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OMB No 1545-1150

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 2017, 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 GOLF COURSE. D Employer identification number: 47-0154658. E Telephone number: 402-245-3624. F Group Exemption Number: 07.

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) [X] 501(c) ( 7 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other . . . . . L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$

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 . . . . . [ ]

Table with 21 rows and 4 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes a 'RECEIVED' stamp from OC DEN, UT dated NOV 16 2018.

SCANNED DEC 12 2018

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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

Form 990-EZ (2017) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, expenditures, loans, and controlled entities. Includes a table with Yes/No columns for each question.

	Yes	No
<b>46</b> 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 . . . . .	46	<input checked="" type="checkbox"/>

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

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

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

	Yes	No
<b>47</b> 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 . . . . .	47	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>

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

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

**f** Total number of other employees paid over \$100,000 . . . . . **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."

(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 . . . . .  Yes  No

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

<b>Sign Here</b>	Signature of officer: <i>Robert J Gerweck</i> Type or print name and title: <b>Robert J Gerweck President</b>	Date: <b>11/12/18</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT W. AITKEN</b>	Preparer's signature <i>Robert W. Aitken</i>	Date <b>11/12/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00161948</b>
	Firm's name ▶ <b>ROBERT W. AITKEN, CPA, P.C.</b>			Firm's EIN ▶ <b>47-0711599</b>	
	Firm's address ▶ <b>P.O. BOX 429, FALLS CITY, NE 68355</b>			Phone no <b>402-245-5566</b>	
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

FALLS CITY GOLF COURSE

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

47-0154658

FORM 990-EZ, PART I, LINE 8 OTHER REVENUE

SHED RENTAL - \$4,882

LEESEE RENT - \$8,457

SIGN RENT - \$600

FORGIVENESS OF DEBT - \$3,604

TOTAL OTHER INCOME - \$17,543

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

INTEREST EXPENSE - \$3,778

DEPRECIATION - \$17,616

LICENSES & PERMITS - \$23

SUPPLIES - \$22

OTHER EXPENSES - \$616

TOTAL OTHER EXPENSES - \$22,055

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

BEG OF YEAR

END OF YEAR

LOANS FROM MEMBERS

\$31,800

\$0

DEFERRED REVENUE

\$9,763

\$12,916

NOTES PAYABLE

\$92,794

\$80,561

PAYROLL TAXES PAYABLE

\$2,192

\$0

ACCRUED INTEREST PAYABLE

\$1,390

\$3,110

TOTALS

\$137,939

\$96,587

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, NE AREA.