OMB No 1545 0047 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Opento Public Inspection ► Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Depa Inter	artment of nat Rever	of the Treasury nue Service	► Do not ent ► Go to www.i	er social security number <i>rs.gov/Form990</i> for ins	rs on this form as it tructions and th	may be made e latest info	public ermation.		Inspection			
A	For the	e 2018 calenda	r year, or tax year beginn	ing 7/01	, 2018, a	and ending	6/30	· · · · · · · · · · · · · · · · · · ·	2019			
В	Check if	applicable C			 -		D Emplo	yer identi	fication number			
	Add		<u>IO S</u> ALADO SPORTS		IC.		23-	-7228	745			
	Nan		960 N. USERY PAS	SS ROAD			E Teleph	none numb	per			
	Initi	ial return M.	ESA, AZ 85207				480	480-984-9610				
	Final	l return/terminated										
	Amo	ended return					G Gross	receipts	\$ 2,235,996.			
	Арр	plication pending F	Name and address of principal	officer		H	a) Is this a group retu	urn for sub	ordinates ² Yes X No			
	_	Si	AME AS C ABOVE			, , , , H(b) Are all subordinate if "No," attach a lis 	es included	d? Yes No			
Γ	Tax-ex	exempt status	501(c)(3) X 501(c) (4) ◀ (insert no)	4947(a)(1) or	[5x]		J. (500	3.700.107.37			
J	Web	site: PRIOS	SALADOSPORTSMANS	.COM	1	U T H	c) Group exemption i	number 🕨	·			
K	Form	of organization X	Corporation Trust	Association Other ►	LYe	ear of formation	1955 M	State of le	egal domicile AZ			
P <u>a</u> a	rtl	Summary			,							
			the organization's mission									
a			ND SHOOTING SPOR	TS. PROVIDIN	G FACILITI	ES FOR	SHOOTING A	ND OT	HER RELATED			
auc	<u>.</u>	<u>ACTIVITIES</u>	<u> </u>									
Governance												
ŏ		Check this box	if the organization in the members of the government.	discontinued its ope		sed of more	than 25% of its		_			
જ			pendent voting members			1b)		3 4	<u>6</u>			
ies			findividuals employed in			. ~,		5	50			
Activities &	_		volunteers (estimate if r	•	,			6	240			
Act	7a ¯	Total unrelated	business revenue from P	art VIII, column (C),	line 12			7a	3,621.			
	bί	Net unrelated by	usiness taxable income f	om Form 990-T, line	: 38.			7b	2,621.			
							Prior Year		Current Year			
Ð	1		nd grants (Part VIII, line					797.	5,777.			
ű	1	-	e revenue (Part VIII, line				1,482,		1,500,766.			
Revenue	1		me (Part VIII, column (A			12.	206 000					
<u> </u>			Part VIII, column (A), line	242,	306, 207.							
			- add lines 8 through 11 (e 12)	1,727,	910.	1,812,750.			
			llar amounts paid (Part I)		1-3)	-		+				
		· ·	or for members (Part IX		luma (A) lunas (5 10\	701	701,966.				
es			compensation, employee		iumii (A), iiiles :	3-10)	701,	966.	734,541.			
Expenses	l		ndraising fees (Part IX, co			-						
ă.	b d	Total fundraising	g expenses (Part IX, colu	ımn (D), line 2 <u>5) 🛌</u>				<u></u>				
ш	17 (Other expenses	(Part IX, column (A), lin	es 11a-11d, 1 1 f-24e)	RECEIVE			889,092. 1,200,90				
	18	Total expenses	Add lines 13-17 (must e	qual Part IX, çolumn	(A) , l ine 25)	-70	1,591,	058.	1,935,450.			
		Revenue less ex	xpenses Subtract line 18		OCT 1 1 20	(2)	136,		-122,700.			
Net Assots or Fund Balances		T-1-11(D-	- ()	اها	331 1 1 20	is los	Beginning of Curre		End of Year			
esot 3ala	20 21	Total assets (Pa Total liabilities (CDEV	'≅	2,519,		2,405,385.			
et A	21	· ·	` '		DODEN, L	<i>)</i> T		038.	18,888.			
	L		ind balances Subtract lin	e 21 from line 20			2,509,	197.	2,386,497.			
	IttiШ	Signature										
Unde	er penalti plete Dec	ies of perjury. I decla claration of preparer	ire that I have examined this retur (other than officer) is based on a	n, including accompanying Il information of which prep	schedules and statem arer has any knowled	nents, and to the ge	best of my knowledg	e and beli	ef, it is true, correct, and			
		$-\mathbf{Y}$	1711			-	0/10	7/19				
Sign Here		Signature of	of officer				Date	///				
		1	· liTTle +	resident	-		,					
		Type or pri	nt name and title	1651UENT								
_		Print/Type prep	arer's name	Preparer's signature	2/	Date	Check	l f	PTIN			
Pa	id	BRYAN S'	TOWELL	Bu D	all !	8/13/1	self-emplo	□	P01227251			
	iu epare:		POULSEN & STO	WELL PLI	/- -		, , , , , , , , , , , , , , , , , , , ,					
	e Onl			DRIVE			Firm's EIN	▶ 81-	-3634774			
		3 address	SCOTTSDALE, A				Phone no		946-0505			
May	/ the IF	RS discuss this	return with the preparer		nstructions)		T Hone no	100	X Yes No			
	<u> </u>		luction Act Notice see th				11011 09/20/19		Form 990 (2018)			

	990 (2018) RIO SALADO SPORTSMANS CLUB, INC.	23-722874	15 Page 2
Ŗärl	tillI■ 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		
	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS	. PROVIDI	<u>NG </u>
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior	or	_
	Form 990 or 990-EZ?		Yes X 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	vices?	Yes X No
	If "Yes," describe these changes on Schedule O	_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	ces, as measure s to others, the t	d by expenses otal expenses,
4 a	(Code) (Expenses \$ 1,934,111. including grants of \$) (Re	evenue \$)
	SAFETY AND INSTRUCTIONAL PROGRAMS FOR HUNTING AND SHOOTING SPORTS		NG .
	FACILITIES FOR SHOOTING AND OTHER RELATED ACTIVITIES.		<u></u>
			-
4 h	(Code) (Expenses \$ including grants of \$) (Re	evenue \$)
40	(Code) (Expenses φ) (iv		
			_
4 c	(Code) (Expenses \$ including grants of \$) (Records)	evenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
			<b>_</b>
4 d	Other program services (Describe in Schedule O )	<del></del>	
	(Expenses \$ including grants of \$ ) (Revenue \$		)
	Total program service expenses ► 1,934,111.		
BAA	TEEA0102L 08/03/18		Form <b>990</b> (2018)

			Yes	No
1	' Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	163	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
,	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
i	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

# Form 990 (2018) RIO SALADO SPORTSMANS CLUB, INC. Partity Checklist of Required Schedules (continued)

			Yes	No
22`	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	.,	
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	: An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_X_
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it schedule o contains a response of flote to any line in this Fact v		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1 b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA				2018)

Form 990 (2018) RIO SALADO SPORTSMANS CLUB, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-								
	ments, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employmen	2 a	50	2 b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in			- 20					
3 :	Did the organization have unrelated business gross income of \$1,000 or more during the year		0113)	3 a	X				
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	•		3 b		<del></del>			
	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other fi	nancı	al account)?	4 a	ļ	X			
b	of Yes,' enter the name of the foreign country	Λ	into (EDAD)						
<b>.</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax					X			
	) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	-		5 a	-	X			
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	01 (101	100011011	5 c		<del></del>			
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd dic	I the organization	6 a		х			
Ŀ	of 'Yes,' did the organization include with every solicitation an express statement that such contribut	ions o	r gifts were			<del></del>			
7	not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6 b		1			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artlu 4	or goods and						
a	services provided to the payor?	artiy l	or goods and	7 a					
t	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?								
C	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas re	quired to file	 7 с					
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			, -				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	لبسب	rt contract?	7 e					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben			7 f					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	sponsoring	7 h					
	organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>					
	Did the sponsoring organization make any taxable distributions under section 4966?	_		9 a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son ⁷		9 b		ļ.,			
	Section 501(c)(7) organizations. Enter	اءما							
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 a		<u> </u> '	<u>'</u>	1			
	Section 501(c)(12) organizations. Enter	100				1			
	Gross income from members or shareholders	11 a							
Ŀ	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them )	11 b			<u> </u>				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	f Forn 12b	1 10417	12a					
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120	-						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
٠	Note. See the instructions for additional information the organization must report on Schedul	e O		154		$\vdash \lnot$			
Ŀ	Enter the amount of reserves the organization is required to maintain by the states in								
	which the organization is licensed to issue qualified health plans.	13b							
_	Enter the amount of reserves on hand	13 c							
	Did the organization receive any payments for indoor tanning services during the tax year?	C - 4		14a					
	off 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in			14b	<u> </u>	<del>                                     </del>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	ı remi	ineration or	15		х			
	If 'Yes,' see instructions and file Form 4720, Schedule N				<del> </del>	1			
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	/estm	ent income?	16		X			
-	If 'Yes,' complete Form 4720, Schedule O								
BAA	TEEA0105L 12/31/18			Form	990	(2018)			

Check if Schedule O contains a response or note to any line in this Part VI

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management									
						Yes	No			
1 a	Inter the number of voting members of the governing body at the end of the tax year of there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1 a			6					
ŀ	Enter the number of voting members included in line 1a, above, who are independent	1 ь			6					
	Did any officer, director, trustee, or key employee have a family relationship or a business relations	لتنسا	l th any other		<u> </u>					
_	officer, director, trustee, or key employee?	•	,		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other personal trustees.	ne dire	ct supervision	on	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		x_			
5 6	Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders?	tion's a	assets?		5 6		X			
7 a	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?									
ŀ	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8										
	The governing body?				8 a	Х				
	Each committee with authority to act on behalf of the governing body?				8 b	Х				
	<b>9</b> 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? <i>If 'Yes,' provide the names and addresses in Schedule O</i>									
Sec	tion B. Policies (This Section B requests information about policies not req	uirec	d by the I	nternal i	Revenu		<u> </u>			
10.	a Did the organization have local chapters, branches, or affiliates?				10a	Yes	No X			
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates,	and hra	anches to ensu	re their	102					
	operations are consistent with the organization's exempt purposes?		inches to chisa	ic tileli	10 b	Х				
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the o Describe in Schedule O the process, if any, used by the organization to review this Form 990	_	בר ככנור			^				
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	, 2	EE SCHE	DOPE O	12 a		Х			
124	Were officers, directors, or trustees, and key employees required to disclose annually interests that	could	give rise		124					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				12 b					
	Schedule O how this was done	,			12 c					
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?				14		Х			
	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and de	-								
	a The organization's CEO, Executive Director, or top management official				15 a		X			
ł	Other officers or key employees of the organization				15 b		X			
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  2 Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arran	ngement wit	h a	16.0		Х			
	taxable entity during the year?	.11.			16 a					
	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps forganization's exempt status with respect to such arrangements?	to safe	eguard the		16 b					
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	available for public inspection Indicate how you made these available. Check all that apply				501(c)(3	s)s onl	ly)			
			plaın ın Sch							
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year SEE SCHEDULE O			atements ava	ulable to					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records	<b>&gt;</b>						

Form 990 (2018)	PT0	OUTIES	SIN & MOTIGORS	CLUB	TNC
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## Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

		(C)								
(A) Name and Title		than	one bolh	box, an o	unles officer truste		i	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) SUE LITTLE	8									
PRESIDENT	0	X		Χ				0.	0.	0.
_(2)_ JOHN_BRAKEMANVICE_PRESIDENT	8 -	X		Х				0.	0.	0.
(3) DEBBIE KEEHART	8									
SECRETARY	0	X		Х				0.	0.	0.
(4) GALE ANDREWS	8									
TREASURER	0	X		Χ				0.	0.	0.
(5) KELLY FLETCHER	8									•
EXECUTIVE OFCR	0	X		Χ				0.	0.	0.
_(6) JEFF_KELLY	8	,,		٠,,				_		_
CHIEF INST.	0	Х		Х				0.	_0.	0.
_(7)		}								
_(8)										
(9)										
(10)		-								
<u>(11)</u>										
(12)										
(13)										
(14)		-								

Rartvin Section A. Officers, Directors, Tr	(B)	(C) Position (do not check more than one								
(A) Name and title	Average hours per week	box	, unle	nd a	erson direct	is bot or/trus	th an stee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(15)										
(16)		-	ļ	-						_
(17)										
(18)										
(19)										
(20)										
(21)	<del> </del>	-		!						
(22)										
(23)										
(24)									-	
(25)										
1 b Sub-total				<u> </u>		l	<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Sect	on A						<b>▶</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited	d to those i	ısted	abo	ve) v	who	recei	ved			
from the organization • 0										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru ch individu	stee, al	key	em/	plog	yee,	or h	nghest compensat	ed employee	3 X
4 For any individual listed on line la, is the sum of the organization and related organizations great such individual	f reportab er than \$1	le co 50,00	mpe 00?	ensa If '\	tion Yes,	and <i>con</i>	oth nple	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compen s,' <i>comple</i>	satio	n fr	om i dule	any <i>J fo</i>	unre r suc	late	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest comper	sated indi	enen	deni	cor	ntrac	tors	tha	t received more th	an \$100 000 of	
compensation from the organization Report compe	nsation for	the c	alen	dar	year	endi	ing v	with or within the or	ganization's tax yea	
Name and business add	ress							Description	of services	(C) Compensation
										·
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	o the	ose I	liste	abo	ve)	who received more	than	
BAA	<del></del>	TEEA	าากฆ	08/	03/18					Form <b>990</b> (2018

	Check if Schedule O contains a response or no	te to any			· · · · · ·	
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a Federated campaigns 1 a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b			ī	i	
G		<b>,</b>		·	٠	
ts, An				1	•	2
Gıf lar	d Related organizations 1 d					
s, (	e Government grants (contributions) 1 e		1 20			
P.S.	• All other contributions gifts grants and		ALT.		,	,
t i	f All other contributions, gifts, grants, and similar amounts not included above 1 f 5	,777	i)			
d E	q Noncash contributions included in lines 1a-1f \$	, , , , .				
on pc	h Total. Add lines 1a 1f				10 ₁ 1 1	
<u>0</u>		_	5,777.	1		''
Frogram Service Revenue	Business	Code		<del></del>	<del></del>	
ĕ	2a MEMBERSHIP DUES & ASSESSMENTS		751,144.	751,144.		
æ	b MATCH AND RANGE FEES		731,634.	731,634.		
ice	c CLASSES/INSTRUCTION		17,988.	17,988.		
eг	d		,	, , , , , , , , , , , , , , , , , , ,		
n S						
rar	f All other program service revenue					
ō		•				
<u>ц</u>	g Total. Add lines 2a-2f		1,500,766.			L
	3 Investment income (including dividends, interest a	and				
	other similar amounts)	. 1				
	4 Income from investment of tax-exempt bond process	eeds . 🏲	_			
	5 Royalties	<b>&gt;</b>				
	(i) Real (ii) Per	sonal				
	6a Gross rents 765.		·,		•	3 er
	<b>b</b> Less rental expenses		·			er .
	c Rental income or (loss) 765.					,
	d Net rental income or (loss)	▶	765.		765.	
	(I) Socurities (II) O	ther			765.	<u> </u>
	Gross amount from sales of assets other than inventory (i) Securities (ii) Other		٤٠			; دن
	assets other than inventory		-			
	<b>b</b> Less cost or other basis					
	and sales expenses					
	c Gain or (loss).					
	d Net gain or (loss)	4				
41	8 a Gross income from fundraising events					
ıπe	(not including \$					
Other Reven	of contributions reported on line 1c)					
3è	See Part IV, line 18					
7	·					
the	<b>b</b> Less direct expenses <b>b</b>					
δ	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19 a					
	<u> </u>					
	<b>b</b> Less direct expenses <b>b</b>				· <b>-</b>	
	c Net income or (loss) from gaming activities	<b>-</b>				_
	10a Gross sales of inventory less returns					~
	10a Gross sales of inventory, less returns and allowances a 728	, 688.				
		,246.				
	c Net income or (loss) from sales of inventory	<i>,</i> <u></u> . ▶	305,442.	302,586.	2,856.	
	Miscellaneous Revenue Business	Code	303,442.	302,300.	2,030.	··
	11a				·	
	·				<del></del>	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	►		<del>.</del>		
	12 Total revenue. See instructions		1.812.750.	1.803.352	3,621.	0

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Do r	Check if Schedule O contains a re	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
6b, 1	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1.4			
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	:			
4	Benefits paid to or for members				- Podphybbooks a spirit
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	677,352.	677,352.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·			
9	Other employee benefits				
10	Payroll taxes	57,189.	57,189.		
11	Fees for services (non-employees)				
а	Management				
b	Legal	553.	553.		· <u></u> · · · · · · · · · · · · · · · · · ·
	Accounting	11,514.	11,514.		
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	-	-		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	68,577.	68,577.		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	264,740.	264,740.		
	Insurance Other expenses Itemize expenses not	54,020.	54,020.	en autoro en amanocamentificatemente actuata actuatemente.	
24	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DIVISION EXPENSES	589,563.	589,563.		
	REPAIR & MAINTENANCE	41,657.	41,657.		
	GIFTS & PROMOTIONS	35,350.	35,350.		
	BANKCARD MERCHANT FEES	27,355.	27,355.		
е	All other expenses.	107,580.	106,241.	1,339.	
25	Total functional expenses Add lines 1 through 24e	1,935,450.	1,934,111.	1,339.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 1,183,594. Cash - non-interest-bearing 1,078,022 1 2 Savings and temporary cash investments 149,610. 868. 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D IÛ a 2,993,526 b Less accumulated depreciation. 10b 1,772,603 1,291,601 10 c 1,220,923. Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2 2,519,235 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,405,385 17 17 Accounts payable and accrued expenses 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 <u>18,</u>888. 10,038 26 18,888 Total liabilities. Add lines 17 through 25 10,038. Organizations that follow SFAS 117 (ASC 958), check liere and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets Fund X Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. þ 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,386,497. 32 2,509,197 Net, 33 33 Total net assets or fund balances 2,509,197 2,386,497. 34 Total liabilities and net assets/fund balances 34 2,519,235. 2,405,385.

Fort	1990 (2018) RIO SALADO SPORTSMANS CLUB, INC.	23-12281	45	Page	12		
Рã	tIXI■ Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	12,750	<u>).</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9	35,450	١.		
3	Revenue less expenses Subtract line 2 from line 1	3	-1	22,700	) .		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,5	09,19	ī.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	Ο.		
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	tiXIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes N	0		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	viewed on a					
	were the organization's financial statements audited by an independent accountant?		2 b	2	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	eparate					
,	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3 a		<u>X</u>		
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b				
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## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047 Open to Public Inspection

Employer identification number

	RIO SALADO SPORTSMANS CLUB,	INC.	23-7228745
Pai	નું  ■ Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	or advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only purpose conferring Yes No
Pai	till Conservation Easements.		_
		wered 'Yes' on Form 990, Part IV, line	e 7
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r	· L	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
	a Total number of conservation easements		2 a
	Total acreage restricted by conservation easer	ments	2 b
	Number of conservation easements on a certif		2 c
	Number of conservation easements included ii	c) acquired after 7/25/06, and not on a histo	ric
	structure listed in the National Register	r (c) acquired after 7723700, and not on a misto	2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to conse	rvation easement is located >	_
5	Does the organization have a written policy re		
	and enforcement of the conservation easemen		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	rction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and exper o the organization's financial statements that c	nse statement, and balance sheet, and describes the organization's accounting for
	conservation easements	ations of Art Historical Transcript	Other Circles Accets
Rai	Complete if the organization answers	wered 'Yes' on Form 990, Part IV, line	8 8
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research in f	
	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	statement and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provide the following
	a Revenue included on Form 990, Part VIII, line	1	<b>*</b> \$
	Assets included in Form 990, Part X		<b>►</b> \$

Part III Organizations Mainta				23-722 Other Similar Δss		raye z
		<del></del>		* •		ieu)
3 Using the organization's acquisition items (check all that apply)	n, accession, and othe			e a significant use of its	collection	
a Public exhibition		₩	or exchange programs			
<b>b</b> Scholarly research		e Other		<del></del>		
c Preservation for future gener						
4 Provide a description of the organiz Part XIII	zation's collections ar	nd explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather to	han to be maintaine	d as part of the o	rganization's collection?	·	Yes	No
Part IV Escrow and Custodia line 9, or reported an	al Arrangements amount on Forn	. Complete if t n 990, Part X,	he organization an: line 21.	swered 'Yes' on Fo	rm 990, Pai	rt IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or o	ther intermediary	for contributions or othe	er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII and coi	mplete the followi	ng table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d	·	
e Distributions during the year				1 e		
f Ending balance				1f	<u> </u>	٦
2 a Did the organization include an a					∐ Yes	_ No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII Check	here if the explan	ation has been provide	d on Part XIII	L	
Part V Endowment Funds. C	`amplete if the a	rannization an	swored 'Ves' on Fe	orm 000 Part IV Ju	20.10	
Part V Endowment Funds. C	(a) Current year	(b) Prior year			(e) Four year	re hack
1 a Beginning of year balance	(a) current year	(b) Thoryea	(c) Two years back	(u) Three years back	(e) rour year	3 DUCK
<b>b</b> Contributions					<del> </del>	
c Net investment earnings, gains, and losses						
d Grants or scholarships					ļ	
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses					<u> </u>	
g End of year balance						
2 Provide the estimated percentag	-	•	e 1g, column (a)) held a	as		
a Board designated or quasi-endown		<del></del> %				
b Permanent endowment	% %	•				
c Temporarily restricted endowmen		% 				
The percentages on lines 2a, 2b, a	nd 2c should equal 16	00%				
3 a Are there endowment funds not in organization by	the possession of the	organization that a	are held and administered	for the	Yes	No
(i) unrelated organizations					3a(ı)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizations li	sted as required of	on Schedule R?		3b	1
4 Describe in Part XIII the intended	-	•			L	·
Part VI Land, Buildings, and						
Complete if the organ		d 'Yes' on Forr	n 990, Part IV, Ime	e 11a See Form 99	0, Part X, I	ne 10
Description of property	<b>(a)</b> Co	st or other basis	(b) Cost or other	(c) Accumulated depreciation	(d) Book v	
<b>1 a</b> Land		investment)	basis (other)			
<b>b</b> Buildings	· · ·		1,319,691.	379,962.	939	,729.
c Leasehold improvements			946,577.	690,629.		, 129. , 948.
d Equipment	<del>                                     </del>		666, 137.	643,652.		, 485.
e Other	<del>                                     </del>	_	61,121.	58, 360.		,463. ,761.
Total. Add lines 1a through 1e (Colum	nn (d) must eaual Fi	orm 990. Part X (		<u>36,360.</u> ►	1,220	
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Part VIII Investments - Other Securities.		N/A	
		), Part IV, line 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives.			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)		46.07	
<u>`</u> É)		<u> </u>	
(F)			
(G)			
(H)			
(l)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Partivilli Investments — Program Related.	'Yes' on Form 990	N/A ), Part IV, line 11c See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
PartilX Other Assets.	N/A		
Complete if the organization answered		), Part IV, line 11d See Form 990, Part X, line	15
Complete if the organization answered  (a) Des	N/A 'Yes' on Form 990 scription	), Part IV, line 11d See Form 990, Part X, line (b) Book value	15
Other Assets. Complete if the organization answered  (a) Des	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (2)	'Yes' on Form 990		15
Other Assets. Complete if the organization answered  (a) Des	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (3)  (4)  (5)	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (a)  (b)  (c)  (3)  (4)  (5)  (6)	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990		15
Complete if the organization answered  (a) Description (a) (b) (c) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	'Yes' on Form 990		15
Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 990 scription		15
Complete if the organization answered  (a) Description  (b) (c) (a) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990 scription	(b) Book value	15
Complete if the organization answered  (a) Description  (b) (c) (a) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990 scription  B) line 15)  orm 990, Part IV, line 11	(b) Book value	15
Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (b)  (a) Complete if the organization answered (c)  (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' on Form 990 scription	(b) Book value	15
Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (b)  (a) Column (b) must equal Form 990, Part X, column (c)  (b) Column (c) Must equal Form 990, Part X, column (c)  (c) Complete if the organization answered 'Yes' on Figure 1.0 (a) Description of liability  (1) Federal income taxes	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Partix Other Liabilities.  Complete if the organization answered 'Yes' on Figure 1. Capped in the organization of liability  (1) Federal income taxes  (2) CREDIT CARDS	'Yes' on Form 990 scription  B) line 15)  orm 990, Part IV, line 11	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description (b) must equal Form 990, Part X, column (b)  (a) Column (b) must equal Form 990, Part X, column (c)  (b) Column (c) Must equal Form 990, Part X, column (c)  (c) Complete if the organization answered 'Yes' on Figure 1.0 (a) Description of liability  (1) Federal income taxes	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, column (E)  (c) Column (b) must equal Form 990, Part X, column (E)  (d) Column (b) must equal Form 990, Part X, column (E)  (a) Description of liability  (b) Federal income taxes  (c) CREDIT CARDS  (d)  (d)  (5)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Partix Other Liabilities.  Complete if the organization answered 'Yes' on Finance (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	3) line 15) orm 990, Part IV, line 11 (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes (2) CREDIT CARDS (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	3) line 15 )  orm 990, Part IV, line 11  (b) Book value	e or 11f See Form 990, Part X, line 25	15
Complete if the organization answered  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) CREDIT CARDS  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	3) line 15 )  orm 990, Part IV, line 11  (b) Book value  18, 88	e or 11f See Form 990, Part X, line 25	15

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Schedule D (Form 990) 2018	RTO	SALADO	SPORTSMANS	CLUB.	INC.

23-7228745

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Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return. N/A
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII )	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII )	4 b	<u> </u>
c Add lines 4a and 4b	,	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5
Part XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return N/A
		01 110101111 11/11
Complete if the organization answered 'Yes' on Form 990,		
		1
Complete if the organization answered 'Yes' on Form 990,		
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses	Part IV, line 12a.  2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)	Part IV, line 12a.  2a 2b 2c	1
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d	Part IV, line 12a.  2a 2b 2c	2 e
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b	Part IV, line 12a.  2a 2b 2c 2d	2 e
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)	Part IV, line 12a.  2a 2b 2c 2d	2 e 3
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b	Part IV, line 12a.  2a 2b 2c 2d	2 e

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2018

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

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RIO SALADO SPORTSMANS CLUB, INC.

Employer identification number

23-7228745

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE GOVERNING BOARD REVIEWS ALL FINANCIAL INFORMATION AND FORM 990 BEFORE FILING.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL INFORMATION IS AVAILABLE BY REQUEST MADE TO THE GOVERNING BOARD