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Department of the Treasury Internal Revenue Service

Form **990**

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.

OMB No 1545-0047

2015

Open to Public Inspection

Α	For the	2015 calend	dar year, or tax year beginning 7/01 , 2015, and ending	6/30	,	2016
В	Check if	applicable	C	DE	mployer identifi	cation number
	Add	ress change	RIO SALADO SPORTSMANS CLUB, INC.		23-72287	45
	Nan	ne change	3960 N. USERY PASS ROAD	elephone numbe		
	Hindu	al return	MESA, AZ 85207		180-984-	9610
	\vdash	return/terminated		- -	100 304	3010
_	Н-	ended return		ء ما	ross receipts \$	2,027,699.
3	\vdash		F Name and address of principal officer	(a) is this a group	_	
	Шарр	lication pending				□'*° □'*°
<u>≾ځځ</u> ‰≤	Taylo	vomat status	SAME AS C ABOVE 501(c)(3) X 501(c) (Δ	I(b) Are all subord If 'No,' attach	a list (see instr	ructions)
3 <u>6</u>		empt status				
⊇ <u>1ેડ</u>			7	I(c) Group exemp	T	
<u> </u>		of organization	X Corporation Trust Association Other ► L Year of formation	n 1955	IVI State of le	gal domicile AZ
<i>_</i>	art I	Summar	y	- T.1.G.	OTT 0111 T	
T V	1 E	srietly descri	be the organization's mission or most significant activities SAFETY AN	D TNSTRU	CLIONAL	PROGRAMS_FOR_
္ဆိ မွ			AND SHOOTING SPORTS. PROVIDING FACILITIES FOR	SHOOTING	WND OIL	HER RELATED
∰0,5 ⊗ ⊕ Governance	4	ACTIVITI	<u> </u>			
S E	2 0	Check this bo	ox If the organization discontinued its operations or disposed of more	o than 25% of	futc not acco	
Sover Sover			oting members of the governing body (Part VI, line 1a)	e (nam 25 % 0)	3	6
್ರೌ⊶ರ	4 1		dependent voting members of the governing body (Part VI, line 1b)		4	6
Activities	5 1		of individuals employed in calendar year 2015 (Part V, line 2a)		5	31
₹	6 7		of volunteers (estimate if necessary)		6	415
Ş	7a [∏]	Total unrelate	ed business revenue from Part VIII, column (C) நிர்ச 12		7a	7,418.
_	Ь١	Net unrelated	business taxable income from Form 990-T line 34-		7b	6,418.
			1001	Prior \	/ear	Current Year
4.	8 (Contributions	and grants (Part VIII, line 1h). SEP 1 2 2013	6	1,274.	24,402.
Revenue	9 F	Program serv	rice revenue (Part VIII, line 2g)	1,22	8,449.	1,243,304.
€.	10 l	nvestment ır	ncome (Part VIII, column (A), lines 3 4, and 7d)		513.	383.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,732.	302,553.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,58	7,968.	1,570,642.
	13 (Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)			
	1	-	to or for members (Part IX, column (A), line 4)			
'n	15 5	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	48	8,847.	509,470.
Se	16a F	Professional	fundraising fees (Part IX, column (A), line 11e)		1	
Expenses	ЬТ	Total fundrais	sing expenses (Part IX, column (D), line 25) ▶			
Ä	17 (ses (Part IX, column (A), lines 11a-11d, 11f-24e)	67	2,165.	722,906.
	1		es Add lines 13-17 (must equal Part IX, column (A), line 25)		1,012.	1,232,376.
	1	•	s expenses Subtract line 18 from line 12		6,956.	338,266.
8		CVCTIGC 1033	expenses oubtract fine to womaine 12	Beginning of C		End of Year
		Ental accete	(Part X, line 16)			
Assets Baland	21 7		es (Part X, line 26)	1,/4	0,446. 86.	2,078,712. 86.
ě.	i l					
_			fund balances Subtract line 21 from line 20	1,/4	0,360.	2,078,626.
	art II	Signatur				
Und	er penaltie plete Dec	es of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to th in (other than officer) is based on all information of which preparer has any knowledge	e best of my knov	vledge and belie	f, it is true, correct, and
		-, V	Calada Al	<u> </u>	2-10-	7811
٠.		Signati	re di officer	Date C) - 0 -	016
Sign	gn	, ,,,,,,,				
He	i C	Tung or	print name and title			
					11.1-	PTIN
		1 7,77	1 10 10 7/2/	Check	` □"	
Pa			R J. POULSEN CT 1/23/1	self-e	mployed I	201224996
Pr	epare					
US	e Onl	y Firm's addre	7000 - 7111000 - 7111000	Fırm's		0426474
			SCOTTSDALE, AZ 85251	Phone	e no 480	946-0505
Ma	y the IR	RS discuss th	nis return with the preparer shown above? (see instructions)			X Yes No

	990 (2015) RIO SALADO SPORTSMANS CLUB, INC.	23-7	2287	45	F	age 2
Par						
	Check if Schedule O contains a response or note to any line in this Part III					
1	Briefly describe the organization's mission					
	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS.	_ <u>PR</u>	OVID.	<u> </u>		
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.		- 			
	Did the account of adaptic and account account and account and account and account and account and account and account account account and account account account account and account					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		П	V	v	NI.
	If 'Yes,' describe these new services on Schedule O			Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	icas 7		Yes	X	No
3	If 'Yes,' describe these changes on Schedule O		Ш	163	Δ	NO
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 i to othe	measurers, the	ed by e total e	expens xpens	ses es,
4 a	(Code) (Expenses \$ 1,231,611. including grants of \$) (Re	venue	Ś)
74	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS.		· -	ING		'
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.		0110	-740		
	TACIBLIES TON SHOOTING MAD OTHER REBRIED ACTIVITIES.					
4 b	(Code) (Expenses \$ including grants of \$) (Re	venue	\$)
						. – – –
4 c	(Code) (Expenses \$ including grants of \$) (Re	venue	\$		·)
	+					
	*					
4 d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 1,231,611.		_			
BAA	TEEA0102L 10/12/15			Forn	1 990	(2015)

			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		X
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		X
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		<u> </u>
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		X
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŧ	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		<u> </u>
(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		<u> </u>
•	I 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	Х	
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		Х
12 a	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
	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		<u> </u>
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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		X
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		Х
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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		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		X

Form 990 (2015) RIO SALADO SPORTSMANS CLUB, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2015)

Charles School to Constant a research to any local the Red V			П
Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	۸ ۲	ies	NO
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	31		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			\vdash
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3 a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b	+	
4 a 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)?	4 a		х
b If 'Yes,' enter the name of the foreign country ▶		 	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ation 6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	0.5	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?	7a		
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 c	<u> </u>	ļ
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	ļ	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
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]			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			i
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		ļ	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	ļ
a Is the organization licensed to issue qualified health plans in more than one state?	13a	1	<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O	į		
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?	14a	1	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA TEEA0105L 10/12/15		n 990 ((2015)

Form 990 (2015) RIO SALADO SPORTSMANS CLUB, INC. 23-7228745 Page 6 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 Х 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 1 a 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 officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Χ 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 h Х 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 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? a The organization's CEO, Executive Director, or top management official X 15 a **b** Other officers or key employees of the organization 15b Х 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? 16 a Х 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 Another's website X Upon request Other (explain in Schedule O) Own website 19 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

20

State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2015)	RTO	SALADO	SPORTSMANS	CLUB.	INC.

23-7228745

age 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Compensated Employees

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

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

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

				(C))					
(A) Name and Title	(B) Average hours per	thar Is	one both dire	box, an c ector	unles officer trust/		son	(D) Reportable compensation from	(E) Reportable compensation from	(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	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TERRY ABBOTT	8									
PRESIDENT	0	X		X				0.	0.	0.
(2) ED ROBERTS	8_						ŀ			
VICE PRESIDENT	0	X		X		<u> </u>		0.	0.	0.
(3) BRUCE BILTON	8									
SECRETARY	0	X		X				0.	0.	0.
(4) JEFF KELLY	8									
TREASURER	0	X		X				0.	0.	0.
(5) JOHN BRAKEMAN	8									
PRESIDENT	0	X	Ш	Х				0.	0.	0.
(6) DEBBIE_KEEHART	8									
CHIEF INST.	0	Х		Х				0.	0.	0.
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

	(B)	T		<u> </u>	(2)					
(A) Name and title	Average hours per week	offic	, unle cer ar	theck ess pe nd a c	erson dıreçt	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	relatéd organizations (W-2/1099 MISC)	from the organization and related organizations
(15)										
(16)										
(17)		-								
(18)		-			-					
(19)		-								
(20)		-								
(21)		-								
(22)										
(23)										
(24)									-	
(25)										
1 b Sub-total					•		>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ▶ 0	I to those I	ısted	abov	ve) v	who	recei	ved	0 . more than \$100,00	0. 0 of reportable com	O . pensation
	.	-1	1		1		1-			Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	h ındıvıdu	al								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportabler than \$1	le coi 50,00	mpe 00?	nsa If '\	tion 'es'	and com _i	oth plet	er compensation f e Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen s,' comple	satio te Sc	n fro	om a lule	any <i>J fo</i>	unre r suc	late :h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization Report compensation (A) Name and business add		tne c	alen	gar <u>:</u>	year	enai	ng v	Description of		(C) Compensation
-										
2 Total number of independent contractors (including	out not lim	ited to	o thr	ose I	lister	d aho	ve)	who received more	than -:	
\$100,000 of compensation from the organization	▶ 0	TEFAC					,		7/4	Form 990 (2015

	Check if Schedule O contains a response or note to any	_line in this Part VI	II		
-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b				
جَ جَ	c Fundraising events 1c				
Ţş,	d Related organizations 1 d				
<u>ਭੂ</u> ਦੱ					
ns,	e Government grants (contributions) 1 e				
ëë	f All other contributions, gifts, grants, and similar amounts not included above 1 f 24.402	ľ			
幸	similar amounts not included above 1f 24, 402.				
들으	g Noncash contributions included in lines 1a-1f \$				
a So	h Total. Add lines 1a-1f	24,402.			
Je	Business Code			1	
듄	2a MEMBERSHIP DUES & ASSESSMENTS	745,832.	745,832.	_	
ě	b MATCH AND RANGE FEES	480,179.	480,179.		
ë					
Program Service Revenue	C CLASSES/INSTRUCTION	17,293.	17,293.		
Š	<u> </u>				
эш	e				
В	f All other program service revenue				
P	g Total. Add lines 2a-2f	1,243,304.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	383.	383.		
	4 Income from investment of tax-exempt bond proceeds . ►				1
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 3, 900.				
	b Less rental expenses				
	c Rental income or (loss) 3, 900.				
	d Net rental income or (loss)				
	(i) Socurities (ii) Other	3,900.		3,900.	
	7 a Gross amount from sales of assets other than inventory				
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
₩	See Part IV, line 18				
Ē	b Less direct expenses b				
₹	c Net income or (loss) from fundraising events			70 FF FF FF B. MINTER	t t s
	9a Gross income from gaming activities See Part IV, line 19			y y y \$ \$ thu,	1.1.
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities			 -	<u> </u>
	10a Gross sales of inventory, less returns and allowances a 755,710.				
	b Less cost of goods sold b 457,057.				
	c Net income or (loss) from sales of inventory	298,653.	295,135.	3,518.	
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c			·	
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1 570 642	1 520 022	7 410	
DAA	- Form revenues occurrences	1,570,642.	1,538,822.	7,418.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must ci	omplete all columns	All other organizations mus	t complete column (A)
Charles & Cabadala Organization		1 · · · · · · · · · · · · · · · · ·	

			Time in this rait ix		
	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		-		
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				1.1 //
4	Benefits paid to or for members		-		
5	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	470,586.	470,586.	***	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1.0,000	1,0,000.		
9	Other employee benefits				
10	Payroll taxes	38,884.	38,884.	-	
11	Fees for services (non-employees)	00,001.	30,001.		
а	Management				
b	Legal				
С	Accounting	9,925.	9,925.		
d	Lobbying	3,323.			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
	Office expenses				
14	Information technology			· -	
15	Royalties			·	
	Occupancy	45 407	45 407		
	Travel	45,407.	45,407.		
• •	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,724.	88,724.		
23	Insurance	55,273.	55,273.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIVISION_EXPENSES	393,590.	393,590.		
	OUTSIDE SERVICES	24,859.	24,859.		
	BANKCARD MERCHANT FEES	23,592.	23,592.		
	DONATIONS	20,660.	20,660.		
е	All other expenses	60,876.	60,111.	765.	
25	Total functional expenses. Add lines 1 through 24e	1,232,376.	1,231,611.	765.	0.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 616,647 582,923. Savings and temporary cash investments 2 2 203,160 203,113. Pledges and grants receivable, net 3 Accounts receivable, net 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 2,591,228 **b** Less accumulated depreciation 10b 1,298,552 10 c 920,639 1,292,676 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,740,446. 16 2,078,712 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 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 25 86 86. Total liabilities. Add lines 17 through 25 26 86 86. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here > $|\mathbf{x}|$ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,740,360 2,078,626. 33 Total net assets or fund balances 33 1,740,360 2,078,626. Total liabilities and net assets/fund balances 34 1,740,446. 34 2<u>,078,712.</u> BAA Form 990 (2015)

LOIL	1990 (2015) RIO SALADO SPORISMANS CLUB, INC.	23-122814	5	Page 17
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,57	0,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,376.
3	Revenue less expenses Subtract line 2 from line 1	3		8,266.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,360.
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, column (B))	10	2 07	
Pai	t XII Financial Statements and Reporting	101	2,07	8,626.
1 4	· •			_
	Check if Schedule O contains a response or note to any line in this Part XII		1.	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u>-</u>	Yes No
'			-	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revseparate basis, consolidated basis, or both	iewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
l	were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate		
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
3 8	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?	gle	3 a	X
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
BAA			Form	990 (2015

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RIO SALADO SPORTSMANS CL	UB, INC.	23-7228745
Part I Organizations Maintaining Do	onor Advised Funds or Other Similar Funds or Other Similar Fundswered 'Yes' on Form 990, Part IV, line	nds or Accounts.
Complete if the organization a		
1 Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of contributions to (during year)Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
33 0	donor advisors in writing that the assets held in d	lonor advised funds
are the organization's property, subject to	the organization's exclusive legal control?	∐ Yes
for charitable purposes and not for the ber impermissible private benefit?	onors, and donor advisors in writing that grant fun lefit of the donor or donor advisor, or for any other	r purpose conferring Yes No
Part II Conservation Easements. Complete if the organization a	answered 'Yes' on Form 990, Part IV, line	e 7.
1 Purpose(s) of conservation easements hel		
Preservation of land for public use (e.g.	g , recreation or education) Preservation	of a historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
	on held a qualified conservation contribution in the fo	rm of a conservation easement on the
last day of the tax year		Held at the End of the Tax Year
- Total number of consequation encoments		2 a
a Total number of conservation easementsb Total acreage restricted by conservation ea	acamants	2 b
c Number of conservation easements on a c		2c
_	` '	
d Number of conservation easements include structure listed in the National Register	ed in (c) acquired after 8/17/06, and not on a histo	2 d
-	transferred, released, extinguished, or terminated by	the organization during the
4 Number of states where property subject to co	onservation easement is located >	
5 Does the organization have a written polic and enforcement of the conservation ease	y regarding the periodic monitoring, inspection, ha ments it holds?	andling of violations, Yes No
6 Staff and volunteer hours devoted to monitori ▶	ng, inspecting, handling of violations, and enforcing c	onservation easements during the year
7 Amount of expenses incurred in monitoring, ii	nspecting, handling of violations, and enforcing conse	ervation easements during the year
8 Does each conservation easement reporte and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
include, if applicable, the text of the footnotes	oorts conservation easements in its revenue and expe ote to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
	ollections of Art, Historical Treasures, o	
art, historical treasures, or other similar asset	nder SFAS 116 (ASC 958), not to report in its reverse held for public exhibition, education, or research in inancial statements that describes these items	
	nder SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research in furth	
(i) Revenue included on Form 990, Part \	/III, line 1	► \$
(ii) Assets included in Form 990, Part X		► \$
2 If the organization received or held works of a amounts required to be reported under SF	art, historical treasures, or other similar assets for fina AS 116 (ASC 958) relating to these items	ancial gain, provide the following
a Revenue included on Form 990, Part VIII,		► \$
b Assets included in Form 990, Part X		► \$

Part III Organizations Maintai	ning Collections	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (c	ontını	ıed)
3 Using the organization's acquisition items (check all that apply)	, accession, and other	records, check a	ny of the following that a	re a significant use of its	collectic	n	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future generation							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5 During the year, did the organizar to be sold to raise funds rather the	<u>ian to be maintained</u>	as part of the or	rganızatıon's collection'	7	Yes		No
Part IV Escrow and Custodia line 9, or reported an	Arrangements. amount on Form	Complete if t 990, Part X,	he organization an line 21.	swered 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?b If 'Yes,' explain the arrangement		_		er assets not included	Yes	; [No
b it les, explain the attailgement	III Fait Aili ailu coili	piete the following	ig table		Amoun	+	
c Beginning balance				1 c	AIIIQUII		
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2 a Did the organization include an a	mount on Form 990,	Part X, line 21,	for escrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII Check h	ere if the explan	ation has been provide	d on Part XIII	_		<u> </u>
Part V Endowment Funds. C							
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
b Contributions		 			┼		
b Contributions					┿┈		
c Net investment earnings, gains, and losses	_						
d Grants or scholarships					<u> </u>		
e Other expenditures for facilities and programs		_			ļ		
f Administrative expenses			-		 		
g End of year balance			1 / ()				
2 Provide the estimated percentage a Board designated or quasi-endowment	-	end balance (line	e ig, column (a)) neid	as			
b Permanent endowment							
c Temporarily restricted endowmen	=	8					
The percentages on lines 2a, 2b, ar							
3a Are there endowment funds not in the organization by	ne possession of the c	organization that a	re held and administered	for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ted as required o	n Schedule R?		3b		
4 Describe in Part XIII the intended	uses of the organization	ation's endowme	nt funds				L
Part VI Land, Buildings, and I							
Complete if the organi	zation answered	'Yes' on Forr	n 990, Part IV, line	: 11a. See Form 99	0, Par	t X, III	ne 10.
Description of property	(a) Cos (ir	t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land				, ,			
b Buildings			1,194,821.	280,655.		914	,166.
c Leasehold improvements			903,886.	570,727.			,159.
− d⁻Equipment			472,041.	428,947.			,094.
e Other			20,480.	18,223.			,257.
Total. Add lines 1a through 1e (Colum	n (d) must equal Foi	rm 990, Part X, c	column (B), line 10c)	•	$\overline{1}$,292	

BAA

1,292,676. Schedule **D** (Form 990) 2015

Part VII	Investments - Other Securities.		N/A	
	Complete if the organization answered			
(a) Descr	option of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-ye	ar market value
(1) Financi	al derivatives.			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			· · · · · · · · · · · · · · · · · · ·	
(F)				
(G)				
(H)				
(l)	- 7 7 2 7			
	nn (b) must equal Form 990, Part X, column (B) line 12)		27./2	
Part VIII	Investments - Program Related. Complete if the organization answered	L'Yes' on Form 990	N/A) Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-	vear market value
(1)		()		<u>,</u>
(2)				
(3)				
(4)				
(5)	,			
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13)			
Part IX	Other Assets. Complete if the organization answered	N/A Ves' on Form 990	Part IV line 11d See Form 990	Part Y line 15
		scription	7, 1 art 17, line 11d. See 1 om 390	(b) Book value
(1)	(4) 2 5			(b) Dook (diao
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	_			
(10)	-	 		
	lumn (b) must equal Form 990, Part X, column (l	B) line 15)	▶	
Part X	Other Liabilities.			
Turk	Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25	
	(a) Description of liability	(b) Book value		
	ral income taxes			
	ROLL TAXES PAYABLE	8	<u>6.</u>	
(3)			 	
(4) (5)				
(6)	-			
(7)	-			ł
(8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25)		6.	
	r uncertain tax positions. In Part XIII, provide the text of the fo			oility for uncertain

Schedule D	(Form 990)	2015	RTO	SALADO	SPORTSMANS	CLUB.	INC.

23-7228745

Page 4

Part XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 99	0, 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	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
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	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XII Reconciliation of Expenses per Audited Financial State	manta With Evanges -	au Data 11/3	
		er Return. N/A	
Complete if the organization answered 'Yes' on Form 99		er Return. N/A	
		1	
Complete if the organization answered 'Yes' on Form 99			
Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements			
Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25	0, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	0, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments	0, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses	0, Part IV, line 12a.		
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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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

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.

► 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RIO SALADO SPORTSMANS CLUB, INC

Employer identification number 23-7228745

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