;
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<del></del>		1 :
a is the organization licensed to issue qualified health plans in more than one state?			1
·	13	a)	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	——		
c Enter the amount of reserves on hand		~	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q.</i>	14		(001.1
<b>BAA</b> TEEA0105L 05/28/14	For	m <b>990</b>	(2014)

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 6 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** Enter the number of voting members included in line 1a, above, who are independent 1 b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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? . . . Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.. ... .. .. .. .. .. .. .. .. ... 4 Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? .. .. .. .. .. 8a **b** Each committee with authority to act on behalf of the governing body?..... 8 h X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O ... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . . X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 X 13 Did the organization have a written whistleblower policy? ...... 13 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official ... 15 a X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?........... Х 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: TAXPAYER ABOVE ADDRESS

Form 990 (2014) RIO SALADO SPORTSMANS CLUB, INC.	23-7228745	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		📙
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ions), regardless of amount of	
• List all of the organization's <b>current</b> key employees, if any. See instructions for definition of 'key		

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

or out and box in relation the organization for any relati				(C)						
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)				eck more ss person and a ee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
O) JOHN_BRAKEMAN EXECUTIVE OFFIC	- 8 -							0.	0.	}
(2) DEBBIE KEEHART	8				<del> </del>		┪	0.	<u> </u>	0.
CHIEF INST.	0				ĺ			0.	0.	0.
(3) SUE LITTLE	8									
PRESIDENT	0	X		X	ļ		_	0.	0.	0.
(4) TERRY ABBOTT SECRETARY	8	X		X	ļ	ĺ		0.	0.	_
(5) ED ROBERTS	8	^		Λ			$\dashv$	0.	<u> </u>	0.
TREASURER		X		Х	ļ			0.	0.	0.
(6) JEFF KELLY	8						_			
VICE PRESIDENT	0	X	_	X				0.	0.	0.
		ł					ı			
(8)		-		-	-					
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Form 990 (2014)

Average hours per la control to the composition from the composition fro	Part VII   Section A. Officers, Directors, Tru		Key	En			es, a	and	d Highest Con	pensated Emp	loyees (continued)
Test and table a		(B)			•	•				4=1	
(15)  (15)  (16)  (17)  (19)  (20)  (21)  (23)  (24)  (25)  (35)  (35)  (35)  (35)  (36)  (37)  (38)  (39)  (40)  (50)		hours	box, unless person is both an					n an		Reportable	1
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Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization stax year.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to those listed above) who received more than \$100,000 of compensation from the organization to the orga	4 For any individual listed on line 1a, is the sum o	f reportab	le co	mpe	ensa	ation	and	oth	ner compensation	from	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	such individual	er man p				res 	com	piet	te Schedule J for		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	5 Did any person listed on line 1a receive or accru	ie comper	nsat <u>i</u> c	on fr	om	any	unre	late	ed organization or	ındıvıdual	ex specialism against As approximate and
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		s,' comple	ete S	ched	dule	J fo	r suc	ch p	person		5 X
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \( \bigcircle{\chi} \) 0	1 Complete this table for your five highest comper	sated ind	epen	iden	t co	ntra	ctors	tha	at received more t	han \$100,000 of	<del></del>
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0			the c	aler	idar	year	endi	ng v			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	( <b>A)</b> Name and business add	iress							Description	) of services	(C) Compensation
\$100,000 of compensation from the organization > 0									2 230.154.011		
\$100,000 of compensation from the organization > 0					_				<del> </del>		
\$100,000 of compensation from the organization > 0					_				<del> </del>		
\$100,000 of compensation from the organization > 0											
\$100,000 of compensation from the organization > 0											
	•		ited t	o th	ose	liste	d abo	ve)	who received more	than	
		<u>`</u> _	TEEA	01001	027	00/15			<del></del>		Form 990 (2014)

		Check if Schedule O contains a response or	note to any	y line in this Part V	III		🔲
, *			***	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
					revenue	TCVCHGC	512-514
nts nts	1 a	Federated campaigns 1a		` *	, , ,	· ·	
irai	b	Membership dues 1b		,	``		‡ }
s, G		Fundraising events 1c			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, .3	
Gift lar		Related organizations 1d		34	<		1
ıs,	е	Government grants (contributions) 1e		*	\$ ·	* ' '	3
Contributions, Gifts, Grants and Other Similar Amounts			51,274.	Ý, X			** 
ontr od C	_	Noncash contributions included in lines 1a-1f' \$		·	\$		` <u>.</u>
a C	h	Total. Add lines 1a-1f		61,274.	×		
nue	_	<del></del>	ess Code	con son in manufacture		on a sometime and the second	
eve		MEMBERSHIP DUES & ASSESSMENTS		745,510.	745,510.		
e B		MATCH_AND_RANGE_FEES		468,009.			
Ŋic		CLASSES/INSTRUCTION		14,930.	14,930.		
Se	d						
ram	e					<u> </u>	
Program Service Revenue		All other program service revenue	<b>&gt;</b>	1 000 110	* *	V *	
_		Total. Add lines 2a-2f		1,228,449.	, <u>A.</u>	` ` ` ` ` ` · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *
	3	Investment income (including dividends, intere other similar amounts)	st and	513.	513.		
	4	Income from investment of tax-exempt bond p			313.		
	5	Royalties	_				
		-	Personal	*		*	,
	6 a	Gross rents 3, 251.		1, 3, 2, 1	, , , * , . *	fee . " " " " " " " " " " " " " " " " " "	, ,
	b	Less: rental expenses		****	.*	, ,	
	С	Rental income or (loss) 3, 251.			·60	* * *	v
	d	Net rental income or (loss)	▶	3,251.		3,251.	nich der de 2000 der dienementer er den eine er er eine de en einer de
	7 a	Gross amount from sales of (i) Securities (ii)	ı) Other		*& A	3 V	
		assets other than inventory		A. S.		· · · · · · · · · · · · · · · · · · ·	
	þ	Less: cost or other basis and sales expenses .	-	. * "			,
	C	Gain or (loss)			* *** * ***	4 45	*
	d	Net gain or (loss)	· · · · · ·				
ø	8a	Gross income from fundraising events		3 1 m	* * * **		` /
Other Revenu		(not including . \$				. ***  }	, ,
946		of contributions reported on line 1c).					
Ř		See Part IV, line 18 a		, ¥	jî (**		, j
je j		Less direct expenses b		Maria and Maria		Amerika wa amakana amaka ka salamana ana salamana.	dronali amanami aran papatiri. bilik 186 da da k
δ		Net income or (loss) from fundraising events	<u>· ··· </u>		7 , 70		
	9 a	Gross income from gaming activities. See Part IV, line 19 a			40"		*
		Less: direct expenses b		11 1 SK	* " " " " " " " " " " " " " " " " " " "		1
	С	Net income or (loss) from gaming activities	. , , >	** ****	makalah amadikilikan perbasa di		Liberaturis accessoration of the control of the con
	10 a	Gross sales of inventory, less returns and allowances		* **	*	* '* '	
		<u></u>	20,154. 25,673.		,,,	, (45° Å	3
		Net income or (loss) from sales of inventory		294,481.	292,110.	2,371.	.x
	<u> </u>		ess Code	234,401.	292,110.	2,311.	
	11 a			i commissione e a magailleannama		No to the man and interest of the second of	
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d	>		,		ì
	12	Total revenue. See instructions	▶	1,587,968.	1,521,072.	5,622.	0.

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a i	nplete all columns. All of response or note to an	ther organizations must cov v line in this Part IX	omplete column (A).	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			(h	
2	Grants and other assistance to domestic individuals See Part IV, line 22			^	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				3
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	452,299.	452,299.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	36,548.	36,548.		
11	Fees for services (non-employees):				
â	Management				
	Legal				
	: Accounting	9,948.	9,948.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17		, , «»	and off of the time	
	Investment management fees	<del></del>			<del> </del>
g	Other, (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0).				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	46,579.	46,579.		
17	Travel	<del></del>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	57.	57.		<u> </u>
21	Payments to affiliates			<del></del>	
22	Depreciation, depletion, and amortization	82,022.	82,022.		<del></del>
23	Insurance	58,658.	58,658.	-	
-	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		* * ** x / ^	!
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)			, ** >> ., * , , , , , , , , , , , , , , , , , ,	) * }
	DIVISION_EXPENSES	315,781.	315,781.	· · _ · _ · _ · _ · _ · _ · _ · _	
	OUTSIDE SERVICES	32,482.	32,482.		
	REPAIR & MAINTENANCE	24,679.	24,679.		
	BANKCARD MERCHANT FEES	24,369.	24,369.		·
	All other expenses	77,590.	75,253.	2,337.	<del></del>
25	Total functional expenses. Add lines 1 through 24e	1,161,012.	1,158,675.	2,337.	<u> </u>
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   Graph of the complete this line only if the column of the company of the company of the company of the column				

Form 990 (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ... (A) Beginning of year End of year 616.647. 206,630 Savings and temporary cash investments .... 287,632. 2 203,160. 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ... 6 7 Assets Inventories for sale or use ..... 8 Prepaid expenses and deferred charges . . . 9 57 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D ......... 10 a 2,130,466 **b** Less<sup>1</sup> accumulated depreciation . . . 10b 10 c 1,209,827. 819,169 920,639. Investments – publicly traded securities . . . . . . 11 11 12 Investments — other securities. See Part IV, line 11. 12 Investments - program-related, See Part IV, line 11... 13 13 Intangible assets .. .. .. .. .. .. .. .. .. 14 14 15 15 2. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 1,313,490. 16 1,740,446 Accounts payable and accrued expenses . . . . . . . 17 17 18 18 Deferred revenue .. .. 19 19 20 20 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . . . 21 22 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons.
Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties....... 23 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 86 86. 26 Total liabilities. Add lines 17 through 25....... 26 86. 86. Organizations that follow SFAS 117 (ASC 958), check here ► and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . ... ... ... 27 28 28 Permanently restricted net assets .. .. .. .. .... 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund ........ 31 32 Retained earnings, endowment, accumulated income, or other funds ...... 1,740,360. 1,313,404. 32 33 33 1,740,360. 1,313,404. 34 1,313,490. 1,740,446. BAA

		<u>23-7</u>	<u> 228745</u>		Pa	age 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				• • •	$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	T	1	1,5	87,9	968.
2	Total expenses (must equal Part IX, column (A), line 25)	[	2	1,1	61,0	012.
3	Revenue less expenses. Subtract line 2 from line 1	[	3	4	26,	956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4	1,3	13,4	104.
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities	[	6			
7	Investment expenses	. [	7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1	10	1 7	40	200
Da	rt XII Financial Statements and Reporting	•	10	1,/	40,	<u> 360.</u>
Га						_
	Check if Schedule O contains a response or note to any line in this Part XII		·· <u>··</u>	••	<u></u>	لملن
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			<b>l</b> , i		,
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	AE > 10000PC 20	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	viewed	on a	*	art line - rosa ar	
	were the organization's financial statements audited by an independent accountant?			2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	eparate	Э	âmma		, ,
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c		1
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?			3 a		Х
	o if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	<u></u> .	3 b		
BAA				Form	990	(2014)

# SCHEDULE D. (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	RIO SALADO SPORTSMANS CLUB	, INC.		23-7228745
Par	t   Organizations Maintaining Dono	or Advised Funds or Ot	her Similar Funds o	
	Complete if the organization answ	(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	Tulius	(b) I dilas and other accounts
2	Aggregate value of contributions to (during year)		-	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	·		
	impermissible private benefit?		······································	Yes No
Par	Complete if the organization ans			
1	Purpose(s) of conservation easements held by	y the organization (check all	that apply).	
	Preservation of land for public use (e.g., r	ecreation or education)		storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	neld a qualified conservation co	entribution in the form of a	conservation easement on the
	last day of the tax year.		<u> </u>	Held at the End of the Tax Year
,	Total number of conservation easements .		<u> </u>	2a
-	Total acreage restricted by conservation ease	ments		2 b
	Number of conservation easements on a certi			2 c
	Number of conservation easements included i		``'	
	structure listed in the National Register  Number of conservation easements modified, train			2 d
	tax year ►	•	i, or terminated by the org	anization during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re and enforcement of the conservation easement	nts it holds?		
6	Staff and volunteer hours devoted to monitoring,		_	·
7	Amount of expenses incurred in monitoring, insperience \$	ecting, and enforcing conservat	ion easements during the	year
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the		170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financia	revenue and expense sta Il statements that describ	tement, and balance sheet, and bes the organization's accounting for
Par	till Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica	I Treasures, or Oth	er Similar Assets.
1 8	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, educat	ion, or research in furthera	tatement and balance sheet works of ance of public service, provide,
ŀ	o If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:			·
	(i) Revenue included in Form 990, Part VIII,	line 1		
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, I amounts required to be reported under SFAS	historical treasures, or other sin 116 (ASC 958) relating to th	nilar assets for financial ga	ain, provide the following
	a Revenue included in Form 990, Part VIII, line			
1	Assets included in Form 990. Part X			▶\$

Schedule D (Form 990) 2014 RIO S					easures, or	23-7228 Other Similar Asse		Page <b>2</b> nued)
3 Using the organization's acquisition			<del></del>					<del></del>
items (check all that apply).  a Public exhibition			d  Loan	or exchar	nge programs			
b Scholarly research			e Other		.go programo			
c Preservation for future gener	ations		- Ц			<del></del>		
4 Provide a description of the organiz Part XIII.		ons and	explain how they	/ further th	ne organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive	donations of ar	t, historic	al treasures, o	r other similar assets	Yes	∏No
Part IV Escrow and Custodia	Arrangen	ents.	Complete if t	he orga	anization and	swered 'Yes' to For		
line 9, or reported an	amount on	Form	990, Part X,	line 21.				
1 a Is the organization an agent, trus	stee, custodia	n, or oth	ner intermediary	for contr	ributions or oth	er assets not included r		
on Form 990, Part X? b If 'Yes,' explain the arrangement						[	Yes	∐No
<b>y</b> ii res, explain the arrangement	IIII all Alli c	ina com	siete the followi	ing table.		<del></del>	Amount	
c Beginning balance						1 c	11100110	
d Additions during the year						1d		
e Distributions during the year								
f Ending balance						1f		
2a Did the organization include an a						account liability? .	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the explar	nation has	s been provide	d in Part XIII		П
				-				
Part V Endowment Funds. C	omplete if	the or	ganization ar	nswered	'Yes' to Fo	rm 990, Part IV, lin	e 10.	
	(a) Current	year	(b) Prior yea	<u>r (</u>	c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance							<u> </u>	
<b>b</b> Contributions							<u> </u>	
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentag		nt year	end balance (lır	ne 1g, col	umn (a)) held	as:		
a Board designated or quasi-endowm			%					
<b>b</b> Permanent endowment	<del></del> %		0					
c Temporarily restricted endowmer		<del></del>	- % 					
The percentages in lines 2a, 2b,	and 2c shoul	d equal	100%.					
3 a Are there endowment funds not in t	the possession	of the o	rganization that a	are held a	nd administered	for the		
organization by:							Yes	No
<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(i)	
<b>b</b> If 'Yes' to 3a(II), are the related of							3a(ii)	<del></del>
4 Describe in Part XIII the intended							3b	J
Part VI Land, Buildings, and			ation's endowine	ent lunus	<del>·</del>			<del></del>
Complete if the organ			'Yes' to Forn	n 990, F	Part IV, line	11a. See Form 990	), Part X, I	ıne 10.
Description of property		(a) Cost	or other basis vestment)		ost or other is (other)	(c) Accumulated depreciation	(d) Book	value
<b>1a</b> Land						* .		
<b>b</b> Buildings					751,017.	255,726.	49	5,291.
c Leasehold improvements					903,886.	536,707.		7,179.
<b>d</b> Equipment					455,606.	400,849.		4,757.
<b>e</b> Other					19,957.	16,545.		3,412.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual For	m 990, Part X,	column (l	B), line 10c.)	<b>&gt;</b>		0,639.
BAA						Schedu	ule <b>D</b> (Form 99	90) 2014

Schedule **D** (Form 990) 2014

BAA

Part VII Investments — Other Securities.		N/A
		Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(G)		
(H)	<del></del>	
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) .		<i>"</i> "
Part VIII Investments — Program Related.		N/A
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13). Part IX Other Assets.	17 / 7	
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
(a) Desc		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5) (6)	<del> </del>	
(7)		
(8)	<del></del>	
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)	), line 15 )	
Part X* Other Liabilities.		
Complete if the organization answered 'Yes' to Foi		e or 11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	.3%
(1) Federal income taxes	<del>- </del>	
(2) PAYROLL TAXES PAYABLE (3)	8	6.
(4)	<del></del>	
(5)		
(6)		
(7)		
(8)		
(9)		The state of the s
(10)		· No.
(11)		<del>_</del> , ,
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)		6.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot tax positions under FIN 48 (ASC 740). Check here if the text of the footnote had		nancial statements that reports the organization's liability for uncertain

TEEA3303L 08/25/14

Schedule D (Form 990) 2014 RIO SALADO SPORTSMANS CLUB, INC. 23	3-7228745 Page_ <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
<b>d</b> Other (Describe in Part XIII.)	]
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	'
<b>b</b> Prior year adjustments	1 ()
c Other losses	] [
d Other (Describe in Part XIII.)	1
e Add lines 2a through 2d	2 e
<b>3</b> Subtract line <b>2e</b> from line <b>1</b>	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u> </u> ,
b Other (Describe in Part XIII.)	40 y = 1000000 x
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	4c

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) ...

Part XIII Supplemental Information.

BAA

5

#### SCHEDULE O. (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

23-7228745

RIO SALADO SPORTSMANS CLUB, INC.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE GOVERNING BOARD REVIEWS ALL FINANCIAL INFORMATION AND FORM 990 BEFORE FILING.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL INFORMATION IS AVAILABLE BY REQUEST MADE TO THE GOVERNING BOARD

### **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

2014

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

Identifying number

RIO SALADO SPORTSMANS CLUB, INC. 23-7228745 Business or activity to which this form relates FORM 4562 ONLY Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500,000. Total cost of section 179 property placed in service (see instructions) . . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions)..... 2,000,000. Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions (a) Description of property Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 . . . . 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 6,034. Property subject to section 168(f)(1) election . . . 15 4,690. Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 69,650. MACRS deductions for assets placed in service in tax years beginning before 2014.. . If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (c) Basis for depreciation (d) (e) (g) Depreciation Classification of property year placed in service (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property. . . **b** 5-year property..... 25,320. 7 MO 200DB 1.474. c 7-year property . . . . d 10-year property ... e 15-year property. 3,464 15 HY 150DB f 20-year property. g 25-year property . 25 yrs S/L h Residential rental 27.5 yrs MM S/L 27.5 yrs MM S/L property i Nonresidential real MM 39 yrs S/L property MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life . S/L **b** 12-year . 12 yrs S/L **c** 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . 22 82,021. For assets shown above and placed in service during the current year, enter 23 the portion of the basis attributable to section 263A costs .....

used more than 50% in a qualified business use (see instructions)	<u>Part</u>		Property (Inc			ain other	vehicle	es, certa	ain aii	rcraft, ce	rtain co	mputers,	and pro	perty us	ed for	
columns (a) through (c) of Section A, and of Section B, and Section B, and Section C if applicable.  Section A — Depreciation and Other Information (Caution) see the instructions for Invites for passenger automobiles.)  24 a Duy to have enders to support the business/investment us clamed?  (a) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		Note: Fo	r any vehicle for w	hich you are us	ing the sta	ndard mile	eage rate	e or dedu	ictina	lease exp	ense, coi	mplete <b>onl</b>	, 24a, 24b	),		
24a 0s you have endonce to support the business/investment use claimstiff.      Yes   No   24b if Yes, 'is the endonce written?     Yes   No   26b if Yes, 'is the endonce written?     Yes   No   Yes		column:	s (a) through (c)	of Section A,	all of Se	ection B,	and Se	ction C	if app	olicable.					- N	
Column   C	04 - 0	<del></del>	<del></del>													ПМа
Type of roperty did which start by did which start	24 a L		<del>, ' '</del>	<del></del>			·· ·· <u>{</u>		<u>- L  </u>		ii res, is				A res	<u> </u>
25 Special deprecision allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:  6MC TRUCK		Type of property  Oate placed  Business/ Investment		Cost or		Basis for depreciation (business/investment			Recovery		Method/	Dep	Depreciation		Elected section 179	
### Property used more than 50% in a qualified business use:  ### GMC TRUCK   11/24/06   100.0   14,500.   14,500.   5.0   200DB HY    ### Property used 50% or less in a qualified business use:  ### Property used 50% or less in a qualified automobile demonstration use? (See instructions).  ### Property used 50% or less in a qualified automobile demonstration use? (See instructions).  #### Property used 50% or less in a qua				e for qualified				service	durır	g the tax	x year a	nd	<del>                                     </del>		1	
GMC TRUCK   11/24/06   100.0   14,500.   14,500.   5.0   200DB HY    27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   28   0.    20 Total business/investment miles driven or column (h), lines 26 through 28   29   0.    30 Total business/investment miles driven during the year    31 Total interpersonal (invocation miles)   Vehicle 1   Vehicle 2   Vehicle 3   Vehicle 4   Vehicle 5   Vehicle 5    30 Total business/investment miles with year    31 Total interpersonal (invocation miles)    31 Total interpersonal (invocation miles)   Vehicle 5   Vehicle 6   Vehicle 5   Vehicle 6    31 Total interpersonal (invocation miles)    32 Total other personal (invocation miles)    33 Total miles driven during the year    34 Was the vehicle available for personal use    45 Wes the vehicle available for personal use    46 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owners or related person?    35 Wes the vehicle available for personal use    46 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,   Yes   No   Yes							ions)	<del></del>	<u> </u>	<del></del>	<u>···</u>	25			<u> </u>	
27 Property used 50% or less in a qualified business use:  28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1.			<del></del>	<del></del>			14.500.			5 (	) [20	ODB HY	1		<u> </u>	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.	<u> </u>		1=2/=2/ 00		<del>_</del> _	, , , , ,										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.																
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1	27 F	Property used	50% or less in a	a qualified bus	iness use	e.							1		<del></del> -	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			+												-	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1			<del> </del>	<del>   </del>					-				<del> </del>		7	
Section B — Information on Use of Vehicles Complete this section for vehicles used by a sole promoter, partner, or other more than 5% owner; or related person. If you provided vehicles Computing they sear (do not include commuting miles).  Total business/investment miles driven during they ear (do not include commuting miles).  Total commuting miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  As Was the vehicle available for personal use during off-duty hours?.  Total other vehicle available for personal use.  We show the vehicle available for personal use?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing fine so the instructions.  Total other vehicle available for personal use?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  Total other vehicle available for personal use?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  Yes No  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting.  Yes No  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting.  Yes No  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting.  Yes No  Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting.  Pers No  Do you maintain a written policy statement that prohibits	28 /	Add amounts i	n column (h), lu	nes 25 through	h 27. Ente	er here a	nd on I	ine 21,	page	1		. 28		0	<u>.                                    </u>	
Complete this section for vehicles used by a sole proprietor, partner, or other imore than 5% owner, or related person. If you provided vehicles or your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles).  31 Total other personal (noncommuting) miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32.  Yes No Yes Yes Yes Yes Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes No Yes Yes Yes Yes Yes No Yes Yes Yes No Yes Yes Yes Yes No Yes Yes Yes Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	29 /	Add amounts i	n column (ı), lın	e 26. Enter he								<u> </u>		. 29		0.
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during off-duty hours?	24 \	Was the vehic	la available for i	norconal uca	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI   Amortization (a)  Description of costs that begins during your 2014 tax year (see instructions):  42 Amortization of costs that began before your 2014 tax year.  43 Amortization of costs that began before your 2014 tax year.	34	during off-duty	hours?	personar use	L	l l							1	<u> </u>		<u> </u>
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Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?.  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  42 Amortization  (a)  Description of costs  Date amortization  begins  Amortizable amount  Amortizable amount  Section  Amortizable section period or percentage  43 Amortization of costs that begins during your 2014 tax year (see instructions):  43  Amortization of costs that began before your 2014 tax year.												-		j		İ
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37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?.  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Part VI   Amortization  (a)  Description of costs  (b)  Date amortization begins  (c)  Amortizable amount  Section period or period or period or period or percentage  42 Amortization of costs that begins during your 2014 tax year (see instructions):  43 Amortization of costs that began before your 2014 tax year.	Answe	er these questio	ons to determine i	f you meet an	exception	to comple	eting Se	ction Bit	for vel	hicles use	ed by em	ployees w	ho are no	ot more	han	
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Do you treat all use of vehicles by employees as personal use?			•	cy statement	that prohi	bits pers	onal us	e of vel	ncles	, except	commu	ting, by y	our			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Part VI   Amortization											or more	owners.		• •		
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Form 4562 (2014) RIO SALADO SPORTSMANS CLUB, INC.

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