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-990-EZ

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-1150 2016

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check repetable. Address charge Name change	A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20									
Number and street of P.O. box, (final is not delivered to seet address)	В	Check if ap	applicable. C Name of organization ?				Employer identification number ?			
Part International Amended International Amended International Professional Prof		Address o	change	PEBBLE CREEK PICKLEBALL CLUB		611520709				
Four transmembated College from the country, and ZiP or foreign postal code F Group Exemption College from the country, and ZiP or foreign postal code F Group Exemption College from the college fro		Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address) ? Room/suite	E Telep	E Telephone number				
Cooperation presents Cooperation Cooper	빔									
Accounting Method: Cash Accrual Other (specify) Modified Cash Basis H Check If the organization is not reverse that the scheece Cash Accrual Other (specify) Modified Cash Basis H Check If the organization is not reverse that the scheece has a construction of the scheece Poppeduk.org Trace Association Other (specify) Association Other (specify) Other (specify) Association Other (specify) Other (specify) Association Other (specify) Other Oth	H			City or town, state or province, country, and ZIP or foreign postal code	F Grou	р Ехе	mption			
Second transment Cash Accrual Other (specify) Modified Cash Basis H Check If the organization is not required to attach schedule B Tar-evenue status (sheek with yeel) = Stife(s) Stife(s) T 4 (sheet no.) 4947(e)(1) or 527 For msy0, 990-EZ, or 990-PF.	Ħ			GOODYEAR, AZ 85395			·			
Website: ► pcpbclub.org Tars-exempt stabus (check only on) — 501(c)(3) 2501(c) (7 4 (insert no.)) 4947(a)(1) or 527 7 (insert no.) 528 7 (insert no.)	_			☐ Cash ☐ Accrual Other (specify) ► Modified Cash Basis						
Tare-exempt status (check only one) —			•							
K Form of organization: Corporation Trust Association Other	J 1	Tax-exen	npt status (che		•					
Add Ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$500,000 or more, file Form 980 instead of Form 990-EZ.										
Part II Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			-		assets					
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 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income The Sar Gross amount from sale of assets other than inventory Cairning and fundraising events Cairning and fundraising events Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Cairning and fundraising events Cairning and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions (not including \$ of contri						▶ \$	60 996			
Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 2 3 3 3 3 3 3 3	P	art	Revenu	e. Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions				
1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 3 34,530 4 Investment income 3 3 34,530 4 Investment income 5 5 5 5 5 5 5 5 5							. —			
2 Program service revenue including government fees and contracts 3 Membership dues and assessments	?	1					· · · · · · · · ·			
3 Membership dues and assessments 3 34,530	?	2			<u> </u>		<u> </u>			
A Investment income	?	- [1		34.530			
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses				income			4			
b Less: cost or other basis and sales expenses	_	1 _		ount from sale of assets other than inventory	F		<u> </u>			
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)					50					
a Gross income from gaming (attach Schedule G if greater than \$15,000). 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). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a S,880 7b S,891 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c (11) 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 10 Esnefits paid to or for members. 11 Salaries, other compensation, and employee benefits 1. 12 Salaries, other compensation, and employee benefits 1. 13 Professional fees and other payments to independent contractors 1. 15 Printing, publications, postage, and shipping. 15 Other expenses (describe in Schedule O). 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 22 Other sharps in net assets or fund balances (explain in Schedule O). 23 14,018		1 -		· / ·	-					
\$15,000). \$15,000). Gross income from fundraising events (not including \$		a	-		- 1					
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events	ş	-		;						
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events	ē	Ь	Gross inco							
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events	ě	-		•						
C Less: direct expenses from gaming and fundraising events . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	•	ļ		the many fractions and a substitute for a superior (4.5.000)						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances		c	Less: direc							
Iline 6c)		I .			tract					
7a Gross sales of inventory, less returns and allowances					6d					
b Less: cost of goods sold		7a	Gross sale	s of inventory, less returns and allowances	5.880					
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		1 -								
8 Other revenue (describe in Schedule O)		С		<u> </u>		70	(11)			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		.1 . "	•							
10 Grants and similar amounts paid (list in Schedule O) 10 15,862 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 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 2 16 43,207 17 Total expenses. Add lines 10 through 16 17 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (3,964) 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 17,982 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 14,018		1								
11 Benefits paid to or for members 11 12 13 14 15 15 15 15 16 17 17 18 17 18 18 19 19 19 19 19 19										
Salaries, other compensation, and employee benefits 12 13 14 15 15 15 16 16 17 17 17 17 17 18 18 19 19 19 19 19 19		1 "		· · · · · · · · · · · · · · · · · · ·						
Professional fees and other payments to independent contractors	Ø	12								
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	JSe	13			:					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	ē	14		· · · · · · · · · · · · · · · · · · ·	:					
16 Other expenses (describe in Schedule O) 2	ă	15								
Total expenses. Add lines 10 through 16		i			• • •	_	43 207			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		í								
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)	Assets		Excess or	deficit) for the year (Subtract line 17 from line 9)						
21 Net assets or rund balances at end of year. Combine lines 18 through 20 21 14,018		1				(0,704)				
21 Net assets or rund balances at end of year. Combine lines 18 through 20 21 14,018						19	17 922			
21 Net assets or rund balances at end of year. Combine lines 18 through 20 21 14,018	at /	20					17,702			
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FOR FADERWORK REQUESION ACT NOTICE, see the separate instructions. (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	For			ion Act Notice, see the separate instructions. Cat. No. 10642	• 1	,_	Form 990-EZ (2016)			

	990-EŻ (2	`					Page 2
P∴	t II	Balance Sheets (see the instructions					
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u></u>
					(A) Beginning of year	_	(B) End of year
22	Casl	n, savings, and investments			41,120	22	43,863
23	Land	d and buildings		[23	
24	Othe	er assets (describe in Schedule O)			2,329	24	1,365
25		ıl assets		1	43,449	25	45,228
26	_	Il liabilities (describe in Schedule O)			25,467		31,210
27		assets or fund balances (line 27 of column		line 21)	17,982		14,018
Par		Statement of Program Service Accom					14,010
		Check if the organization used Schedule	•		,		Expenses
\A/hat	t in the	organization's primary exempt purpose?	O to respond to a	ly question in this	ranni L	(Req	uired for section
							c)(3) and 501(c)(4)
as m	neasure	e organization's program service accompli d by expenses. In a clear and concise materiated, and other relevant information for ea	nanner, describe the	f its three largest poside	orogram services, d, the number of	orga	nizations; optional for rs.)
28		vide organized recreation, competition, and tr	<u>-</u>	mambare in the spo	rt of Dicklehall		1
20		ng facilities owned and operated by the Pebble					
		ig facilities owned and operated by the People	Cleek Goll Resolt H	OA, and limited to d	se by residents		
	·	· · · · · · · · · · · · · · · · · · ·	to be dear & or t				
?	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	· · · • U	28a	
29							
	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	29a	
30							
	******	***************************************	****************	*******************	***************************************		
	(Grant	s\$) If this amount	includes foreign gra	nts. check here .	• 🗇 🗎	30a	
31		program services (describe in Schedule O)					
٠.	(Grant	31a					
32		program service expenses (add lines 28a	includes foreign gra			32	
Pari		List of Officers, Directors, Trustees, and Key					tions for Dort NA
r ar	, tv					ISTruc	ctions for Part IV)
		Check if the organization used Schedule	O to respond to al				<u>····</u>
		? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and	0	Estimated amount of their compensation
Patri	ck Mur	ohy, President				1	
		····	10		o	o	0
Fred	Bianca	rdi, Vice President			 		
			10		a	al	O
Rene	e del a	ssus, Treasurer	THE REPORT OF THE PARTY OF THE			+	
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Bonn	ne Kend	c, Secretary	10		_]		
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Ann I	Faber, (Officer at Large	10			- }	
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Linda	a Krueg	er, Officer at Large	10			Ţ	
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	Payt	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
;	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		Yes	No
7 :	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)	33		
;	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	0	
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b 35c		<i>></i>
;	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		~
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year?	37b 38a		V
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	000	 	-
;	39	Section 501(c)(7) organizations. Enter:	1, .		٠, ٠
	а	Initiation fees and capital contributions included on line 9	<u> </u>		,
		Gross receipts, included on line 9, for public use of club facilities	<u> </u>	[]	ر. د
4		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			, ' , . W.,
	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	40b	· *	. لا حددا
	С	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	· 1		- 4
	đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	19		·, ,
	0	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	40e	101 2	۔ اند بالد اللہ اللہ اللہ اللہ اللہ اللہ اللہ ا
4	1 1	List the states with which a copy of this return is filed ▶	·		
4	12a	The organization's books are in care of ▶ Renee deLassus, Treasurer Telephone no. ▶			
	b	Located at At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	<u>/</u>
		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).		,	, ",
	С	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:	42c		'
4	13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
		and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
4		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	168	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	44b		· ·
		Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
4	15a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
		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)	45b	-e	·

Form 99	10-EZ (21	016)							Р	age 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c	ampaign activities	on behalf	of or in opposit	ion [46	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	stions 47–49b ar	nd 52, and	l complete the			or line	es \Box
47						ect during the	··· tax [Yes	No
48 49a b 50	year? If "Yes," complete Schedule C, Part II									
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MK	contribution benefit p	ealth benefits, tions to employee lans, and deferred mpensation		timated or comp		
f 51	Com	number of other employees paid ove plete this table for the organization's ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac		rece	ived :	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	(c)	(c) Compensation				
									_	
d 52	Did 1	number of other independent contra the organization complete Schedu eleted Schedule A	•		. >rganization	s must attach	n a .▶□	Yes		No_
		of perjury, I declare that I have examined this nd complete, Declaration of preparer (other than					owiedg	e and	belief,	rt is
Sign Here	?	Signature of officer Renee deLassus, Treasurer Type or print name and title								
Paid Prep		Print/Type preparer's name Firm's name ▶	Preparer's signature		Date	Check ☐ self-emplo	if	NIT		
Use (Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no.	<u></u>	Yes		No No

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.

20**16**

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer Identification number						
Pebble Creek Pickleball Club	61-1520709						
Part 1 Line 70 Salos of Inventors \$5,000							
Part 1, Line 7a. Sales of Inventory \$5,880							
Sales of Pickleball Paddles to members at cost, primarily a service to new members who need a paddle to play the g	ame.						
Part 1, Line 8: Other Revenue \$20,582							
Tournament entry fees, members \$3,419, Non-member tournament fees/sponsors \$16,847, Other misc income \$316							
Part 1, Line 10 ⁻ Grants Paid \$15,862							
Payments are made to or for our parent organization, the Pebble Creek Golf Resort HOA							
rayments are made to drift our patent organization, the reputie Greek Golf Resolt Flox							
Funded mutually agreed improvements, repairs and replacements to the court facilities owned by the HOA							
Part 1, Line 16. Other Expenses \$43,207							
Tournament expenses 10,972, Member events/socials 9,832, Member dinner/dance 7,466, Pickleballs 2,919, Club cl	nampionship 2,708, Court equipment 2,418						
Name tags 2,194, Supplies 1,625, Web services 1,520, Donations 700, Other/misc 853.							
Part 2, Line 24. Other Assets: Paddle inventory at cost \$1,365	Part 2, Line 24. Other Assets: Paddle inventory at cost \$1,365						
Part 2, Line 26: Total Liabilities \$31,210							
Fait 2, Line 20. Total Labilities \$01,2 to							
2017 Member dues collected in 2016 \$12,642, 2017 Tournament fees collected in 2016 \$18,568.							
Part 5, Line 33							
The club sponsors one annual Pickleball Tournament that is open to the public. All other events are limited to club more	embers (see part 1, line 8).						
Part 5, Line 34							
The club By-Laws were amended in 2016 to conform to current requirements of our parent organization, Pebble Crea	ek Golf Resort HOA.						
Other modifications to By-Laws were to re-define the duties of club officers and committees, and its relationships with	i other organizations.						