

9	990	Poturn of C	organization Exempt Fr	om incon	ne Tax	0M8 No. 1515-0047
Form, n	330					2017
			or 4947(a)(1) of the Interna-Rovenue			Open to Public
	ert at the Trea Roverius Sarva	sury	ocial security numbers or this form ones, gov/Form990 for instructions and		1111	Inspection
		alendar year, or tax year begin		and ending		20
	er il applicat					ntlication number
	dress change	Doing business as			35	0320585
∐ Nan	те спапре	Number and street (or P.O. box	If mall is not delivered to street address,	Pcom/suite	E Telephono nu	mber
=	ai retum	10101 MAOISON ST		<u> </u>	(219	882-5823
	ปายระบบโดยกลา	··	country and ZIP or lone griph stationate		G Gross receipt	s 5 1,008,538
	ended rutum plication pand	CROWN POINT, 'N 46307	officer	i.	a) sites a group internition subord	
	processor par c		ER), 10101 MADISON CROWN PT, IN	I .	(b) Are all subcouncites inclu	
حــــــــــــــــــــــــــــــــــــ	c-exempt stat		1(c) (7) ◀ (insert no.) ☐ 4947(a(1) or		If "No," ettach a fat i	
	obsite ►				(c) Graup exemption numb	
			codiation ☐ Other ►	say of form aften	1934 M Chate of les	sal dominite IN
Part		nmary		4.504750	1- 000 AND A TION	CUMEE TO
- 1		-	mission of most significant activities	*****	··· ···· ··· · · · · · · · · · · · · ·	
פֿבּ		E CITY OF CROWN POINT	TIES AND TO SUPPORT LOCAL COM	MUNITY ACTIV	ILIEZ LOK THE BETT	ERMENT
Ĕ :			ion discontinued its operations or	iscosed of me	ore than 25% of its n	et ascets
2 }			overning body (Pirit VI, 'ina 1a)		3	240
eg 4	4 Numb	er of independent voting mor	nbers of the governing body (Part V	1, 'ine 1b)	. 4	240
= /			ed in calendar year 2017 (Part V, Iir	ie 5a)	5	14
a		number of volunteers (estimat	· · · · · · · · · · · · · · · · · · ·		6	
4		unrelated business revenue tr rielated business taxable inco	orr Part VIII, column (C) fine 12		7a '	0
-	D MELLI	Related Dusilless (avable 170)	one non-roll 570-1, line ou		Prior Yenr	Current Year
, 1	8 Contr	putions and grants (Part VIII,	line 1h)	. [40475	31875
a s	9 Progr	am service revenue (Part VIII),	hnə 2g)	. [
Revenue		ment income (Part VIII, colum		·	0	125
11.			tines 5, 6d 8c, 9c 10c, and 11e)	June 12)	174789	784354
12		s and similar amounts paid (P	11 imust equ il Part VIII, column (A).	ine 12)	215264 1330	796454 1700
1		its paid to or for members (Pa	,	 		
2 1		·	vee benefits (Part IX, column (A), line	s 5-10)	114518	111697
Expenses	6a Profe	ssional fundraising fees (Part	X, column (A), line 11e)	~ [
ă	b Total	fundraising expenses (Part IX	column (D). 由它外色IVED			
	7 Other	expenses (Part IX, column (A	lines 11a-1111-111-216)		130864	148506
11	0 10ta	expenses Add lines 13-17 (n nue less expenses. Subtract li	nust equal Part IX, column (A), Lno 2	껝_	248712 -31448	261903 534551
	0 11016	130 ICES EXPENSES GUBITACE	m m		ining of Current Year	End of Year
를 2	0 Total	assets (Part X, line 16)	OGDEN, UT	1	1000579	1584031
Net Assets or Fund Belonces		liabilities (Part X, line 26)			8432	37333
		ssets or fund balances Sub-r	act line 21 from line 20		992147	1528598
Part		nature Block				a standard and a standard at the
Under Tue, c	r penalties of ; correct, and c	omplete. Declare that I have examined Declaration of preparer (other	this return, including accompanying school rthan officer) is based on all information of w	яец bushsus цяк. Пед чисты	a, and to the best of my *i any knowledge	nowledge and belief it is
		WHO C	(L)			
Sign	IP	Signature of officer	- 4		Cate	2 10
Here		BAVIBR SHEBISH	TREASURER		6-1	2-18
		Type or print name and the		······································		
Paid	Pro	м/Тура ргарагег з пате	Properer a signative	Dare	Check []	
Prep	arer 📖				eatt-employe	·a
Use	~,	n's rame ▶			Firm s EIN >	
	Fir	n s address >	arer shown above? (see instruction		Proneno	Yes No

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	990 (PUT)	Fago
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	A FRATERNAL ATHLETIC ORGANIZATION	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es 🖸 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'es 🗹 No
	if "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as responses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses 5 including grants of 5) (Revenue S	1
	THE CLUB PROVIDED SUPPORT TO THE LOCAL SPORTS ORGANIZATIONS SUCH AS THE HIGH SCHOOL AND POLICE, DEPARTMENTS. THE CLUB ALSO PROVIDED AND PARTICIPATED IN ACTIVITIES FOR MEMBERS AND FAMILY AND CH WITHIN THE COMMUNITY SUCH AS THE 4TH OF JULY PARADE AND SUPPORTED THE CIVIC INVIRONMENT TOWARDS	AND FIRE
4b	(Code) (Expenses S including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.7	Cibra account converse Placeures in Schoolin (1)	
4d	(Expenses \$ including grants of \$) (Revenue \$)	

Form 99	0 (2017)		P	E egs
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		7 93	
	complete Schedule A	3		√
2	is the organization required to complete Schedulo B, Schedule of Continuotors (see instructions)?	2		✓_
3	9 d 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		✓
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		1
5	Is the organization a section 501(c)(4), \$01(c)(5), or 501(c)(6) organization that receives membership does, assessments, or similar amounts as defined in Revenue Procedure 98-192 if "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar runds or accounts for which donors			<u> </u>
	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		1
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 I!	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III	8		<i>y</i>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	J		<u> </u>
	custodian for amounts not listed in Part X, or provide credit counseling, dent management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
a	0.d the organization report an amount for land, buildings, and equipment in Part X, line 102 ff "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	116		1
c	Old 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 Schedula D, Part VIII	110		1
đ	D d the organization report an amount for other assets in Part X. Inte 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	110		1
	Old the organization report an amount for other liabilities in Part X, tino 25° If "Yes," complete Schedule D, Part X	116		7
	Old the organization's happarate or consolidated financial statements for the tax year include a roothore that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	131		<u>/</u>
12 a	Did the organization obtain separate, independent audited mancial statements for the tax year? In "Yes," complete Schedule D, Parts XI and XII	12a		/
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	143		<u>-</u>
D	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		1
15	D.d the organization report on Part IX, column (A), I no 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		1
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		1
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 110? If "Yes," complete Schedule G, Part I (see Instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to end 8a? If 'Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yos," complete Schedule G, Part III	19	,	<u> </u>
			990	(2017)

Form 99	0 (2017)		ſ	a ₂₀ 4
Part	V Checklist of Required Schedules (continued)			
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
	If "Yes" to I ne 20a, did the organization altaon a copy of its audited linancial 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 19 If "Yes, complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5 000 of grants or other assistance to or for deniestic incividuals on Part IX, column (A), line 2? If Yes 1 complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		V
24a	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 Schedula K. If "No," go to line 25a.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to detease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d 25a		1
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		✓
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 Scheoule L, Part II	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employed (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminato, or dissolve and clease operations? If "Yes," complete Schedule N, Part I	31		/
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		/
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		1
34	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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "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 "Yas," complete Schedule R, Part V, line 2	35a		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schoolie R. Part V and 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 lederal income tox purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 197 Note. All Form 990 flors are required to complete Schedule O.	38		1
		For	44	Ü (2017

Form 03	0 (2017)		F	ago 5
Pàrt	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	1	į	
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 4	Ì		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		,	
	reportable gamling (gambling) winnings to prize winners?	10	<u></u> -	 -
23	Enter the number of employees reported on Form W-3, Transmirtal of Wage and Tax	- 1		
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14	2b	_	
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-44	<u> </u>	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	38		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes" has it filed a Form 990-T for this year? If "No" to how 3b, provide an explanation in Schodule O	35		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ĺ		ļ
	account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶	- 244		
-	See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts			1 1
	(FBAR)			
5a	Was the organization a party to a prohibined tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
	If "Yes" to line 5a or 5b, did the organization file Form 3886-T?	5с		
6a	Oces 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 challtable contributions?	63		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such con ributions or			
	gifts were not tax deductible?	66		↓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Oid 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		
	If 'Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 93933			ļ
	required to file Form 82827	7c		·{
9	"If "Yes," indicate the number of Forms 8282 filed during the year	70		
ſ	Did the organization receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	71		12
9	If the organization received a contribution of qualified intel edical presents, did the organization file Form 8899 as included?	7g	 	- <u>v</u> _
h	If the organization received a contribution of cars, ocals, airplanes, or other vehicles, did the organization (% a Form 1998-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	1-1
	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?	9a		1
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter.	[
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 3.3.5]	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	ļ		1 1
11	Section 501(c)(12) organizations. Enter	1		1 1
	Gross income from members or shareholders	-	{	
ь) }	! !
_	against amounts due or received from them)		 	4
12a		120	<u> </u>	+
	If "Yes," en'er the amount of tax-exempt interest received or accrued during the year 12b	1	f 1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers	13a	┼	+
a	Is the organization received to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schodule O	134		+
h	Enter the amount of reserves the organization is required to maintain by the states in which			1 1
Ü	the organization is licensed to Issue qualified health plans	1	1	1
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tenning services during the tax year?	14a	1	17
b	If "Yes," has it filed a Form 723 to report these payments? If "No," provide an explanation in Schedule O	14b	1	
		For	<u>99</u>	0 (2017)

1a b	Check if Schegule O contains a response or note to any tino in this Part VI in A Governing Body and Management Enter the number of voting members of the governing body, at the end of the tax year. If there are material differences in voting rights among members of the governing body, or			
1a b	Enter the number of voting members of the governing body at the end of the tax year. It a 3.40 If there are material differences in voting rights among members of the governing body, or			
b	If there are material differences in victing rights among members of the governing body, or		Yes	No
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent 1b 240 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		1
	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		1
5 6 7a	Did the organization make any significant Utanges to its governing documents since the prior Form 990 was fileo? Did the organization become award during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	√ √	1
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	√ _	
	Did the organization contemporaneously document the meetings held or written actions undertaken curing the year by the following			
	The governing body?	8a	✓_	├
9	Each committee with authority to act on behalf or the governing body? 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.	8b 9	V	1
	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode	
			Y03	No
b	Did the organization have local chapters, pranches or affiliates? 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?	10a		1
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict or interest policy? If "No," go to line 13	12a	1	
c	Were officers, directors, or frustees, and key employees required to o sclose annually interests that could give rise to conflicts? Old the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	/	
	describe in Schedule C how this was done	12c	/	
	Oid the organization have a written whistleblower policy?	13		14
5	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following principle include a review and approval by independent persons comparability data, and contemporaneous substantiation of the deliberation and decision?	14		-
а	The organization's CEO, Executive Director, or 'cp management official'.	15a		1
	Other officers or key employees of the organization	15b		1
6a	If "Yes" to line 15a or 15b, describe the process in Schedula O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.	 		
	with a taxable entity during the year? . If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		1
	participation in joint venture arrangements under applicable fedoral tax law and take steps to safeguard the organization's exempt status with respect to such an angements?	16b		
ctio	on C Disclosure			
8	List the states with which a copy of this Form 990 is required to be filed ► INDIANA Section 6104 requires an organization to make its Forms 1020 (or 1024 if applicable), 990, and 990-F (Section available for public inspection Indicate how you made these available. Check all that apply	n 501(c)(3)	only
9	Own website Another's website	erest	polic	y, an:
0	State the name, address, and telephone number of the person who possesses the organization's books and re AVID SHEDIDA TELLSUFEE, 10101 HEDISUN 57, CLOUN 17, IN 46507 219-66	cords	>	_

I E E EVIII	Compensation of Officers, Dir	ectors, Tr	uster	5,	Ke	y E	mplo	ye	es, Highest C	Compensated	Employees, and
	Independent Contractors										_
	Check if Schedule O contains a re									_ :_:_:_	
	Officers, Directors, Trustees, Key										Newton Or withing the
organizatioi	te this table for all persons require n's tax year			·							
	l of the organization's current offici- ion. Enter -0- in columns (0), (E), and							ndı	viduals or orga	nizations), regai	dless of amount of
	of the organization's current key er	, ,	•					·	deficition of *b	au ampleupa "	
	e organization's five current higher										or key amplovee
	ed reportable compensation (Box 5										
	and any related organizations										
	I of the organization's former offic freportable compensation from the						-			mployees who i	eceived more thai
• List al	l of the organization's former direc	tors or tru	stees	tha	at ro	.Cei	ved, i	ก แ	he capacity as	a former orect	or or trustee of the
	ii, more than \$10,000 of reportable o					_					
	ns in the following order individued and in the following order individued and former such person pe		s or	dire	ecto	rs,	mstif	'atic	nnat trustees,	officers, key o	employaes, highes
☐ Check t	his box if neither the organization no	r eny relate	ב מושב	1017	etio (C		onipe	nsa	ted any curren	t officer, director	r, or trustee
	(A)	(B)			Post	nos			(0)	(E)	(F)
	Name and Title	A rorago					than o ≈ both		Reportable	Reportable	Estimated
		hours per week (list siny				_	or/trus*		compensation from	compensation from teraler	emount of other
		hours to	Individual trustee or director	Institutional trustee	Others	Кву	H brost	8	Uio	crgenizations	compensation
		related organizations	80	in io	5	err j	94	EF	organization (W-2/1099-M/5C)	(N-2/1099-MISC)	ed* mod. no fasinagno
		below do. ec	9 2	E.		епрісува	rt componsat yeo	. '			and related organizations
		1113)	Siee	G.		8	Si sa				CV GG II ZB II D
				ě,			3				
					П						
(1) FRANI	KEATON										
PRESIDENT					1				500	0	
	SHEBISH				,						
TREASURE			 		√	_		_	1000	0	
(3) GEOR			1		1				*****		
(4) MIKE					۲	-		-	1000	0	
VICE PRESI					√				500	0	
(5)		1									

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(7) (8) (9)											
(7) (8) (9) (10)											
(7)											
(7) (8) (9) (10) (11)											

	(A) Name and title	(B) A erage hours from Meer alist and	ba.	ni ir Ze'nu	s pe	rrora rson	rian o a both arresta	a^	(D) Reportable Lon pensution from	(E) Reportable i compensation irom related	(F) Estimated amount of cther
				o. Icrond fragee	'D'ricai	key amployee	Highest computated employee	, cumor	the erganization iW-2/1099 M SC)	orumeations (NY-21-009 MiSC)	compensation from the organization and related organizations
i)					_			-			
) <u>.</u> .											
?)		ļ									
9)		-				-					
9)											
0)		ļ									
1)					-						
2)		ļ			_			_			
3)											
4)						-					
5)						-					
	Sub-total Total from continuation sheets to Par	t VII, Sectio	n A	!		·—·	ı	<u>}</u>	3000		
2	Total (add lines 1b and 1c) Total number of individuals (including bu		to th	ose		ed i) W	ho received m		0 of
3 4 5	Did the organization list any former of employee on line 1a? If "Yes," complete For any individual rated on line 1a, is the organization and related organizations individual. Did any person listed on line 1a receive if or services rendered to the organization.	flicer, direct Schedule Je sum of reging greater that or accrue of	for su portal an \$1 ompe	ble (50, nsat	indi com noo ion	ivids apei 12 /i troi	ial nsation f "Yes ∙ n any	un , "	rid other comp complete Sch related organia	ensation from the	3 3
	on B. Independent Contractors			_							
1	Complete this table for your five highest compensation from the organization. Re year										
	(A) Name and business ad	Trasa							(8) Description of s	ervices :	(C) Compensation
				_	_					!	
									iose listed ab		

art,	VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to	any line in this	Part VIII		0
				(A) Total revenue	(B) Related or oxems function ravenus	(C) Unrelated business revolue	Ravenue excluded from tax inder sections 512 514
5	1a	Federared campaigns 1a					
0.0	b	Membership dues 1b	31775	ì			
٤١	c	Fundraising events . 1c			i		ļ
Ē		Related organizations 1d			į		
ا چ		Government grants (contributions) 1e		1			
5	f	All other con'neutons, gifts, grants, and similar amounts not included above	. 1				
히	_	Apricash control bors included above 11	200	j	j		
and Other Similar Amounts	g h	Total Add lines 1a-1f		31975	1		
-			noos Gode	313/3			
	2 a						
	ь						
3	c						
1	đ						
	e						
•	f	All other program service revenue					<u>i </u>
	8	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including dividends,	interest,				
		and other similar amounts)		125	125		
- 1	4 5	Income from investment of tax-exempt bond pro-	oceeas 💌 j				
	Э	Royalties .	Personal				
- 1	6a	Gross rents 232/0	i		1		1
	b	Less rental expenses					
	c	Rental income or (oss) 23270,					
	ď	Net rental income or (loss)	. >	23270	23270		
- [7a	Gross amount from sales of (i) Securries (ii	Othe				Ì
j		assets other than inventory	625000				
	b	Less cost or other basis					
		and sales erpenses	52165	. !	J		}
- 1	c	Gain or (ioss)	572835	570075			
	d	Net gain or (loss)		572835			5726
3	83	Gross income from fundraising					
9		events (not a solucing \$					}
[]		of contributions reported on line 1c)			1		
5		See Part IV, line 18 . a					1
מחומי הפעפוות	þ	Less direct expenses b]	1.		
1		Net income or (loss) from fundraising event	s 🕨				
	9a	Gross income from gaming activities					
ĺ		See Part IV, line 19 al	116392	!			
		Less direct expenses . bl	64229				
ĺ		Gross sales of inventory, less		52163	52163		
	. 70	returns and allowances	183539	}			
J	h	Less cost of goods sold , b	95690	1	į		
		Net income or (loss) from sales of inventory		B7849	8/849		
- 1			iness Code		[i		
J	11a	Dinners, picnics, dances		25841	25841]
Ì	ь	Locker rentals		600	600		
ļ		Pizza fund raiser		1444			
		All other revenue .		352			
ŀ		Total. Add lines 11a-11d	. 🏲	28237			-
	12	Total revenue. See instructions	. ▶	796454	191644		5721

Pari	90(2017) LIX Statement of Functional Expenses on 501(c)(3) and 501(c)4) organ valuens must con-	noiste all cournes. A	" other organization	s must complete on	Puge 10
-	Check if Schedule O contains a respon				<u> </u>
	it include amounts reported on lines 6b, 7b, b, and 10b of Part VIII	(A) Total expenses	Program service expenses	(C) Management and peneral expenses	(D) Fundmising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part M, line 21	1700	1700		
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	İ			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3000	3000		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(7)) and persons described in section 4958(c)(3)(3)				
7	Other salar as and wages .	98876	98876		
8	Pension plan accrua's and communitions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes .	9821	9821		
11	Fees for services (non-employees)	ĺ			
a	Management				
ь	Legal				
d d	Accounting Lobbying	-			
e	Professional fundraising services. See Part IV, line 17				
ĭ	Investment management fees				
9	Other: If fine 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule (C)				
12	Advertising and promotion				
13	Office expenses	2683		2683	
14	Information technology				
15	Royalties				
16	Occupancy .				
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affinates				
22	Depreciation, depletion, and amortization				
23	Insurance .	19772		19772	
24	Other expenses itemize expenses not covered				
	above (List miscellaneous expenses in line 24e if		j		
	line 24e amount exceeds 10% of line 25, column (A) amount, 1st line 24e expenses on Schedula (C)				
a	Utilities	43410		43419	
Þ	Bidg repair and maintenance	28916		28916	
¢	sales and other taxes	15753		15/53	
d	Club event and membership expenses	32366		32366	
26	All other expenses Total functional expenses Acd lines 1 through 21a	5597		5597	
25 26	Joint costs. Complete this line only if the	261903	113397	148506	
	organization reported in column (B) juint rosts from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

4	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Par			<u>-</u>
		BeCiuusid of Asat (A)	_ [_	(B) End of year
1	Cash—non-interest-bearing	64684	1	582653
2	Savings and temporary cash investments .		2	
3	Pledges and grants receivable, net .		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
1	Complete Part II of Schedule L .		5	
6	Loans and other receivables from other disqualified consons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and continuiting employers and sponsoring organizations of section 501(c)(f) voluntary employers' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	···	9	
10a	Land buildings, and equipment cost or			
1	other basis Complete Part VI of Schedule D 103 935895		L	
ь	Less accumulated depreciation 10b	935895	10c	98137
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	
15	Other assets See Part IV, line 11	·	15	
16	Total assets. Add lines 1 through 15 (hust equal line 31)	1000579	16	156403
17	Accounts payable and accrued expenses	8432		3733
18	Grants payable . , ,		18	
19	Deferred revenue .		19	
20 21	Fax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		<u></u>	
22	trustees, key employees, highest compensated employees, and			
<u> </u>	disqualified persons Complete Part II of Schedule L		22	
22	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
25	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	
26	Total liabilities. Add lines 17 through 25	8432	26	3733
8	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29	Organizations that do not follow SFAS 117 'ASC 958), check here ▶ □ and complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds	961718	30	9617
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 33	Retained earnings, endowment, accumulated income, or other funds	30429	32	56498
33	Total net assets or fund palances .	992147	33	152669
34	Total liabilities and net assats/fund balances	1000579	34	156403

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				í"
	1			9645
				6190
				3455
Net assets or fund balances at beginning of year (must equal Part \(\lambda\), line 33, column (41)	4			9214
Net unrealized gains (losses) on investments	5			
Donated services and use of facilities	6			
Investment expenses	7			
Prior penoe ad ustments .	8			
Other changes in net assets or fund balance, rexplain in Schedule 0;	9			
Net assets or fund palances at end of year. Combine lines 3 through 9 (milist equal Part X, line				
33, column (B);	10		15	2669
XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
Accounting method used to prepare the Form 990 📝 Cash 🔲 Accrual 🔲 Other			1	1
	plain in			į
			I	ļ
		2a	<u> </u>	1
	piled or	l		
			ļ	ļ
		<u> </u>	ļ	
· · ·				1
If "Yes," check a box below to indicate whether the financial statements for the year were auditi	ed o n a	1	1	l
separate basis, consolidated basis, or both		1		
		1	1	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ļ
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		1		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation or its financial statements and selection of an independent accounts.	intent?	2c		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation or its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex-	intent?	2c		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation or its financial statements and selection of an independent account the organization changed either its oversight process or scleetion process during the tax year, excluding 0.	intant? oplain in	2c		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, idoes the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or scleetion process during the tax year, exchedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set	intant? oplain in	2c		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation or its financial statements and selection of an independent account the organization changed either its oversight process or schedule process during the tax year, exchedule O As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	intent? oplain in forth in	2c 3a		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, idoes the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or scleetion process during the tax year, exchedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set	intent? optain in forth in ergo the	2c 3a		
	Denated services and use of facilities Investment expenses Prior period ad ustrichts. Other changes in net assets or fund balance texplain in Schedule O; Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to incicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtracture 2 monthine 1. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments. Denated services and use of facilities. Investment expenses. Prior pende ad ustimonts. Other changes in net assets or fund balance, rexplain in Schedule O; Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XII Financial Statements and Reporting. Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990. Cash. Accrual. Other. If the organization changed its method of accounting from a prior year or checked. Other, explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis. Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant?	Total revenue (must equal Part VIII, celumin (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtracture 2 from time 1	Total revenue (must equal Part VIII, column (A), line *?) Total expenses (must equal Part IX, column (A) line 25) Revenue loss expenses. Subtract Line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities fine-stiment expenses. Prior pense ad ustments Other changes in net assets or fund balance, (explain in Schedule C) Net assets or fund palances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 [Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to incicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements aucited by an independent accountant? Separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements aucited by an independent accountant?

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization enswered "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

Department of the Treasury ▶ Go to www irs.gov/Form990 for instructions and the latest Information Name of the organization Employer identific GARY SPORTSMEN CLUB 35-0329985 Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 5 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all conors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 🔲 Yes 🗍 No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the conor or conor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements ne'd by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education). Preservation of a historically important land area. Protection of natural nabitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Y'ear Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation casements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation casements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(0)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990 Part IV, line 8. 1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Parl XIII, the text of the footnote to its financial statements that describes these items bill the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance cheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Pevenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

the organization's acquisition, ction items (check all that apply) ubic exhibition cholarly research reservation for future generations de a description of the organization is to be sold to raise funds rather Escrow and Custodial Arra Complete if the organization 990, Part X, line 21 a organization an agent, trustee, ded on Form 990, Part X? as, "explain the arrangament in Principal balance tions during the year insulance the organization include an amount in Principal and in the arrangement in Principal and in the organization and in the arrangement in Principal and in the arrangement in the arrangement in Principal and in the arrangement in Principal and in the arrangement in the arrange	s solicit or receive rhan to be main's angements. In answered "Yes custodian or other Killi and comp' and Killi and comp' and XIII and Comp' and X	d [and explain donations ained as pa ained as pa " on Form for interme ete the foll that X, line 2 ete if the exp	Loan of Other in new the control of art, in art of time in 990, Proving tall 21 for especial control owing tall 21 for especial control owing tall art of time in 990, Proving tall or especial control owing tall art of time in 990, Proving tall or especial control or	or exchange and for the organization of the or	program asures, on's collect g, or replaces or of to the term of t	or other similar otion? coorted an amount of assets not Amount inability?	Yes U Yes U Yes Gount Yes	□ No
cholarly research reservation for future generations de a description of the organization is to be sold to raise funds rather Escrow and Custodial Arra Complete if the organization 990, Part X, line 21 a organization an agent, trustended on Form 990, Part Xº as, 'explain the arrangement in Particles during the year industrial during the granization include an amount is "explain the arrangement in Particles and industrial during the organization include an amount is "explain the arrangement in Particles and include an amount in the organization include an amount in the organization include an amount in the organization in t	solicit or receive in han to be maint answered "Yes custodian er of art Alli and comp" on form 990, Part XIII Check her answered "Yes answered "Yes answered"	and explain donations ained as part and Form the following art X, line 2 if the Gap on Form the following art X, line 3 if the Gap on Form for Form form form form form form form form f	Other n new thin of art, hart of the n 990, Property to owing tall 21 for eschapation n 990, P.	nistorical tree organization and IV. line or contribution is serious or curs has been part IV, line	asures, on's collections or of the transfer of	prother similar otion? Dorted an amother assets not Amother assets not asset as a second asset asset as a second as a se	Yes U Yes U Yes Ount on Fo	Orm No
reservation for future generations de a description of the organization is to be sold to raise funds rather. Escrow and Custodial Arra Complete if the organization 990, Part X, line 21 a organization an agent, trustee, ded on Form 990, Part X? as, 'explain the arrangement in Particles during the year insulations during the year insulations during the year insulations during the year insulations during the year insulations. Complete if the organization include an amount is "explain the arrangement in Particles and the organization in the organization of year balance in the organization in the organization in the organization or explaintees or scholarships in expenditures for lacilities and	solicit or receive in han to be maint answered "Yes custodian er of art Alli and comp" on form 990, Part XIII Check her answered "Yes answered "Yes answered"	donations ained as particular intermed as particular intermed as particular intermed at the following art X, line 2 and the Gap on Form	or now the critical form of the critical form of the critical form owing tall to respond to the critical form of t	ney further the organization and IV. line or contribution is serious or cure or has been part IV, line	asures, on's collections or of the transfer of	or other similar otion? coorted an amount for assets not Amount liability?	Yes U Yes U Yes Ount on Fo	No No
de a description of the organization is to be sold to raise funds rather Escrow and Custodial Arra Complete if the organization 990, Part X, line 21 a organization an agent, trustee, ded on Form 990, Part X? as, 'explain the arrangement in Particle tions during the year inputions during the year inguitions during the granization include an amount is "explain the arrangement in P. Endowment Funds. Complete if the organization including of year balance inbutions investment earnings gains, and is to or scholarships in expenditures for lacilities and	solicit or receive in han to be maint answered "Yes custodian er of art Alli and comp" on form 990, Part XIII Check her answered "Yes answered "Yes answered"	donations ained as particular intermed as particular intermed as particular intermed at the following art X, line 2 and the Gap on Form	or now the critical form of the critical form of the critical form owing tall to respond to the critical form of t	ney further the organization and IV. line or contribution is serious or cure or has been part IV, line	asures, on's collections or of the transfer of	or other similar otion? coorted an amount for assets not Amount liability?	Yes U Yes U Yes Ount on Fo	No No
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	Investments—Other Securities Complete if the organization answers	ed 'Yes on Form 90	Part IV Inc	e 11h. See Form 990. Part X. line 12
	(a) Description of security or category (ancluding name of security)		Book value	(c) Minthod of valuation Cost or and-of-year market value
) Financial	denvatives			
•	neld equity interests			
Otner				
(A) (B)				
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	musi equal form 990, Pt.n.K, col. (B) line 12.) >			<u> </u>
art VIII	Investments—Program Related Complete if the organization answere	ed "Vec" on Form 00:) Part IV to	0.110 Coo Form 900 Port V June 12
	(a) Description of investment		Eook aue	(c) Method of valuation
	(5) 6-5 65-17-17-17-17-17-17-17-17-17-17-17-17-17-	'5	Cook aus	Cost or end-of-year market value
1)				
2)				
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<u>5)</u>				
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9)				
	b) must equal Form 990. Part X, cot (B) line 13.) ▶			
Part IX	Other Assets.			
			D. Part IV I:n	e 11d See Form 990, Part X, line 15
1)		ed "Yes" on Form 99 copon	0, Part IV lin	e 11d See Form 990, Part X, line 15 (h) Book value
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Schedu	de D (Form 990) "017			Pago 4
	XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV Iline 12a		
1	Total revenue, gains, and other support per audited financial stater is	ents .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized grains (losses) on investments	24	1 !	
ь	Donated services and use of facilities .	2b]	
C	Recovenes of proriyear grants	2c		
d	Other (Describe in Part XIII)	2d		
ė	Add lines 2a through 2d	•	20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12 but not on line 1			
з	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b	<u> </u>	
C	Add lines 4a and 4b		4c	
- 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5	
Par	XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses p	er Heturn	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a		
1	Total expenses and losses per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990. Part IX, line 25	امدا	1 !	
	Donated services and use of facilities	2a 2b	-	
	Pnor year adjustments	20	-	
	Other losses	2d	-	
_	Other (Describe in Part XIII)	, 20 [2e	
	Add lines 2a through 2d Subtract line 2e from line 1		3	
3.	Amounts included on Form 990, Part IX, line 25, but not on line 1	i 1 .		
	Investment expenses not included on Form 990, Part Vill, line 75	40	1 [
	Other (Describe in Part XIII)	4b	⊣	
	Ace lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990 Part	I, Ime 13)	5	
Pari	XIII Supplemental Information			
Provi	de the descriptions required for Part II lines 3, 5, and 9, Part III, lines 1	a and 4, Part IV, lines 1b and 2	b, Part V, line	4, Part X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this	part to provide any additional	information,	

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			Schedule	D (Form 990) 2017

Schedule D (Form 990) 2017	Pago 5
Part XIII: Supplemental Information (continued)	
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Sch	nedule D (Form 990) 2017

Supplemental information Regarding Fundralsing or Gaming Activities OMB No 1545-0047 SCHEDULE G Complete if the organization answered "Yes" on Form 590, Part IV, Inc 17, 18, or 19, or if the organization entered more than \$15,000 on Form 930-EZ, tine 6a (Form 990 or 990-EZ) 2017 ► Attach to Form 990 or Form 990 EZ. Department of the Treasury Internal Fevenue Service ► Go to www urs gay/Form350 for the Intest instructions Name of the organization Employer identification number ATSMEN CLUB 35-0329985
Fundraising Activities. Complete if the organization ar swered "Yes" on Form 990, Part IV, line 17 **GARY SPORTSMEN CLUB** Form 990-E7 filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e 🔲 Solicitation of non-government grants f Solicitation of government grants b [] Internet and chail solicitations g [] Special fundraising events c [] Phone solicitations d [] In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees linted in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes 🕱 No b. If "Yes," list the 10 highest paid individuals or entities (fundicisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) fundralser listed in col. (i) (iii) Did fundrasser have custody or control of controlnichs? (vf) Air ount paid to for retained by) organization Name and address of individual or only (fundralsur) inv) Gross receipts from activity (ii) Activity Yes 2 3 5 10

Total	• • • • • • • • • • • • • • • • • • •	
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt for registration or licensing	эm
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule G (Form 690 or 990-EZ) 2017

1 Gross receipts 2 Less Contributions 3 Gross noome (line 1 mins line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Ente, annuent 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, culumin (d) 12 Net income summary Subtract line 10 from line 3, culumin (d) 13 Saming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, the 5a latting line on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, the 5a latting line of the state		gross receipts greater that	(c) E-e-/ a1	(5, Event #2	(c) Other elents	(d) Total events (add col. (a) through col. (ol)
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3 Noncash crizes 4 Rent/facility costs 5 Other cireo: expenses		Gaming, Complete if the than \$15,000 on Form 9	e organization answ 90-EZ, line 6a	rered "Yes" on Form 99	(c) Other gaming	(d) Total parting (add cot (a) through cot (c))
4 Rent/facility costs 5 Other cired: expenses 6999 6999 6999 6999 7 Ves		Gaming, Complete if the than \$15,000 on Form 9	e organization answ 90-EZ, line 6a	rered "Yes" on Form 99	(c) Other gaming	(d) Total garning (add
5 Other cired: expenses 6999 6999 6 Volunteer labor Yes % Yes 100 % 7 Direct expense summary Add lines 2 through 5 in column (d) 64229 8 Net gaming income summary Subtract line 7 from line 1, column (d) 52163	1	Gaming, Complete if the than \$15,000 on Form 9 Gross revenue	e organization answ 90-EZ, line 6a	rered "Yes" on Form 99	(c) Other garning	(d) Total parting (add cot (a) through cot (c))
Tyes % Yes % Yes 100 % No No No No Direct expense summary Add lines 2 through 5 in column (d) No No No No No No No No No No Mo No No Finetret the staters in which the organization conducts gamine activities (NDIANA)	1	Gaming, Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes	e organization answ 90-EZ, line 6a	rered "Yes" on Form 99	(c) Other garning	(d) Total garring (add cot (a) through cot (c))
6 Volunteer labor	1 2	Gaming, Complete if In than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes	e organization answ 90-EZ, line 6a	rered "Yes" on Form 99	(c) Other garning	(d) Total garring (add cot (a) through cot (c))
8 Net garring income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conclusts partial estimates. INDIANA.	1 2 2	Gaming, Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization ans A 90-EZ, tine 6a (a) tingo	(b) Full abs/instant bridge groups progressive bingo	(c) Other garning 116392 57230	(d) Total garring (add cot (a) through cot (c))
Enter the state(s) in which the organization conclusts gaming activities. INDIANA		Gaming, Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other cirect expenses	e organization ans A 90-EZ, Irine 6a (a) Clingo	(b) Full abs/instant Struys progressive bingo	(c) Other gaming 116392 57230 6999 7 Yes 100 %	(d) Total parting (add cot (a) through cot (c)) 116392 57239
Enter the state(s) in which the organization concludes gaming activities. INDIANA a. Is the organization licensed to conduct gaming activities in each of these states?	THE RESIDENCE OF THE PARTY OF T	Gaming, Complete if the than \$15,000 on Form \$ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other cirect expenses Volunteer labor	e organization ans A 90-EZ, tine 6a (a) thingo	(b) Fill abs/instant braus progressive bingo	(e) Other gaming 116392 57230 6999 7 Yes 100 % No	(d) Total parting (add cot (a) through cot (c)) 116392 57239
	11 2 2 3 3 4	Gaming, Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization ans A 90-EZ, tine 6a (a) tingo	(b) Full abs/instant bridge groups progressive bingo	(c) Other garning 116392 57230	(d) Total gaming (add call (a) through coll (c)) 116392
	1 2 3 4 5 7 8	Gaming, Complete if the than \$15,000 on Form \$ Gross revenue Cash prizes Noncash prizes Rent/facility costs Cither cirect expenses Volunteer labor Direct expense summary Ar Net gaming income summar Enter the state(s) in which the ords the organization licensed to confine scotter.	e organization ans M 90-EZ, Irine 6a (a) thingo L Yes No dd lines 2 through 5 in ry Subtract line 7 from rganization conducts conduct gaining activity	(b) Full abs/instant brough progressive bingo Yes % Yes % No Column (d) In line 1, column (d) gaming activities INDIAN lies in each of these states	(c) Other gaming 116392 57230 6999 7 Yes 100 % No	(d) Total garning (add cot (a) through cot (e)) 116392 57239 6999 64229 52163
Were any of the organization's garning licenses revoked, suspenced, or terminated during the tax year? Yes 🕜 No bill "Yes " explain	a b a b	Gaming, Complete if the than \$15,000 on Form \$ 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other cirect expenses 6 Volunteer labor 7 Direct expense summary And the gaming income summary Enter the state(s) in which the oils the organization licensed to diff 'No,' explain Were any of the organization's at the any of the organization's any o	e organization ans A 90-EZ, Irine 6a (a) thinge L Yes No dd lines 2 through 5 in y Subtract line 7 from rechization conducts conduct gaming activit gaming licenses revok	(b) Fill abs/instant brups progressive bingo Wes % Yes % No Column (d) I column (d) gaming activities (NDIAN) les in each of these states ed, suspenced, or terminal	(e) Other gaming 116392 57230 6999 7 Yes 100 % No A S?	(d) Fotal garring (2dd col (a) through col (e)) 116392 57230 6999 64229 52163

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2	Uses the organization conduct garrang activities with monnterribers?						
3	Indicate the percentage of gaming activity conducted in.						
a	The organization's facility 13a 100 %						
b	An outside facility						
ı	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ▶						
	Address►						
5a	Does the organization have a contract with a third party from whom the organization receives garning revenue?						
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► S. If "Yes," enter name and address of the third party.						
c							
	Name						
	Address ▶						
i	Gaming manager information						
	Name ► GEORGE ROSS, CLUB MANAGER						
	Gaming manager compensation ► \$ 0.00						
	Description of services provided COMPLETES ALL GAMING REPORTS TO STATE AND MANAGES THE BANK ACCOUNT						
	☑Director/officer ☐Employee ☐Independent contractor						
7 a	Mandatory distributions Is the organization required under slute law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes V N						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$						
art	Supplemental Information. Provide the explanations required by Part II, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.						
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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 890 or 990-EZ or to provide any additional information

1	OMB No 1545-0047
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L	20 17
b	Open to Public

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Senace ▶ Go to www.irs.gov/Forms90 for the latest information. Name of the organization Employer identification number **GARY SPORTSMEN CLUB** 35-0329985 FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS FORM 990, PART VI LINE 18 - HOW MEMBERS ELECT COVERNING BODY FORM 990, PART VI. LINE 16 - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS BY VOTE FORM 990, PART VI, LINE 11b - FORM 990 REVIEW PROCESS BY FORMAL REGULAR MONTHLY MEETINGS FORM 990, PART, VI, LINE 12c.0 EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BY REVIEW OF ALL INTERNAL DOCUMENTS FORM 990 PART VI, LINE 19 - OTHER ORGANIZATIONAL DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENT OTHER THAN FORM 920 ARE AVAILABLE TO THE PUBLIC FORM 990, PART VIII, LINE 7d - GAIN ON SALE OF ASSET OTHER THAN INVENTORY A partion of our land that her been designated for our club development was sold to Casey's General Store in 2017. The land was never developed due to lack of funds since our organization has consistently lost money for the past 15 years. It was necessary to sell a portion. of the land to survive financially. Per IRS laws, the gain on sale of assets that ere not an investment nor held for resale is not taxable for not for profit organizations. The funds were placed back into the club for use for the direct purpose of the organization as per IRS rule Drawings and descriptions as to what the plans for our club use are available at our club. The tend was purchase in 1990 for the solie purpose of the club. The remaining portion of land is still used and planned to be used for the purpose of the club.

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ

Cal No 51056K

Schedula O (Form 990 or 990- EZ) (2017)

Schedulg () (Form 990 er 990 EZ) (2017) Name of the organization	Page Employer identification number
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