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2015

Open to Public
Inspection

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)

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

Department of the Treasury
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization YUMA MATCHMASTERS INC	D Employer identification number 86-0984938
Number and street (or P O box, if mail is not delivered to street address) P O BOX 7241	Room/suite
City or town, state or province, country, and ZIP or foreign postal code YUMA, AZ 85366	
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► WWW.YUMAMATCHMASTERS.COM**J** Tax-exempt status (check only one) 501(c)(3) 501(c)(4) ► (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other _____**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 43,611**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received 1 528				
2 Program service revenue including government fees and contracts 2				
3 Membership dues and assessments 3 1,613				
4 Investment income 4 45				
5a Gross amount from sale of assets other than inventory 5a				
b Less cost or other basis and sales expenses 5b				
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c				
6 Gaming and fundraising events <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a </td> </tr> <tr> <td style="width: 80%; vertical-align: top;"> b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 41,425 </td> </tr> <tr> <td style="width: 80%; vertical-align: top;"> c Less direct expenses from gaming and fundraising events 6c </td> </tr> <tr> <td style="width: 80%; vertical-align: top;"> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 41,425 </td> </tr> </table>	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 41,425	c Less direct expenses from gaming and fundraising events 6c	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 41,425
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a				
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 41,425				
c Less direct expenses from gaming and fundraising events 6c				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 41,425				
7a Gross sales of inventory, less returns and allowances 7a				
b Less cost of goods sold 7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c				
8 Other revenue (describe in Schedule O) 8				
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 9 43,611				
10 Grants and similar amounts paid (list in Schedule O) 10 8,000				
11 Benefits paid to or for members 11				
12 Salaries, other compensation, and employee benefits 12				
13 Professional fees and other payments to independent contractors 13 396				
14 Occupancy, rent, utilities, and maintenance 14 1,037				
15 Printing, publications, postage, and shipping 15 5,747				
16 Other expenses (describe in Schedule O) 16 43,994				
17 Total expenses. Add lines 10 through 16 ► 17 59,174				
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -15,563				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 86,600				
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 71,037				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 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	No
35a 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)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	No
36 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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a	37a	
b Did the organization file Form 1120-POL for this year? <input type="checkbox"/> 37b	37b	No
38a 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? <input type="checkbox"/> 38a	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 40a , section 4912 <input type="checkbox"/> 40a , section 4955 <input type="checkbox"/> 40a	40a	
b 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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <input type="checkbox"/> 40b	40b	No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 40c	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 40d	40d	
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 <input type="checkbox"/> 40e	40e	No
41 List the states with which a copy of this return is filed <input type="checkbox"/> 41 AZ	41	
42a The organization's books are in care of <input type="checkbox"/> 42a CARMEN DELONG Telephone no <input type="checkbox"/> 42a (928) 345-9246 Located at <input type="checkbox"/> 42a 11342 E 25TH STREET YUMA, AZ ZIP + 4 <input type="checkbox"/> 42a 85365	42a	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/> 42b If "Yes," enter the name of the foreign country <input type="checkbox"/> 42b	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) <input type="checkbox"/> 42c	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? <input type="checkbox"/> 42c If "Yes," enter the name of the foreign country <input type="checkbox"/> 42c	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> 43 and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> 44a	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <input type="checkbox"/> 44b	44b	No
c Did the organization receive any payments for indoor tanning services during the year? <input type="checkbox"/> 44c	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <input type="checkbox"/> 44d	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/> 45a	45a	No
45b 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) <input type="checkbox"/> 45b	45b	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

f Total number of other employees paid over \$100,000 ► _____

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

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

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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

Sign Here	***** Signature of officer CAROLYN DELONG TREASURER Type or print name and title	2016-05-24 Date
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Paid Preparer Use Only	Print/Type preparer's name Rey Chavez	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00065041
	Firm's name ► Reys Tax & Financial Service Inc			Firm's EIN ► 47-2642131	
	Firm's address ► 354 W 24th Street Yuma, AZ 85364			Phone no (928) 314-1040	

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

SCHEDULE E
 (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service
 ►Complete if the organization answered "Yes" on Form 990,
 Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Name of the organization
YUMA MATCHMASTERS INC

Employer identification number

86-0984938

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
1		

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2		
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3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II

3		
----------	--	--

4 Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a		
-----------	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b		
-----------	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c		
-----------	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

4d		
-----------	--	--

If you answered "No" to any of the above, please explain. If you need more space, use Part II

5 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a		
-----------	--	--

b Admissions policies?

5b		
-----------	--	--

c Employment of faculty or administrative staff?

5c		
-----------	--	--

d Scholarships or other financial assistance?

5d		
-----------	--	--

e Educational policies?

5e		
-----------	--	--

f Use of facilities?

5f		
-----------	--	--

g Athletic programs?

5g		
-----------	--	--

h Other extracurricular activities?

5h		
-----------	--	--

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

6a		
-----------	--	--

b Has the organization's right to such aid ever been revoked or suspended?

6b		
-----------	--	--

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

7		
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Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions)

Return Reference	Explanation
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Schedule E (Form 990 or 990-EZ) (2015)

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

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

► 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.Department of the Treasury
Internal Revenue ServiceName of the organization
YUMA MATCHMASTERS INC

Employer identification number

86-0984938

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a 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 Yes No services?

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 MATCH EVENTS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d) ►				
11 Net income summary Subtract line 10 from line 3, column (d) ►				

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct 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

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
YUMA MATCHMASTERS INC**Employer identification number**

86-0984938

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	ACTIVITY BRIGHAM YOUNG UNIVERSITY U GRANTEE MARIN RODGERSON STREET 4733 E COUNTY 15TH STREET CITY, STATE, ZIP YUMA, AZ 85365RELATIONSHIP NONE AMOUNT 2,000ACTIVITY ARIZONA WESTERN COLLEGE GRANTEE GUSTAQVO TRUJILLO JR STREET 540 S AVENUE C CITY, STATE, ZIP YUMA, AZ 85364RELATIONSHIP NONE AMOUNT 2,000ACTIVITY CAL POLY - SAN LUIS OBISPO GRANTEE DAVID NICKERSON STREET PO BOX 187 CITY, STATE, ZIP WELLTON, AZ 85356RELATIONSHIP NONE AMOUNT 2,000ACTIVITY UNIVERSITY OF ARIZONA GRANTEE LIEREN HEFNER STREET PO BOX 1812 CITY, STATE, ZIP SOMERTON, AZ 85350RELATIONSHIP NONE AMOUNT 2,000
Description of other expenses Part I line 16	DESCRIPTION AMOUNTBANQUET EXPENSES 5,239CHARITY MATCH 5,515RANGE EQUIPMENT, REPAIRS AND MA INT 17,514OTHER EXPENSES 587DONATIONS 2,000BANK CHARGES 132IPSC EXPENSES 3,190SASS EXPENSE S 9,817