

2016

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 2016 calendar year, or tax year beginning, 2016, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: FALLS CITY COLF COURSE. D Employer identification number: 47-0154658. E Telephone number: 402-245-3624. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

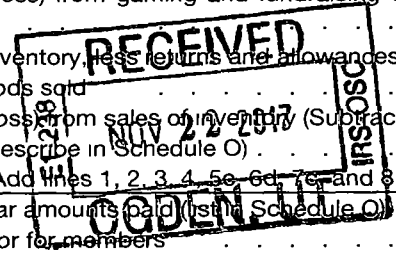
I Website: . J Tax-exempt status (check only one) - [ ] 501(c)(3) [ ] 501(c) ( 7 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization. [ ] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7d 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. \$ 171,124

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 [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) totals 147,727. Expenses section (lines 10-17) totals 173,122. Net Assets section (lines 18-21) totals 71,217.



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**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
<b>33</b>	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		<input checked="" type="checkbox"/>
<b>34</b>	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)		<input checked="" type="checkbox"/>
<b>35a</b>	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)?	<input checked="" type="checkbox"/>	
<b>b</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	<input checked="" type="checkbox"/>	
<b>c</b>	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		<input checked="" type="checkbox"/>
<b>36</b>	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		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b>	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?	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
<b>b</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	<b>40b</b>	
<b>c</b>	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		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b>	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	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed		
<b>42a</b>	The organization's books are in care of <b>CATHY HEINZELMAN</b> Telephone no. <b>402-245-3624</b> Located at <b>64870 706 TRAIL, FALLS CITY, NE</b> ZIP + 4 <b>68355</b>		
<b>b</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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		<input type="checkbox"/>
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	<input checked="" type="checkbox"/>

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

Table with columns Yes, No and row 46 with a checkmark in the No column.

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

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

Table with columns Yes, No and row 47 with a checkmark in the No column.

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

Table with columns Yes, No and row 48 with a checkmark in the No column.

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

Table with columns Yes, No and row 49a with a checkmark in the No column.

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

Table with columns Yes, No and row 49b with a checkmark in the No column.

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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 0

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"

Table with 3 columns: (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 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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 (Michael J. Bilmore), Date (11-15-17), Type or print name and title (Michael J. Bilmore Treasurer)

Paid Preparer Use Only: Print/Type preparer's name (ROBERT W. AITKEN), Preparer's signature, Date (11-15-17), Check if self-employed, PTIN (P00161948), Firm's name (ROBERT W AITKEN, CPA, P. C), Firm's EIN (47-0711599), Firm's address (P.O BOX 429, FALLS CITY, NE 68355), Phone no (402-245-5566)

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

FALLS CITY GOLF COURSE

Employer identification number

47-0154658

FORM 990 EZ, PART 1 LINE 8: OTHER REVENUE

CART RENTAL	\$1,279
FACILITIES RENTAL	\$2,000
GREEN FEES	\$7,505
TOURNAMENT INCOME	\$9,790
POOL INCOME	\$176
OTHER INCOME	\$573
TOTAL OTHER INCOME	\$21,323

FORM 990 EZ, PART 1 LINE 16: OTHER EXPENSES

FUEL & MILEAGE	\$5,448
SUPPLIES	\$23,824
INSURANCE	\$9,413
DEPRECIATION	\$22,218
POOL EXPENSES	\$792
LICENSES & DUES	\$1,097
BANK CHARGES	\$349
INTEREST EXPENSE	\$4,417
ADVERTISING	\$693
REPAIRS & MAINTENANCE	\$16,707
OTHER EXPENSES	\$2,947
TOTAL OTHER EXPENSES	\$87,905

Name of the organization

Employer identification number

FALLS CITY GOLF COURSE

47-0154658

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

	BEG OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	\$32,902	\$0
LOANS FROM MEMBERS	\$37,100	\$31,800
DEFERRED REVENUE	\$14,645	\$9,763
NOTES PAYABLE	\$71,398	\$92,794
PAYROLL TAXES PAYABLE	\$0	\$2,192
ACCRUED INTEREST PAYABLE	\$0	\$1,390
TOTALS	\$156,045	\$137,939

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

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