

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

ELK POINT COUNTRY CLUB  
HOMEOWNERS, ASSOCIATION,  
INC., also known as ELK POINT  
COUNTRY CLUB, INC., a Nevada  
non-profit, non-stock Corporation,

Appellant,

v.

K.J. BROWN, L.L.C., a Nevada limited  
liability company; TIMOTHY D.  
GILBERT and NANCY AVANZINO  
GILBERT, as trustees of the TIMOTHY  
D. GILBERT AND NANCY  
AVANZINO GILBERT REVOCABLE  
FAMILY TRUST DATED DECEMBER  
27, 2013,

Respondent.

Electronically Filed  
Oct 18 2021 07:01 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

Supreme Court Case No.: 82484

District Court Case Number:  
2020-CV-0124

**APPELLANT'S APPENDIX**

**VOLUME 6 (PART 5)**

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[Show all photos](#)

Entire house hosted by Red Awning  
11 guests · 4 bedrooms · 5 beds · 3.5 baths



Entire home  
You'll have the house to yourself.

Cozy Tahoe style home in gated Elk Point Country Club. Across the street from beautiful Lake Tahoe.

The space

This home features 4 bedrooms, 3.5 bathrooms, a recreation room with ping pong table and 32 TV, DVD and VHS. Entry level has the living room, kitchen, dining room, a 1/2 bathroom and the master bedroom with a King bed and a full bathroom. Upstairs had bedroom 2 with a queen and full bath, bedroom 3 with a queen, bedroom 4 with two fulls and a full bathroom. Relax in the back yard, 6-8 person hot tub and a BBQ, perfect all year round for your enjoyment. A 2-3 min walk to private beach, where you can see the fireworks for 4th of July and New Years.

You will feel very cozy and right at home in this amazing vacation rental. This gated community is very close to town and Heavenly Ski resort.

This home is in Zephyr Cove Nevada just 5 minutes to casinos, 7 minutes to Heavenly Valley Ski Resort, and 30 seconds to the Lake.

Occupancy:

1. Per county rules: Weddings are NOT allowed of any kind or size, on the property or at the house. You will be shut down immediately and will lose the security deposit and will be subject to more fines.
2. You are only allowed 11 persons at any time at the house. This includes any diners or gatherings you may have.
3. 3 cars allowed at house at any time. There is no street parking per county and fire safety rules. Failure to comply will result in loss of security deposit.
4. Please help us to keep our home a vacation rental. NOISE ORDINANCE 10:00pm TO 7:00am DAILY and is very strict in this neighborhood.

VHRP#15-861

[Contact host](#)

## **Sleeping arrangements**

Bedroom 1

1 king bed

Bedroom 2

1 queen bed

Bedroom 3

1 queen bed

## Amenities

Kitchen

Wifi

Free parking on premises

Hot tub

Cable TV

Indoor fireplace

TV

Dryer

Essentials

Washer

[Show all 17 amenities](#)

\$394 per night, \$4,347 total

\$394/ night

Apr 9 - 16

.

1 guest

- You won't be charged yet
- \$394 x 7 nights [View price breakdown](#)  
\$2,757
- Cleaning fee [View price breakdown](#)  
\$674
- Service fee [View price breakdown](#)  
\$484
- Occupancy taxes and fees [View price breakdown](#)  
\$432
- Total \$4,347

- CHeri

# FABULOUS LAKE TAHOE HOME WITH PRIVATE BEACH AND GATED COMMUNITY

Property overview

Round Hill Village, NV, USA

- - House 3200 sq. ft.
  - • Sleeps: 10
  - • Bedrooms: 5
  - • Bathrooms: 4
  - • Half Baths: 1
  - • Min Stay: 2–7 nights

Premier Partner Instant Confirmation Good for families No Smoking Internet TV

## House, 5 Bedrooms, 4.5 Baths, (Sleeps 10)

This Tahoe Home is a perfect way to experience Lake Tahoe. It features two living areas and a fully stocked large kitchen that are perfect for entertaining and cooking. The home has two decks from which to enjoy the partial Lake view. A Weber barbecue and large picnic table enhance the fun on the deck. You can enjoy a private homeowners beach by the beautiful blue water with a sandy beach featuring a deck and volleyball court a short walk away. The beach can also be accessed by car.

The Tahoe bike trail is minutes away. Restaurants, hiking, shopping, boating, kayaking, and meadow trails are nearby. Edgewood golf course is five minutes away.

In the winter sit by a roaring fire and enjoy the snow outside. Ski down the slopes of Heavenly Valley Ski Resort only one mile away. Cross country ski in the beautiful mountains located ten minutes away.

The master bedroom has a king bed with en-suite bathroom and a Jacuzzi tub. Three guest bedrooms have queen beds with full bathrooms next to them. A bunk bed room is perfect for children or teens.

The living room and family room both have flat screen TV's.

The kitchen and dining areas facilitate entertaining and fun for all.

#VHRP 08-476

Keywords: House

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Feedback List your property ([https://www.vrbo.com/typ?field=IL\\_LYP\\_O\\_Text\\_LypTopnav](https://www.vrbo.com/typ?field=IL_LYP_O_Text_LypTopnav))

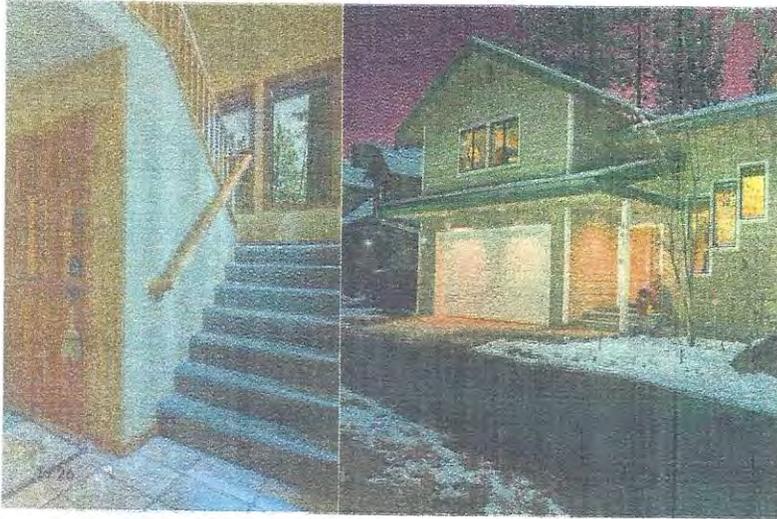


Where  
Elk Point, Zephyr Cove-Round Hill Village, NV, USA

Check In

Check Out

Search



**\$1,100** avg/night

★★★★★ @Reviews

Exceptional 5/5

Enter dates for accurate pricing

Check In

Check Out

Guests

Request to Book

New

Suzanne Dante

Ask Owner a Question

[Overview](#) [Amenities](#) [Reviews](#) [Map](#) [Rates & Availability](#)

For booking assistance, call VRBO at 888-640-7927  
Property # 1505940

**NEW LISTING! Exclusive Gated Community,  
Lake Views, Private Beach, Hot Tub**

- House - 2550 sq. ft.
- Sleeps: 10
- Bedrooms: 3
- Bathrooms: 3
- Half Baths: 1
- Min Stay: 3 nights



[Hot Tub](#) [No Smoking](#) [Internet](#)

**3 BDRM/3.5 BA LUXURY HOME, GATED ELK PT CC, PRIVATE BEACH, LAKE VIEWS, HOT TUB**

Upscale luxury vacation living in this 2550 sq ft, 2 story home, located in the gated NV lakeside community of Elk Point Country Club! Home is on a quiet cul-de-sac and is perfect for your family & many of world famous Tahoe outdoor activities!

EPCC features a private beach, swimming area w/floating dock, beach deck w/BBQ area. Close to bike trails, hiking, snowshoeing, snow skiing.  
View more

**Bedrooms**

3 Bedrooms

Sleeps 10

**RACING**  
Virtual Horse & Farm Action

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**5**  
USE IT 5 TIMES

[Learn More](#)

**Smith's**

Special Offers



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Picking up

Pick up date

Drop off date

Dropping off

Pick up time

Drop off time

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- Careers (<https://www.homeaway.com/careers>)
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- Affiliates (<https://www.vrbo.com//affiliates>)
- Media Center (<https://www.homeaway.com/info/media-center/>)

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+1

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## General

- Telephone
- Heating

Baseboard heaters

- Linens Provided
- Washing Machine
- Clothes Dryer
- Fireplace

Gas log

- Parking

uncovered in designated guest parking areas

- Internet

Free Wi-Fi

- Towels Provided
- Wireless Internet

Free wi-fi

- Iron & Board
- Hair Dryer
- Paper Towels
- Shampoo
- Basic Soaps
- Toilet Paper
- Living Room
- Free Wifi

HomeAway®

(<https://www.homeaway.ca/>)

C\$1,198 avg/night



Where

Round Hill Village, NV, USA

9 Reviews

Exceptional 5/5

Check In

Check Out

Enter dates for accurate pricing

Search



View all 26 photos

Check In

Check Out

Guests

Request to Book

Suzanne Dante

Ask Owner a Question

Property # 1505940vb

Viewed 8 times in the last 48 hours

**LUXURY! Exclusive Gated Community, Lake Views, Private Beach, Hot Tub**



Round Hill Village, NV, USA  
16.5 km to Lake Tahoe

House · 236 m<sup>2</sup>

400

 Sleeps: 10

 Bedrooms: 3

 Bathrooms: 3

 Half Baths: 1

 Min Stay: 2 - 5 nights

Hot Tub    No Smoking

Internet

**C\$1,198** avg/night



9 Reviews

*Exceptional 5/5*

Enter dates for accurate pricing

Check In	Check Out
Guests	

### Request to Book

**Suzanne Dante**

Ask Owner a Question

**Property # 1505940vb**

## 3 BDRM/3.5 BA LUXURY HOME, GATED ELK PT CC, PRIVATE BEACH, LAKE VIEWS, HOT TUB

Upscale luxury vacation living in this 2550 sq ft, 2 story home, located in the gated NV lakeside community of Elk Point Country Club! Home is on a quiet cul-de-sac and is perfect for your family & many of world famous Tahoe outdoor activities!

View more

## Bedrooms

 Bedrooms: 3     Sleeps: 10

## Upstairs Master Suite

401



queen · twin/ single (2)

C\$1,198 avg/night



9 Reviews

Exceptional 5/5

### Downstairs Master Suite



king

Filtered Views of Lake Tahoe

Enter dates for accurate pricing

Check In	Check Out
Guests	

### Downstairs Guest Bedroom



queen · twin/ single · bunk bed

Filtered views of Lake Tahoe

**Request to Book**

**Suzanne Dante**

Ask Owner a Question

### Owner

Property # 1505940vb

**Suzanne Dante**  
Member Since 2018

Ask Owner a Question

Languages: English

## Amenities

### Featured

Washer &  
 Dryer

402

- ry  H  P
- er e  ar
- at er ki
-  T V n
-  C hi  In  H
- ld re n et T
- n Wel c o m e pl a c e
-  Fi re

C\$1,198 avg/night



9 Reviews

Exceptional 5/5

Enter dates for accurate pricing

Check In	Check Out
Guests	

Request to Book

Bathrooms

Suzanne Dante

Ask Owner a Question

3 Bathrooms, 1 Half Bath

Property # 1505940vb

**Upstairs**  
**Master Suite**  
 toilet,  
 combination  
 tub/shower

**Downstairs**  
**Master Bath**  
 toilet,  
 shower,  
 jetted  
 tub

**Downstairs**  
**Guest Bath**  
 toilet,  
 combination  
 tub/shower

**Upstairs**  
**Powder Room**  
 toilet

403

From: [Tim Gilbert](#)  
To:   
Subject: Dante's motel reviews  
Date: Thursday, April 09, 2020 12:57:32 PM

---

## 13 Reviews

Exceptional 5/5

1-6 of 13

### **Nicest rental I've ever stayed in**

5/5

Stayed Feb 2020

Leslie M. San Jose

We rent homes a lot. Generally, they are set up as rentals and have the personality as such. This house felt like we were using a friend's luxury home. It was fully stocked - toiletries, spices, cookware, beach towels etc. Everything was immaculate and there were instructions on how to use and operate everything. All furniture, towels, and bedding were of high quality. The great open floor plan allowed for people in the kitchen, dining area and living room to all be able to interact. Lots of nice touches. Very close to lake and nice beach. 5 min to Heavenly or Casinos. A mile from Safeway. Don't hesitate on this one (unless its a week we plan to come back!!)

Published Feb 26, 2020

Owner's Response:

Hi Leslie!!!

Thank you for taking such great care of our home . . . you are welcome back anytime!

Glad you were able to make some of your own Wolfpack Lodge memories with your family!

Suzanne

### **Great Property**

5/5

Stayed Dec 2019

Jenny H.

Great location and Great Property.

Enjoyed it so much during the Winter we'd like to check it out during the Summer as well!

Published Jan 6, 2020

Owner's Response:

Yay Jenny! We would love to have you back anytime!!! Glad you had fun making your own Wolfpack memories!!!

### **Unbelievably Perfect Home**

5/5

Stayed Dec 2019

Kelly C.

This house is absolutely the most well equipped home I have ever rented; there was every kind of utensil, pot, pan, etc. ever needed. From the first engagement with the homeowner to final checkout the process was refreshing. The homeowner is kind, generous and very helpful. She eagerly answered all of our questions prior to the arrival in the house.

The property manager met us at the house she showed us how to use everything and provided a warm welcome.

This house is in a gated community that is quiet and peaceful. We enjoyed the snowfall while sitting in the hot tub. The house is a short walk from the private beach on Lake Tahoe. It is close to town and the store.

Overall this house is beautiful, cozy, warm and in a perfect location. I look forward to renting

this house again and would strongly recommend it to anyone looking for a perfect house in South Lake Tahoe.

T

Published Jan 2, 2020

Owner's Response:

Hi Kelly! I'm so happy to hear that you and the family had such a great time! We loved having you and so appreciate you taking such great care of our home!

**467 Elks Avenue**

5/5

Stayed Aug 2019

Bob G.

This house is amazing by itself but with the added benefit of an owner who managed the rental to perfection, the overall experience was beyond 5 stars. I've been renting vacation homes for over 30 years and this was the best. So much better than a hotel experience and the best VRBO experience that I have ever had. I highly recommend you stay at this house!

Published Aug 12, 2019

Owner's Response:

Hi Bob! I'm quite late in getting my response back to you, but, wanted you to know how much we appreciate your review! Hope to see you again in 2020!

**A perfect getaway in beautiful Lake Tahoe**

5/5

Stayed Feb 2019

Christopher S.

This place was stunning! Very clean and comfortable, everything worked and was as advertised. The host went out of her way to ensure we had an enjoyable time. Will be back for sure.

Published Mar 3, 2019

Owner's Response:

So happy you enjoyed your stay Christopher!!! You are welcome back anytime!

Suzanne

**Beautiful home! Had a great stay with the family!**

5/5

Stayed Dec 2018

Mike S.

Very beautiful home! Enjoyed our family New Years trip to Tahoe. Very close to Heavenly village. Lots of shops and mArket. House is very well equipped with everything you need!

Published Jan 6, 2019

7-12 of 13

**LOVE this place. Location-FAB! Home-FAB! Views-FAB**

5/5

Stayed Nov 2018

Wahneta T.

FANTASTIC home. Secluded, easy to get to, great views wonderful cozy home w great kitchen. Wonderful place for self-guided retreats w small groups. Yoga and ayurvedic treatments just up the street. Trails, beach- it's ALL there!

Highly recommend!

Published Dec 11, 2018

**Best vacation Ever! We can't wait to return!**

5/5

Stayed Nov 2018

terri z.

This home was absolutely amazing! The attention to detail in every room was designed for our comfort and pleasure. We had such a wonderful Thanksgiving family weekend with plenty of room for all and lots of fun activities to enjoy. We especially loved the beautiful pool table! The beds were more comfortable than any 5 star hotel I have stayed in and the kitchen had every possible amenity we could ever need. We cant wait to return...hopefully during this ski season. Thank you Suzanne for everything you did to ensure our vacation was 5 Star!

Published Dec 10, 2018

**A Beautiful Place to Slow Down and Relax**

5/5

Stayed Aug 2018

MaryAnne K.

This beautiful home is the perfect place to slow down and relax. All of the rooms are very comfortable and extremely well-appointed - especially the kitchen! The deck served as our “ahhhh” meeting spot, morning and night. It offers close access to the Lake, wonderful hikes and SLT. While there are many great places to eat in the “neighborhood” we made great use of the well-stocked kitchen and shared our meals around the extra large dining table. Can’t wait to return for another vacation!

Published Dec 12, 2018

**A place to relax and unwind**

5/5

Stayed Aug 2018

Jean M.

What a beautiful home! The perfect place to relax and unwind. All of the rooms are gorgeous, the beds are incredibly comfy and the kitchen is extremely well-stocked. If you like to hike, ski, swim or just hang out - the location is perfect. Lots of great places to eat in the neighborhood but we ate most of our meals at home around the extra large table. The deck was another sweet spot for our ladies retreat! We will book this home again - soon.

Published Dec 13, 2018

**Beautiful home in the perfect location!**

5/5

Stayed Aug 2018

Mimi T.

This is the perfect rental property for a large family or two families traveling together. The open floor plan is ideal - plenty of room to play pool, watch a movie and play games - all at the same time! We cooked several meals at the house and everyone fit around the dining room table. Each bedroom has its own bathroom, which gives everyone the privacy they need and the beds are very comfortable. The property is very clean and beautifully decorated. The upstairs deck has the most comfortable chairs and it is the perfect spot to enjoy a glass of wine and watch the sun set.

The best part is the private beach that you can walk to! We took the kids there every day and caught the sunset there a few times too. The house is really close to the grocery store and many restaurants. I was the perfect summer vacation spot for our two family group. We're looking forward to staying here for a winter ski trip in the future!

Published Dec 13, 2018

**Beautiful, comfortable, fun!**

5/5

Stayed Jul 2018

Trina M.

Beautifully furnished and comfortable home, has everything for indoor and outdoor

entertainment, from hot tub and pool table to beach and hiking trails. Beds and bedding were five star, kitchen fully equipped, quiet neighborhood, gorgeous views, couldn't ask for more!  
Published Dec 19, 2018

- Lee Herron

# Lake View / Beach Access All-Season Vacation Home.

Property overview

Round Hill Village, NV, USA

- - House
  - • Sleeps: 6
  - • Bedrooms: 3
  - • Bathrooms: 2
  - • Min Stay: 2–7 nights

Premier Partner Good for families No Smoking Internet TV Satellite or Cable

## House, 3 Bedrooms, 2 full Baths, (Sleeps 6-8)

Elk Point is a gated community of about 90 homes with our own private community beach and marina, swimming area with a raft and beautiful beach deck and barbeque area. Our house is directly across the street from the lake with stunning lake views from two lake facing decks and a quiet backyard deck and play area. In the winter, Heavenly Valley is 10 minutes away, with Kirkwood, Alpine, Squaw and Mt. Rose nearby to ski. Sledding for kids of all ages is in the backyard and on Hill Street, and cross country skiing is out your front door.

All summer activities abound in the Lake Tahoe basin... Beach, Boats, Golf, Fishing and Hiking. Many resorts with rentals and night life.

Spring and Fall could be the best time of the year if you want to get away for some R&R and still have excellent weather without the crowds.

Keywords: Easy beach access, perfect for kids, beautiful views, semi-private beach, hiking, biking, private gated community, comfortable, modern kitchen, ideal location, with excellent views of the lake from two lake facing decks to relax on and a large back deck to bbq and dine on. Two gas log fireplaces to enjoy during the colder months.

Vacation Home rental Permit # 11-638

# Elks Point Nevada Beach Gated Gem!!!!

☐ Superhost · [Glenbrook, Nevada, United States](#)











[Show all photos](#)

Entire house hosted by Cherie  
8 guests · 3 bedrooms · 6 beds · 2 baths



Entire home  
You'll have the house to yourself.

Cherie is a Superhost

Superhosts are experienced, highly rated hosts who are committed to providing great stays for guests.

Perfect family home for 8 Elks point is a private neighborhood that is located at the beach. This house is 200ft from the beach a great place for a family vacation or a honey moon second honeymoon or just a great getaway. Come and enjoy what Tahoe has to offer. Sunny and bright tons of windows that overlook the lake and a breath taking view of Mt Tallac VHRP16-927  
PLEASE NOTE - a separate 14% occupancy tax will be collected upon booking confirmation

The space

More than 2 days is required over a weekend and during our peak summer and winter months. Please take the time to explore our listing and read our reviews! People LOVE our house!

Enjoy a beautiful setting in a exclusive Elks Point Lake view home this beautiful 3 bedroom 2 bath home is perfect for you family vacation. Newly furnished with comfy beds and a open kitchen living area to enjoy family time together.

The secluded but close to town location is perfect for a quiet getaway or family gathering year around. You can walk to the private beach enjoy a swim or rent a paddle board or kayak that is only 200 feet from the house. You may choose just to relax in a beach chair with a good book. There is always the option of relaxing on the deck that overlooks the beach and the famous Mt. Tallac. Within walking distance is Round Hill Pines beach where you can enjoy the beach and have a cocktail and some beach from dining, and they will give you a ride up the hill

Located walking distance on the beach to world class golfing, minutes from the casinos and Heavenly ski area. You are within walking distance to dining shopping, biking and running trails. Come to Tahoe and enjoy the great Tahoe life style. One of the best locations in Lake Tahoe to watch the fireworks you just walk down to the beach. If golf is your thing the Edgewood celebrity golf classic is a stone's throw away down the beach no traffic to fight with.

#### HOUSE DETAILS

This 3 bedroom 2 bath feature a Cal king size bed in the master bedroom that overlooks the lake and Mt Tallac with a 32" flat screen TV and access to the back patio area. The en suite bath has a dual sink vanity and a luxurious jetted tub, and beautiful tile work in and around the walk in shower. The 2nd bedroom also has a cal king size bed and the 3rd bedroom is a rustic double bunkroom a perfect place for the kids. An en suite guest bath connects to the 2nd bedroom and the hallway and has a shower/tub combo. The kitchen flows right into the living room making family gathers great. Super comfy sofa and love seat to set every comfortable with a gas fireplace and a 55" flat screen tv and of course Wifi and cable tv. The kitchen is also stocks with most things that you'll need as well as the bathrooms stocked with shampoo conditioner body wash and hair dryer.

[Contact host](#)

Country Club Cabin by RedAwning, Lake Tahoe

[See all properties](#)

Entire cabin

# Country Club Cabin by RedAwning

★★★

[Save](#)

[Overview](#) [Prices](#) [Location](#) [Amenities](#) [Policies](#) [Reviews](#)



### Popular amenities

Kitchen

Washer

Dryer

Barbecue Grill

[All amenities >](#)

411 Lakeview Ave, Unit RH09, Zephyr Cove, NV

[View in a map >](#)

### Explore the area

- Zephyr Cove Beach 10 min drive
- Edgewood Tahoe Golf Course 11 min drive
- Lakeside Beach 11 min drive
- Lake Tahoe, CA (TVL) 28 min drive

## Choose dates to view prices

## About this area

### Zephyr Cove

Country Club Cabin by RedAwning is located in Zephyr Cove. While the natural beauty of Lakeside Beach and Zephyr Cove Beach can be enjoyed by anyone, those looking for an activity can check out Heavenly Ski Resort. Magic Carpet Golf and Lake Tahoe Balloons are also worth visiting.



[View in a map](#)

#### What's nearby

- Hard Rock Hotel & Casino Lake Tahoe - 9 min drive
- Casino at MontBleu Lake Tahoe - 9 min drive
- Zephyr Cove Beach - 10 min drive
- Edgewood Tahoe Golf Course - 11 min drive
- Lakeside Beach - 11 min drive

#### Getting around

-  Reno-Tahoe Intl. Airport (RNO) - 69 min drive

## About this property

### Entire place

You'll have the entire cabin to yourself and will only share it with other guests in your party.

### Country Club Cabin by RedAwning

3-star cabin in Zephyr Cove

This cabin features barbecue grills. Cabins feature washers/dryers and cable TV, plus kitchens with ovens and dishwashers. Other amenities that guests will find include DVD players and coffee makers.

Guest accommodations at Country Club Cabin by RedAwning offer washers/dryers and DVD players. Televisions come with cable channels. Accommodations at this 3-star cabin have kitchens with dishwashers and coffee/tea makers.

## Property amenities

### Kitchen

Oven  
Dishwasher  
Coffee/tea maker

### Outdoor areas

Barbecue grill

### Laundry

Washer/dryer

## Policies

### Check-in

Check-in from 4 PM - 8 PM

### Check-out

Check-out before 11 AM

### Special check-in instructions

To make arrangements for check-in please contact the property at least 72 hours before arrival using the information on the booking confirmation

### Children and extra beds

Children are welcome

### Property payment types



## Important information

### Fees

You'll be asked to pay the following charges at the property:

- Cleaning fees vary based on unit and length of stay

We have included all charges provided to us by the property. However, charges can vary, for example, based on length of stay or the room you book.

### You need to know

Extra-person charges may apply and vary depending on property policy

Government-issued photo identification and a credit card, debit card, or cash deposit may be required at check-in for incidental charges

Special requests are subject to availability upon check-in and may incur additional charges; special requests cannot be guaranteed

### Property is also known as

Country Club Cabin RedAwning Zephyr Cove  
Country Club Cabin RedAwning  
Country Club RedAwning Zephyr Cove  
Country Club RedAwning  
Country Club By Zephyr Cove  
Country Club Cabin by RedAwning Cabin  
Country Club Cabin by RedAwning Zephyr Cove  
Country Club Cabin by RedAwning Cabin Zephyr Cove

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## Frequently asked questions

- ✓ **What time is check-in at this property?**
- ✓ **What time is check-out at this property?**
- ✓ **Where is this property located?**

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## TANNER HOUSE

Property search

”

Where

Check In

Check Out

Booking details

\$325

per night

### [14 Reviews](#)

Excellent! 4.6/5 · Good for families

Please enter number of guests.

Check In

Check Out

Guests

Total

\$2,291.70

Includes taxes and fees

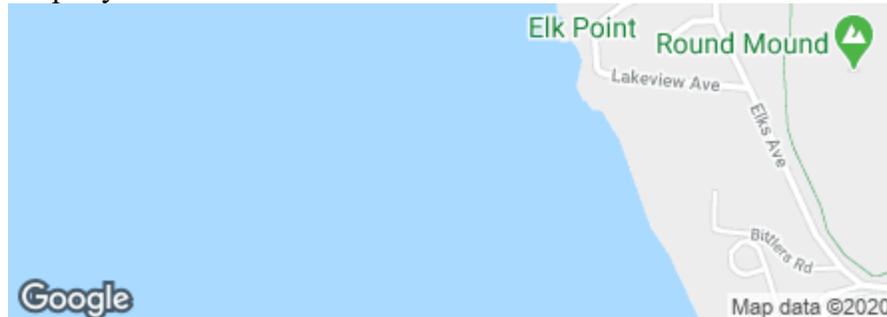
[View details](#)

Brandon Gerard

**Property # 218550**

# Charming Tahoe Cabin W/Lake View & Private Beach, Sleeps 10

Property overview



Round Hill Village, NV, USA

- 
- House
- • Sleeps: 10
- • Bedrooms: 4
- • Bathrooms: 2

- • Min Stay: 3–7 nights

Good for families Hot Tub No Smoking Internet TV Satellite or Cable

### **House, 4 Bedrooms, 2 Baths, Sleeps 10-Vacation Rental Permit 05-243**

Our home is located in Elk Point Country Club, a gated community on the Nevada side of South Lake Tahoe, approximately 1/2 mile off Highway 50, 1 ½ miles from Stateline casinos, shopping centers, and the Edgewood golf course. World-renowned Heavenly Valley Ski Resort is just 4 miles away. There is direct walking or driving access to a private beach. Access to the lake is unobstructed by other homes, with stunning views through pine trees of the lake and surrounding mountains.

- **Size:** The house is two stories, approximately 2000 square feet, and accommodates up to 10 people, with 4 bedrooms and 2 baths. A redwood deck, including lakeside deck space, surrounds more than 60% of the house.
- **Full Kitchen & Pantry Area:** includes dishes, glasses, utensils, stove, microwave, dishwasher, refrigerator/freezer, washer, dryer, coffee maker, toaster oven, pots & pans, cooking utensils.
- **Living & Dining Areas:** This is the center of the house, with picture windows overlooking the lake. Large TV and DVD. Lots of room to lounge and enjoy the scenery. The attached dining room seats 10 and opens onto the back deck, which accommodates outdoor dining.
- **Bedrooms:** Queen bedroom downstairs, and 3 bedrooms upstairs. Two upstairs bedrooms each include 1 double bed and 2 single beds. The third bedroom upstairs has one single bed. TVs are located in the queen bedroom and the two large upstairs bedrooms. All bedding included with your rental.
- **Bathrooms:** Two full bathrooms, one upstairs and one downstairs. Bath tub in downstairs bathroom. Bath towels provided.

Exclusive Access / Amenities:

- **Private Beach & Swimming Area:** Easy access to the beach, common area beach bar-b-q (reservations available through the Elk Point Country Club caretaker), and roped-off swimming area.

- Private Hot Tub: All year round! Enjoy a quiet soak, as you contemplate lake and mountain views from the privacy of the back deck.
- Private Deck and Bar-B-Q area: Admire the lake and mountain scenery as you bar-b-q on the charcoal grill, sip a cocktail, and enjoy summer dining outside on the home's private deck. Deck furniture included.
- Round Hill Shopping Center: Just across Highway 50, enjoy a variety of restaurants, bike and kayak rentals, coffee shop, Safeway and other retail stores.
- Walking & Biking Trails: Nearby Nevada State Beach and park areas offer beautiful walking and biking trails through a protected meadow and up into the hills above Highway 50.

Vacation home rental permit #05-243

Keywords: House, Elk Point, Beach

EXHIBIT “13”

EXHIBIT “13”

2018 EPCC RENTALS

ADDRESS	DAYS RENTED - LOW SEASON *	REVENUE - LOW SEASON	DAYS RENTED - HIGH SEASON #	REVENUE - HIGH SEASON	TOTAL REVENUE
402 Elks Ave (Morosky)	3.00	\$ 1,500.00	28.00	\$ 28,000.00	\$ 29,500.00
408 Lakeview Ave (Peck)	16.00	\$ 8,000.00	58.00	\$ 58,000.00	\$ 66,000.00
412 Lakeview Ave (Zaller)	81.00	\$ 40,500.00	44.00	\$ 44,000.00	\$ 84,500.00
415 Lakeview Ave (Lagomarsino)	58.00	\$ 29,000.00	49.00	\$ 49,000.00	\$ 78,000.00
421 Lakeview Ave (Hoffman)	17.00	\$ 8,500.00	16.00	\$ 16,000.00	\$ 24,500.00
428 Lakeview Ave (Howell)	56.00	\$ 28,000.00	42.00	\$ 42,000.00	\$ 70,000.00
429 Lakeview Ave (Munson)	1.00	\$ 500.00	41.00	\$ 41,000.00	\$ 41,500.00
430 Lakeview Ave (LiCon)	0.00	\$ -	46.00	\$ 46,000.00	\$ 46,000.00
431 Lakeview Ave (Cash)	0.00	\$ -	43.00	\$ 43,000.00	\$ 43,000.00
432 Elks Point Ave (Tanner)	14.00	\$ 7,000.00	53.00	\$ 53,000.00	\$ 60,000.00
439 Lakeview Ave (Schulze)	12.00	\$ 6,000.00	67.00	\$ 67,000.00	\$ 73,000.00
441 Lakeview Ave (Hart) Rolanne	0.00	\$ -	0.00	\$ -	\$ -
446 Lakeview Ave (Pott) Rolanne	3.00	\$ 1,500.00	67.00	\$ 67,000.00	\$ 68,500.00
450 Elks Ave (Ahern)	0.00	\$ -	15.00	\$ 15,000.00	\$ 15,000.00
452 Reno Ave (Gerkin)	0.00	\$ -	0.00	\$ -	\$ -
453 Lakeview Ave (Herron)	43.00	\$ 21,500.00	9.00	\$ 9,000.00	\$ 30,500.00
454 Center St (Nelson)	0.00	\$ -	0.00	\$ -	\$ -
462 Reno Ave (Jacobsen Adams)	21.00	\$ 10,500.00	8.00	\$ 8,000.00	\$ 18,500.00
463 Elks Ave (Wallis)	5	\$ 2,500.00	25.00	\$ 25,000.00	\$ 27,500.00
467 Elks Ave (Dante)	3	\$ 1,500.00	17.00	\$ 17,000.00	\$ 18,500.00
467 Lakeview Ave (Rowe)	0	\$ -	34.00	\$ 34,000.00	\$ 34,000.00
469 Elks Ave (Greenhalgh)	6	\$ 3,000.00	19.00	\$ 19,000.00	\$ 22,000.00
LOW SEASON - \$/NIGHT	\$	500.00			
HIGH SEASON - \$/NIGHT	\$	1,000.00			
SEASONAL REVENUE		\$ 169,500.00		\$ 681,000.00	
YEARLY REVENUE					\$ 850,500.00
	* JAN. - MAY, SEP. - DEC.		# JUNE - AUG.		

Plaintiffs 0393

# EXHIBIT “14”



# EXHIBIT “14”

**EPCC VRBO Renters' "Reported" Days Renting Analysis for 2019**

ADDRESS	DAYS RENTED - LOW SEASON *	REVENUE - LOW SEASON	DAYS RENTED - HIGH SEASON #	REVENUE - HIGH SEASON	TOTAL REVENUE
402 Elks Ave (Morosky)	2.00	\$ 1,000.00	30.00	\$ 30,000.00	\$ 31,000.00
408 Lakeview Ave (Peck)	12.00	\$ 6,000.00	48.00	\$ 48,000.00	\$ 54,000.00
412 Lakeview Ave (Zeller)	58.00	\$ 29,000.00	44.00	\$ 44,000.00	\$ 73,000.00
415 Lakeview Ave (Lagomarsino)	49.00	\$ 24,500.00	41.00	\$ 41,000.00	\$ 65,500.00
421 Lakeview Ave (Hoffman)	9.00	\$ 4,500.00	28.00	\$ 28,000.00	\$ 32,500.00
428 Lakeview Ave (Howell)	90.00	\$ 45,000.00	23.00	\$ 23,000.00	\$ 68,000.00
429 Lakeview Ave (Munson)	7.00	\$ 3,500.00	57.00	\$ 57,000.00	\$ 60,500.00
430 Lakeview Ave (LiCon)	9.00	\$ 4,500.00	59.00	\$ 59,000.00	\$ 63,500.00
431 Lakeview Ave (Cash)	11.00	\$ 5,500.00	33.00	\$ 33,000.00	\$ 38,500.00
432 Elks Point Ave (Tanner)	14.00	\$ 7,000.00	47.00	\$ 47,000.00	\$ 54,000.00
439 Lakeview Ave (Schulze)	10.00	\$ 5,000.00	40.00	\$ 40,000.00	\$ 45,000.00
446 Lakeview Ave (Pott) Roianne	7.00	\$ 3,500.00	60.00	\$ 60,000.00	\$ 63,500.00
453 Lakeview Ave (Herron)	62.00	\$ 31,000.00	75.00	\$ 75,000.00	\$ 106,000.00
454 Center St (Nelson)	51.00	\$ 25,500.00	53.00	\$ 53,000.00	\$ 78,500.00
462 Reno Ave (Adams)	20.00	\$ 10,000.00	17.00	\$ 17,000.00	\$ 27,000.00
467 Elks (Dante)	4.00	\$ 2,000.00	12.00	\$ 12,000.00	\$ 14,000.00
467 Lakeview Ave (Rowe)	0.00	\$ -	45.00	\$ 45,000.00	\$ 45,000.00
469 Elks Ave (Greenhalgh)	87.00	\$ 43,500.00	57.00	\$ 57,000.00	\$ 100,500.00
440 Center (K Gerken) daily rm rentals	??	??	??	??	??
454 Lakeview (Butler) rents w-o permit	??	??	??	??	??
LOW SEASON - \$/NIGHT	\$	500.00			
HIGH SEASON - \$/NIGHT	\$	1,000.00			
SEASONAL REVENUE		\$ 251,000.00		\$ 769,000.00	
YEARLY REVENUE					\$ 1,020,000.00

\* JAN. - MAY, SEP. - DEC.

# JUNE - AUGUST

**Add'l VRBO Owners Who Temporarily Have Long Term Rentals But Maintain Active VRBO Permits**

- 450 Center Street (Ahern)
- 452 Reno (Anne/Tim Gerkens)
- 463 Elks Ave (Wallis)
- 441 & 444 Lakeview (Hart/Pott)
- 411 Lakeview (Jennings)

EXHIBIT “15”

EXHIBIT “15”

June 7, 2020

*The following is a brief survey of EPCC board candidate positions in regards to the major issues at hand. All candidates have been given an opportunity to review and contribute to this survey.*

Candidate name: Charles Jennings

1. Budget – Board should present the EPCC financials in the following format:  
DETAILED  or SUMMARY
2. Community – The rising division over these and other issues is continuing to wreak havoc on EPCC, as a community. What are your suggestions for working towards reconciliation of our Association?

A collaborative approach is necessary to discuss issues among the homeowners that will lead to compromise. To use a legal approach is in my opinion confrontational and takes the decision away from the homeowners

3. Encroachments - Over the last 90 plus years a significant number of unit owners have wittingly or unwittingly encroached upon EPCC common property. Do you believe that the Board, at this point, should take any action to require unit owners to correct past encroachments?  
YES  NO

4. Parking – What solution do you suggest for the parking challenge at EPCC?

Develop a method of identifying vehicles by user type such as homeowner, homeowner guest, homeowner service provider and homeowner contractor.

5. Rules and Enforcement – Do you feel that EPCC has:  
 To many rules  Not enough rules  Proper balance?
6. Vacation Rentals - Should the Board take any action to **eliminate** short term rentals?  
YES  NO
7. Vacation Rentals - Should the Board take any action to **restrict** short term rentals?  
YES  NO

8. Comments in regards to answers above:

There are many homeowners at Elk Point that have rented their residence over the years and some continue to do so. There are also some homeowners including candidates for the EPCC Board that have stated on record that rentals of less than 30 days be banned at Elk Point. Since Elk Point has allowed rentals, to resolve this divergence with a ban by the EPCC Board will in my opinion not be in the best interest of the entire community. A collaborative approach is necessary to discuss solutions among the homeowners that will require compromise.

June 15, 2020

The following is a brief survey of EPCC board candidate positions in regards to the major issues at hand. All candidates have been given an opportunity to review and contribute to this survey.

Candidate name: Mark Morasty

1. Budget – Board should present the EPCC financials in the following format:  
DETAILED \_\_\_\_\_ or SUMMARY X
2. Community – The rising division over these and other issues is continuing to wreak havoc on EPCC, as a community. What are your suggestions for working towards reconciliation of our Association? *The golden rule. Do unto others as you would have others do unto you.*
3. Encroachments - Over the last 90 plus years a significant number of unit owners have wittingly or unwittingly encroached upon EPCC common property. Do you believe that the Board, at this point, should take any action to require unit owners to correct past encroachments?  
YES \_\_\_ NO X *but, closely enforce any new encroachments.*
4. Parking – What solution do you suggest for the parking challenge at EPCC?  
*Allocate more overflow parking @ the beach / Marina area.*
5. Rules and Enforcement – Do you feel that EPCC has:  
X Too many rules \_\_\_ Not enough rules \_\_\_ Proper balance?
6. Vacation Rentals - Should the Board take any action to **eliminate** short term rentals?  
YES \_\_\_ NO X
7. Vacation Rentals - Should the Board take any action to **restrict** short term rentals?  
YES \_\_\_ NO X
8. Comments in regards to answers above:  
*follow the current rules & there should be no problems.*

*Mark*

Page No. 0397

The following is a brief survey of EPCC board candidate positions in regards to the major issues of EPCC. All participants have been given an opportunity to review and contribute to this survey.

*James James*

Should the Board present the EPCC financials in the following format:  
 Detailed  Summary

Continually - The major obstacle over these and other issues is continuing to wreak havoc on EPCC as a community. What are your suggestions for working towards reconciliation of our community?  
*Listen to what the majority wants and use decision on that*

Encroachments - Over the last 80 plus years a significant number of unit owners have willingly or unwillingly encroached upon EPCC common property. Do you believe that the Board, at this point, should take any action to require unit owners to correct past encroachments?  
 Yes  No

Beaching - What action do you suggest for the beaching challenge at EPCC?  
*LISTEN MORE HARDER DOWN AT THE BEACH LUNCH AND EXPAND THE MARINA*

Board and Management - Do you feel that EPCC has:  
 Too many rules  Not enough rules  Proper balance?

Short Term Rentals - Should the Board take any action to eliminate short term rentals?  
 Yes  No

Short Term Rentals - Should the Board take any action to restrict short term rentals?  
 Yes  No

Comments or requests for answers above:

June 15, 2020

*The following is a brief survey of EPCC board candidate positions in regards to the major issues at hand. All candidates have been given an opportunity to review and contribute to this survey.*

Candidate name: ROBERT FELTON

1. Budget – Board should present the EPPC financials in the following format:  
DETAILED  or SUMMARY
2. Community – The rising division over these and other issues is continuing to wreak havoc on EPCC, as a community. What are your suggestions for working towards reconciliation of our Association?

It is my intent to be available to provide the knowledge and background needed to help the new management firm to transition smoothly in their service to EPCC.

3. Encroachments - Over the last 90 plus years a significant number of unit owners have wittingly or unwittingly encroached upon EPCC common property. Do you believe that the Board, at this point, should take any action to require unit owners to correct past encroachments?  
YES  NO
4. Parking – What solution do you suggest for the parking challenge at EPCC?

As a start, implement a EPCC Unit's owner decal for the front bumper of their cars.

5. Rules and Enforcement – Do you feel that EPCC has:  
 Too many rules  Not enough rules  Proper balance?
6. Vacation Rentals - Should the Board take any action to **eliminate** short term rentals?  
YES  NO
7. Vacation Rentals - Should the Board take any action to **restrict** short term rentals?  
YES  NO  ONLY if a majority of the units' owners request that the Board take on this issue.
8. Comments in regards to answers above:

EXHIBIT “16”

EXHIBIT “16”

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

ELK POINT COUNTRY CLUB, INC. P. O. BOX 9 ZEPHYR COVE, NV 89448

D Employer Identification Number 88-0029623 E Telephone number F Accounting method: [X] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: N/A

J Organization type (check only): [X] 501(c) 7 (insert no) 4947(a)(1) or 527

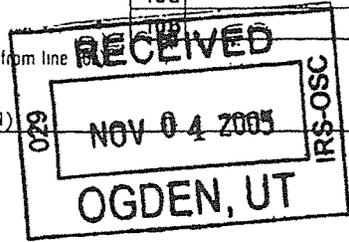
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [X] No H (b) If Yes, enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 233,359.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes items like Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning and end of year.



SCANNED NOV 16 2005

RECEIVED

EXPENSES

ASSETS

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (all sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (all sch)	23				
24 Benefits paid to or for members (all sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	34,915.			
27 Pension plan contributions	27				
28 Other employee benefits	28	9,839.			
29 Payroll taxes	29	3,489.			
30 Professional fundraising fees	30				
31 Accounting fees	31	9,000.			
32 Legal fees	32	21,927.			
33 Supplies	33				
34 Telephone	34	3,284.			
35 Postage and shipping	35	1,604.			
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	85,250.			
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	169,308.			

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?   
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

N/A

Program Service Expenses  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a ----- ----- ----- (Grants and allocations \$ _____)	
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

433

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>ASSETS</b>	45	Cash — non-interest-bearing.....	14,080.	45	30,551.
	46	Savings and temporary cash investments	263,659.	46	292,391.
	47 a	Accounts receivable .....		47 a	
		b Less: allowance for doubtful accounts .....	3,601.	47 b	47 c
	48 a	Pledges receivable .....		48 a	
		b Less: allowance for doubtful accounts .....		48 b	48 c
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a	Other notes & loans receivable (attach sch.) .....		51 a	
		b Less: allowance for doubtful accounts .....		51 b	51 c
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....		53	
	54	Investments — securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a	Investments — land, buildings, & equipment basis .....		55 a	
		b Less: accumulated depreciation (attach schedule) .....		55 b	55 c
56	Investments — other (attach schedule) .....		56		
57 a	Land, buildings, and equipment basis .....	1,232,392.	57 a		
	b Less: accumulated depreciation (attach schedule) .....		57 b	57 c	
	Other assets (describe <b>STATEMENT 3</b> <u>SEE STATEMENT 4</u> ) .....	100.	58	100.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,494,534.	59	1,555,434.	
<b>LIABILITIES</b>	60	Accounts payable and accrued expenses .....	2,582.	60	
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a	Tax-exempt bond liabilities (attach schedule) .....		64 a	
		b Mortgages and other notes payable (attach schedule) .....		64 b	
	65	Other liabilities (describe <b>SEE STATEMENT 5</b> ) .....	1,227.	65	658.
66	<b>Total liabilities</b> (add lines 60 through 65)	3,809.	66	658.	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted .....	1,264,776.	67	1,262,385.
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....	225,949.	69	292,391.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,490,725.	73	1,554,776.
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,494,534.	74	1,555,434.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)**

**Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	a	233,359.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments .. \$		
(2)	Donated services and use of facilities .. \$		
(3)	Recoveries of prior year grants .. \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	233,359.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	233,359.

a	Total expenses and losses per audited financial statements	a	169,308.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	169,308.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	169,308.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
LEE HERRON PO BOX 1137 ZEPHYR COVE, NV 89448	TREASURER 5	0.	0.	0.
MIKE CONWAY 635 MARSH AVENUE RENO, NV 89509	DIRECTOR 5	0.	0.	0.
FRED HANKER 2732 DOUGLAS ROAD STOCKTON, CA 95207	DIRECTOR NONE	0.	0.	0.
MARTHA ZELLER P. O. BOX 9 ZEPHYR COVE, NV 89448	PRESIDENT 5	0.	0.	0.
GARY TATE 170 A CHAPARRAL ROAD CARMEL VALLEY, CA 93924	SECRETARY 5	0.	0.	0.
HAL WHITTEN PO BOX 10377 ZEPHYR COVE, NV 89448	DIRECTOR 5	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes  No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations: Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations: Enter: a Initiation fees and capital contributions included on line 12	86a	0.
86b	Gross receipts, included on line 12, for public use of club facilities	86b	0.
87a	501(c)(12) organizations: Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
89b	501(c)(3) and 501(c)(4) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	0
91	The books are in care of <u>JACQUELINE PROULX</u> Telephone number <u>775-588-2555</u> Located at <u>PO BOX 319 ZEPHYR COVE, NV</u> ZIP + 4 <u>89448</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . .					
94 Membership dues and assessments . . . . .			3	169,478.	
95 Interest on savings & temporary cash invmnts .			1	5,892.	
96 Dividends & interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income . . . . .	531390	1.	16	9,137.	
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue. a _____					
b NEW MEMBERSHIP FEES _____			3	50,000.	
c OTHER INCOME _____			3	-1,149.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).		1.		233,358.	
105 Total (add line 104, columns (B), (D), and (E))					233,359.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

**Please Sign Here**

Signature of officer: *[Signature]* Date: \_\_\_\_\_

Type or print name and title: **LEE F HETRON, TREASURER EPCC HOA 31 OCT 05**

---

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 10/25/05

Firm's name (or yours if self-employed), address, and ZIP+4: **JACQUELINE PROULX, EA  
P. O. BOX 14064  
SOUTH LAKE TAHOE, CA 96151**

Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): P00538576

EIN: 27-0117195

Phone no: 530-541-4886

STATEMENT 1  
FORM 990, PART I, LINE 7  
OTHER INVESTMENT INCOME

YACHT CLUB RENT.....	\$ 9,138.
TOTAL	<u>\$ 9,138.</u>

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
BEACH	1,035.			
FEES & PERMITS	801.			
INSURANCE	40,651.			
MISCELLANEOUS	393.			
OFFICE EXPENSE	4,551.			
OUTSIDE SERVICES	2,382.			
REPAIRS & MAINTENANCE	10,071.			
RESIDENTIAL MAINTENANCE	682.			
SNOW REMOVAL	2,917.			
TRUCK EXPENSE	3,057.			
UTILITIES	14,101.			
WATER TESTING & TANK MAINT.	4,609.			
TOTAL	<u>\$ 85,250.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 35,697.	\$ 0.	\$ 35,697.
BUILDINGS	163,928.	0.	163,928.
IMPROVEMENTS	1,032,767.	0.	1,032,767.
TOTAL	<u>\$ 1,232,392.</u>	<u>\$ 0.</u>	<u>\$ 1,232,392.</u>

STATEMENT 4  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

UTILITY DEPOSIT	\$ 100.
TOTAL	<u>\$ 100.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

PAYROLL TAX PAYABLE.....  
SECURITY DEPOSIT - CARETAKERS RESIDENCE

	\$	158.
		500.
TOTAL	\$	<u>658.</u>



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Plaintiffs 0167



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

- Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

ELK POINT COUNTRY CLUB, INC. P. O. BOX 9 ZEPHYR COVE, NV 89448

D Employer Identification Number 88-0029623 E Telephone number F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type: 501(c) 7 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 262,712.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes revenue from contributions, program services, membership dues, and expenses for fundraising and management.

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	<b>25a</b>	0.		
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>	0.		
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>	0.		
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	35,393.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	4,264.		
<b>29</b> Payroll taxes	<b>29</b>	2,843.		
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	9,000.		
<b>32</b> Legal fees	<b>32</b>	5,710.		
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b>	2,582.		
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	8,316.		
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> SEE STATEMENT 1	<b>43a</b>	117,366.		
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	185,474.		

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	2,574.	45	3,304.
	46 Savings and temporary cash investments	180,710.	46	57,087.
	47a Accounts receivable	99.		
	b Less allowance for doubtful accounts		47c	99.
	47b	63.		
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	48b			
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51c	
	b Less allowance for doubtful accounts		51b	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,807.	53	10,375.
	54a Investments – publicly-traded securities		54a	
	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			
	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	155,611.	54b	363,220.
	55a Investments – land, buildings, & equipment basis		55c	
b Less accumulated depreciation (attach schedule)		55b		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment, basis	1,245,373.			
b Less accumulated depreciation (attach schedule) STATEMENT 3	1,197,323.	57c	48,050.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 4)	102.	58	101.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	409,233.	59	482,236.	
LIABILITIES	60 Accounts payable and accrued expenses	4,928.	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 5)	500.	65	1,193.
	66 <b>Total liabilities.</b> Add lines 60 through 65	5,428.	66	1,193.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	112,844.	67	119,121.
	68 Temporarily restricted		68	
	69 Permanently restricted	290,961.	69	361,922.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	403,805.	73	481,043.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	409,233.	74	482,236.

BAA

Form 990 (2006)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	262,712.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	262,712.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	262,712.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	185,474.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	185,474.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	185,474.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
LEE HERRON PO BOX 1137 ZEPHYR COVE, NV 89448	TREASURER 0	0.	0.	0.
MIKE CONWAY 635 MARSH AVENUE RENO, NV 89509	DIRECTOR 0	0.	0.	0.
FRED HANKER 2732 DOUGLAS ROAD STOCKTON, CA 95207	DIRECTOR 0	0.	0.	0.
MARTHA ZELLER P. O. BOX 9 ZEPHYR COVE, NV 89448	PRESIDENT 0	0.	0.	0.
GARY TATE 170 A CHAPARRAL ROAD CARMEL VALLEY, CA 93924	SECRETARY 0	0.	0.	0.
HAL WHITTEN PO BOX 10377 ZEPHYR COVE, NV 89448	DIRECTOR 0	0.	0.	0.



Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	0.
b	Gross receipts, included on line 12, for public use of club facilities	86b	0.
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A	89a	
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	N/A
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A	89c	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A	89d	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ NONE	90a	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	0
91 a	The books are in care of ▶ JACQUELINE PROULX Telephone number ▶ 530-541-0106 Located at ▶ PO BOX 14064, SOUTH LAKE TAHOE CA ZIP + 4 ▶ 96151	91a	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91b	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments			3	206,061.	
95 Interest on savings & temporary cash invmnts			1	2,782.	
96 Dividends & interest from securities			1	13,868.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b NEW MEMBERSHIP FEES		40,000.	3		
c YACHT CLUB RENT	531190	1.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		40,001.		222,711.	
105 Total (add line 104, columns (B), (D), and (E))					262,712.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer: John M. Conway Date: 8-11-08  
 Type or print name and title: JOHN M CONWAY, TREASURER

**Paid Preparer's Use Only**

Preparer's signature: Jacqueline Proulx Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: JF AND COMPANY INC. P.O. BOX 14064 SOUTH LAKE TAHOE, CA 96151  
 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A  
 EIN: N/A Phone no: (530) 541-0106

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Form 990 (2006)

ELK POINT COUNTRY CLUB, INC.

88-0029623

STATEMENT 1  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ASSET STUDY	7,500.			
BEACH	2,597.			
BMP RETROFIT	6,070.			
FEES & PERMITS	450.			
INSURANCE	14,601.			
MISCELLANEOUS	328.			
OFFICE EXPENSE	1,961.			
REPAIRS & MAINTENANCE	13,890.			
RESIDENTIAL MAINTENANCE	1,004.			
TREE MAINTENANCE	34,710.			
TRUCK EXPENSE	3,021.			
UTILITIES	14,061.			
WATER TESTING & TANK MAINT.	17,173.			
TOTAL	\$ 117,366.	\$ 0.	\$ 0.	\$ 0.

STATEMENT 2  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

STATEMENT 3  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 35,697.	\$ 27,115.	\$ 8,582.
BUILDINGS	180,255.	139,107.	41,148.
IMPROVEMENTS	1,029,421.	1,031,101.	-1,680.
TOTAL	\$ 1,245,373.	\$ 1,197,323.	\$ 48,050.

STATEMENT 4  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ROUNDING		1.
UTILITY DEPOSIT		100.
TOTAL	\$	<u>101.</u>

STATEMENT 5  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

PAYROLL TAXES PAYABLE	\$	693.
SECURITY DEPOSIT - CARETAKERS RESIDENCE		500.
TOTAL	\$	<u>1,193.</u>



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Plaintiffs 0179



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C ELK POINT COUNTRY CLUB, INC. P. O. BOX 9 ZEPHYR COVE, NV 89448

D Employer Identification Number 88-0029623 E Telephone number F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one) 501(c) 7 (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 234,110

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes lines 1-21 for revenue, expenses, and net assets.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Handwritten note: PINK

ENVELOPE POSTMARK DATE APR 30 2009

SCANNED JUN 03 2009

PCZYK:RMB

USMSZBPKXK

INTS

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instruct)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 a</b>				
<b>22 b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25 a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25 a</b>	0.			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25 b</b>	0.			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25 c</b>	0.			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	36,042.			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	550.			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	5,935.			
<b>29</b> Payroll taxes	<b>29</b>	3,065.			
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	14,475.			
<b>32</b> Legal fees	<b>32</b>	9,225.			
<b>33</b> Supplies	<b>33</b>				
<b>34</b> Telephone	<b>34</b>	3,842.			
<b>35</b> Postage and shipping	<b>35</b>	2,592.			
<b>36</b> Occupancy	<b>36</b>				
<b>37</b> Equipment rental and maintenance	<b>37</b>				
<b>38</b> Printing and publications	<b>38</b>				
<b>39</b> Travel	<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	<b>40</b>				
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	5,316.			
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 1	<b>43 a</b>	83,722.			
<b>b</b> _____	<b>43 b</b>				
<b>c</b> _____	<b>43 c</b>				
<b>d</b> _____	<b>43 d</b>				
<b>e</b> _____	<b>43 e</b>				
<b>f</b> _____	<b>43 f</b>				
<b>g</b> _____	<b>43 g</b>				
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	164,764.			

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

454

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<b>a</b> MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash — non-interest-bearing	3,304.	45	19,797.
	46 Savings and temporary cash investments	57,087.	46	28,756.
	47a Accounts receivable	47a 275.		
	b Less allowance for doubtful accounts	47b	99.	47c 275.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		10,375.	53 6,569.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	363,220.	54a 472,124.
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)			56
	57a Land, buildings, and equipment basis	57a 1,245,373.		
b Less accumulated depreciation (attach schedule) STATEMENT 3	57b 1,202,639.	48,050.	57c 42,734.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 4)		101.	58 101.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		482,236.	59 570,356.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► SEE STATEMENT 5)		1,193.	65 19,967.
66 <b>Total liabilities.</b> Add lines 60 through 65		1,193.	66 19,967.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	119,121.	67	166,479.
	68 Temporarily restricted		68	
	69 Permanently restricted	361,922.	69	383,910.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		481,043.	73 550,389.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		482,236.	74 570,356.

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Form 990 (2007)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	234,110.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	234,110.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	234,110.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	164,764.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	164,764.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	164,764.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
RICHARD JARED 4849 JOHN MUIR ROAD MARTINEZ, CA 94553	PRESIDENT 0	0.	0.	0.
MIKE CONWAY 635 MARSH AVENUE RENO, NV 89509	TREASURER 0	0.	0.	0.
FRED HANKER 2732 DOUGLAS ROAD STOCKTON, CA 95207	DIRECTOR 0	0.	0.	0.
GARY TATE 170 A CHAPARRAL ROAD CARMEL VALLEY, CA 93924	SECRETARY 0	0.	0.	0.
HAL WHITTEN PO BOX 10377 ZEPHYR COVE, NV 89448	DIRECTOR 0	0.	0.	0.



**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express tax statement that such contributions or gifts were not tax deductible?		N/A
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b>	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	0.
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	0.
<b>87</b>	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
<b>89 a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A ; section 4912 N/A , section 4955 N/A	89a	
<b>b</b>	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	N/A
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	N/A
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	N/A
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X

**90 a** List the states with which a copy of this return is filed ▶ NONE

**b** Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 0

**91 a** The books are in care of ▶ JACQUELINE PROULX Telephone number ▶ 530-541-0106  
 Located at ▶ PO BOX 14064 SOUTH LAKE TAHOE CA ZIP + 4 ▶ 96151

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
 If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c**  Yes  No

If 'Yes,' enter the name of the foreign country

**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041** - Check here  N/A

and enter the amount of tax-exempt interest received or accrued during the tax year **92**  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93 Program service revenue</b>					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
<b>94 Membership dues and assessments</b>			3	205,600.	
<b>95 Interest on savings &amp; temporary cash invmnts</b>			1	601.	
<b>96 Dividends &amp; interest from securities</b>			1	27,908.	
<b>97 Net rental income or (loss) from real estate:</b>					
a debt-financed property					
b not debt-financed property			1	1.	
<b>98 Net rental income or (loss) from pers prop</b>					
<b>99 Other investment income</b>					
<b>100 Gain or (loss) from sales of assets other than inventory</b>					
<b>101 Net income or (loss) from special events</b>					
<b>102 Gross profit or (loss) from sales of inventory</b>					
<b>103 Other revenue</b> a _____					
b _____					
c _____					
d _____					
e _____					
<b>104 Subtotal (add columns (B), (D), and (E))</b>				234,110.	
<b>105 Total (add line 104, columns (B), (D), and (E))</b>					234,110.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

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.

Signature of officer: Richard Jared Date: 9/30/08

Type or print name and title: RICHARD JARED, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: Jacqueline Prouly Date: 9/29/09 Check if self-employed:  Preparer's SSN or PTIN (See General instruction X): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: JP AND COMPANY INC.  
P.O. BOX 14064  
SOUTH LAKE TAHOE, CA 96151 EIN: N/A Phone no: (530) 541-0106

BAA

Form 990 (2007)

STATEMENT 1  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BEACH	1,348.			
BMP RETROFIT	15,296.			
FEES & PERMITS	369.			
FIRE SAFETY	5,000.			
INSURANCE	14,661.			
OFFICE EXPENSE	3,036.			
REPAIRS & MAINTENANCE	8,533.			
RESIDENTIAL MAINTENANCE	2,432.			
TRUCK EXPENSE	4,940.			
URANIUM STUDY	3,197.			
UTILITIES	20,946.			
WATER TESTING & TANK MAINT.	3,964.			
TOTAL	<u>\$ 83,722.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 2  
FORM 990, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

STATEMENT 3  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 35,697.	\$ 30,115.	\$ 5,582.
BUILDINGS	180,255.	143,103.	37,152.
IMPROVEMENTS	1,029,421.	1,029,421.	0.
TOTAL	<u>\$ 1,245,373.</u>	<u>\$ 1,202,639.</u>	<u>\$ 42,734.</u>

STATEMENT 4  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

ROUNDING		1.
UTILITY DEPOSIT		100.
TOTAL	<u>\$</u>	<u>101.</u>

2007

FEDERAL STATEMENTS

PAGE 2

ELK POINT COUNTRY CLUB, INC.

88-0029623

STATEMENT 5  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

MARINA DEPOSITS	\$	18,700.
PAYROLL TAXES PAYABLE		767.
SECURITY DEPOSIT - CARETAKERS RESIDENCE		500.
TOTAL	\$	<u>19,967.</u>



See a Social Security Number? Say Something!  
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Plaintiffs 0191



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2009**

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 Elk Point Country Club Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 P O Box 9

City or town, state or country, and ZIP + 4  
 Zephyr Cove, NV 89448

**D** Employer identification number  
 88-0029623

**E** Telephone number

**G** Gross receipts \$ 323,048

**F** Name and address of principal officer

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c) ( 7 ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile NV

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** \_\_\_\_\_ **5**

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** \_\_\_\_\_ **0**

**5** Total number of employees (Part V, line 2a) . . . . . **5** \_\_\_\_\_ **0**

**6** Total number of volunteers (estimate if necessary) . . . . . **6** \_\_\_\_\_

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a** \_\_\_\_\_ **0**

**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b** \_\_\_\_\_

		Prior Year	Current Year
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .		0
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	358,871	270,734
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	20,333	28,314
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,000	24,000
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	403,204	323,048
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,693	55,433
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	166,498	172,625
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	216,191	228,058	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	187,013	94,990	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	808,775	1,004,658
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	55,990	155,334
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	752,785	849,324	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2011-05-04

Bill Vickers Treasurer  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Jacqueline Proulx EA Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: JP AND COMPANY INC PO BOX 14064 SOUTH LAKE TAHOE, CA 96151

Preparer's identifying number (see instructions): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (530) 541-0106

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		No
<b>3</b>	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 . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		No
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	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 <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21, 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 <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . . <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ 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.		
	◆ 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.		
	◆ 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.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/> . . . . .		No
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input checked="" type="checkbox"/>	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . . <input checked="" type="checkbox"/>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III . . . . .		No
<b>17</b>	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 . . . . .		No
<b>18</b>	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 . . . . .		No
<b>19</b>	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 . . . . .		No
<b>20</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		No

Plaintiffs 0194

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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>	<b>23</b>	No
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	No
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	No

Plaintiffs 0195  
Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a through 12a regarding IRS filings, Form 990, and tax compliance.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .		No
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		No
<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? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		No
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		No
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .		No
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		No

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed ▶	
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request	
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JACQUELINE PROULX 3339 LAKE TAHOE BL SUITE 2 SOUTH LAKE TAHOE, CA 96150 (530) 541-0106	<b>470</b>



<b>1b Total</b> . . . . . ▶			
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>		No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____				
	<b>b</b> Membership dues . . . . . <b>1b</b> _____				
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____				
	<b>d</b> Related organizations . . . . <b>1d</b> _____				
	<b>e</b> Government grants (contributions) <b>1e</b> _____				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	0			
<b>Program Service Revenue</b>	<b>2a</b> Membership Dues & Assessments	270,734			270,734
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶	270,734			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶	16,216			16,216
	<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶	0			
	<b>5</b> Royalties . . . . . ▶	0			
	<b>6a</b> Gross Rents				
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . . ▶	0			
	<b>7a</b> Gross amount from sales of assets other than inventory				
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . ▶	12,098	12,098		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> _____				
	<b>b</b> Less direct expenses . . . . . <b>b</b> _____				
	<b>c</b> Net income or (loss) from fundraising events . . . ▶	0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b> _____				
<b>b</b> Less direct expenses . . . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from gaming activities . . . ▶	0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . <b>a</b> _____					
<b>b</b> Less cost of goods sold . . . . . <b>b</b> _____					
<b>c</b> Net income or (loss) from sales of inventory . . . ▶	0				
Miscellaneous Revenue		Business Code			
<b>11a</b> New membership fees	24,000			24,000	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶	24,000				
<b>12 Total revenue.</b> See Instructions . . . . . ▶	323,048	12,098			

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	43,642			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,309			
<b>9</b>	Other employee benefits . . . . .	7,512			
<b>10</b>	Payroll taxes . . . . .	2,970			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	1,550			
<b>c</b>	Accounting . . . . .	18,005			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	8,908			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	3,629			
<b>14</b>	Information technology . . . . .	0			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	0			
<b>17</b>	Travel . . . . .	0			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	3,033			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	11,966			
<b>23</b>	Insurance . . . . .	20,244			
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b>	Water testing & tank maint	4,958			
<b>b</b>	Utilities	26,759			
<b>c</b>	Repairs & maintenance	12,804			
<b>d</b>	Marina upgrades	41,964			
<b>e</b>	Fees & permits	4,459			
<b>f</b>	All other expenses	14,346			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	228,058	0	0	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	130,446	<b>1</b>	37,683
	<b>2</b> Savings and temporary cash investments . . . . .	23,242	<b>2</b>	23,242
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	46,943	<b>4</b>	13,185
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,680	<b>9</b>	14,762
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	1,555,771		
	<b>b</b> Less accumulated depreciation . . . . .	1,196,095	<b>10c</b>	359,676
	<b>11</b> Investments—publicly traded securities . . . . .	533,471	<b>11</b>	556,010
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	100	<b>15</b>	100
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	808,775	<b>16</b>	1,004,658	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,797	<b>17</b>	12,055
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	40,193	<b>25</b>	143,279
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	55,990	<b>26</b>	155,334
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	310,572	<b>27</b>	384,285
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	442,213	<b>29</b>	465,039
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	752,785	<b>33</b>	849,324	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	808,775	<b>34</b>	1,004,658	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .		No
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .		No

Form 990 (2009)

Plaintiffs 0203

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 88-0029623  
**Name:** Elk Point Country Club Inc

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Water testing & tank maint	4,958			
Utilities	26,759			
Repairs & maintenance	12,804			
Marina upgrades	41,964			
Fees & permits	4,459			

Plaintiffs 0204

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

**Name of the organization**  
Elk Point Country Club Inc

**Employer identification number**  
88-0029623

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors 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

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a-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 Year
<b>2a</b> Total number of conservation easements	
<b>2b</b> Total acreage restricted by conservation easements	
<b>2c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>2d</b> Number of conservation easements included in (c) acquired after 8/17/06	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** 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

**6** Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIV, 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" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116, 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 Part XIV, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** 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 relating to these items

**a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ 478

**b** Assets included in Form 990, Part X ▶ \$ Plaintiffs 0205

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		180,256	152,522	27,734
<b>c</b> Leasehold improvements		1,340,335	1,033,662	306,673
<b>d</b> Equipment		35,180	9,911	25,269
<b>e</b> Other				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to 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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 88-0029623  
**Name:** Elk Point Country Club Inc

<b>efile GRAPHIC print - DO NOT PROCESS</b>		<b>As Filed Data -</b>	<b>DLN: 93493124012561</b>
<b>SCHEDULE O</b> (Form 990)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information to Form 990</b>  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047  <b>2009</b>  Open to Public Inspection
	<b>Name of the organization</b> Elk Point Country Club Inc		<b>Employer identification number</b>  88-0029623

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	No review was or will be conducted

Plaintiffs 0209



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Plaintiffs 0210



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
Elk Point Country Club Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
P O Box 9

City or town, state or country, and ZIP + 4  
Zephyr Cove, NV 89448

**D** Employer identification number  
88-0029623

**E** Telephone number

**G** Gross receipts \$ 244,760

**F** Name and address of principal officer

**I** Tax-exempt status:  501(c)(3)  501(c) ( 7 ) (insert no )  4947(a)(1) or  527

**J** Website: N/A

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1925

**M** State of legal domicile: NV

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	250,540	213,385
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,510	1,375	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,000	30,000	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,050	244,760	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		1,684
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,132	59,756
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	183,291	175,338
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	240,423	236,778	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	37,627	7,982	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	925,977	942,133
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	39,026	47,200
		886,951	894,933

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2013-05-09

Bill Vickers Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Jacqueline Proulx EA Date: \_\_\_\_\_ Check if self-employed:

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: JP AND COMPANY INC, 3339 LAKE TAHOE BLVD, SOUTH LAKE TAHOE, CA 96150

EIN: \_\_\_\_\_ Phone no: (530) 541-0106

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input type="checkbox"/>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)? . . . . .	<input type="checkbox"/>	No
<b>3</b> 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 . . . . .	<input type="checkbox"/>	No
<b>4 Section 501(c)(3) organizations.</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 . . . . .	<input type="checkbox"/>	No
<b>5</b> 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 . . . . .	<input type="checkbox"/>	No
<b>6</b> 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 <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>7</b> 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 <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>9</b> Did the organization report an amount in Part X, line 21, 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 <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>10</b> 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 <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</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. <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>c</b> 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. <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>d</b> 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. <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/> . . . . .	Yes	
<b>f</b> 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. <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>b</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, XII, and XIII is optional <input checked="" type="checkbox"/> . . . . .	<input type="checkbox"/>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	No
<b>b</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, Part I . . . . .	<input type="checkbox"/>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV . . . . .	<input type="checkbox"/>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV . . . . .	<input type="checkbox"/>	No
<b>17</b> 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 . . . . .	<input type="checkbox"/>	No
<b>18</b> 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 . . . . .	<input type="checkbox"/>	No
<b>19</b> 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 . . . . .	<input type="checkbox"/>	No
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	<input type="checkbox"/>	No

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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>	<b>23</b>	No
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	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 owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	No
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1a</b>			5
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>1b</b>			5
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<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? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		No
<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? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>b</b>	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? . . . . .		No
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		No
<b>b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		No
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		No

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶  
 JACQUELINE PROULX EA  
 3339 LAKE TAHOE BL SUITE 2  
 SOUTH LAKE TAHOE, CA 96150  
 (530) 541-0106





**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . . <b>1c</b>				
	<b>d</b> Related organizations . . . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		0		
<b>Program Service Revenue</b>	<b>2a</b> Membership Dues & Assessments	213,385			213,385
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f . . . . .		213,385		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .	1,075			1,075
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	0			
	<b>5</b> Royalties . . . . .	0			
	<b>6a</b> Gross rents				
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d Net rental income or (loss)</b> . . . . .		0		
	<b>7a</b> Gross amount from sales of assets other than inventory				
	<b>b</b> Less cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				300
	<b>d Net gain or (loss)</b> . . . . .		300		300
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	<b>b</b> Less direct expenses . . . . .				
	<b>c Net income or (loss) from fundraising events</b> . . . . .		0		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .				
<b>b</b> Less direct expenses . . . . .					
<b>c Net income or (loss) from gaming activities</b> . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
<b>b</b> Less cost of goods sold . . . . .					
<b>c Net income or (loss) from sales of inventory</b> . . . . .		0			
Miscellaneous Revenue	Business Code				
<b>11a</b> New membership fees		30,000			30,000
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		30,000			
<b>12 Total revenue.</b> See Instructions . . . . .		244,760			

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	1,684			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	45,000			
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,350			
<b>9</b>	Other employee benefits . . . . .	9,623			
<b>10</b>	Payroll taxes . . . . .	3,783			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	15,707			
<b>c</b>	Accounting . . . . .	17,929			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	8,815			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	1,049			
<b>14</b>	Information technology . . . . .	0			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	0			
<b>17</b>	Travel . . . . .	0			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	24,394			
<b>23</b>	Insurance . . . . .	25,296			
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	Water testing & tank maint	6,195			
<b>b</b>	Repairs & maintenance	9,901			
<b>c</b>	Water Pumps repair	13,397			
<b>d</b>	Utilities	25,173			
<b>e</b>					
<b>f</b>	All other expenses	27,482			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	236,778	0	0	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	23,006	<b>1</b>	26,375
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	9,375	<b>4</b>	9,813
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,489	<b>9</b>	6,794
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	1,560,347		
	<b>b</b> Less accumulated depreciation . . . . .	1,244,311	340,430	<b>10c</b> 316,036
	<b>11</b> Investments—publicly traded securities . . . . .	540,577	<b>11</b>	583,015
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	100	<b>15</b>	100
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	925,977	<b>16</b>	942,133	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,959	<b>17</b>	9,637
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	33,067	<b>25</b>	37,563
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	39,026	<b>26</b>	47,200	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	411,442	<b>27</b>	366,586
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	475,509	<b>29</b>	528,347
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	886,951	<b>33</b>	894,933	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	925,977	<b>34</b>	942,133	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	244,760
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	236,778
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	7,982
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	886,951
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	894,933

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		No

Form 990 (2011)

Plaintiffs 0222

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**  
Elk Point Country Club Inc

**Employer identification number**  
88-0029623

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a-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 Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** 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

**6** Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIV, 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" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116, 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 Part XIV, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** 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 relating to these items

**a** Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_ **496**

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_ **Plaintiffs 0223**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		180,256	155,068	25,188
<b>c</b> Leasehold improvements . . . . .		1,340,335	1,060,734	279,601
<b>d</b> Equipment . . . . .		39,756	28,509	11,247
<b>e</b> Other . . . . .				

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶

Plaintiffs 0224



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to 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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
Elk Point Country Club Inc

Employer identification number

88-0029623

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Truck expense Column (A) - Total = \$3156, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	TRPA required BMP work Column (A) - Total = \$2904, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Telephone Column (A) - Total = \$2648, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Security Column (A) - Total = \$744, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Residential maintenance Column (A) - Total = \$4132, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Printing and Publications Column (A) - Total = \$1310, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Postage and Shipping Column (A) - Total = \$1804, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Marina upgrades Column (A) - Total = \$361, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Fees & permts Column (A) - Total = \$4200, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Beach Column (A) - Total = \$2952, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Bank fees Column (A) - Total = \$120, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Annual meeting expenses Column (A) - Total = \$1326, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	990-T Income Tax Column (A) - Total = \$1825, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	No documents available to the public
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	No review was or will be conducted

Plaintiffs 0227



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Plaintiffs 0228



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: Elk Point Country Club Inc  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): P O Box 9  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: Zephyr Cove, NV 89448

**D** Employer identification number: 88-0029623

**E** Telephone number: \_\_\_\_\_

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$ 286,656

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( 7 ) (insert no )  4947(a)(1) or  527

**J** Website: N/A

**H(c)** Group exemption number: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1925

**M** State of legal domicile: NV

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	2	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	361,098	255,120	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,014	1,536	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,000	30,000	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	453,112	286,656	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,436	1,466
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,188	62,146
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\geq 0$				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		281,244	201,024	
<b>18</b> Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)		343,868	264,636	
<b>19</b> Revenue less expenses—subtract line 18 from line 12	109,244	22,020		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	1,112,453	1,103,846	
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20	108,276	77,649	
		1,004,177	1,026,197	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2015-02-13

Bill Vickers Treasurer  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Jacqueline Proulx EA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00538576
Firm's name $\blacktriangleright$ JP AND COMPANY INC	Firm's EIN $\blacktriangleright$			
Firm's address $\blacktriangleright$ 3351 LAKE TAHOE BLVD STE 8 SOUTH LAKE TAHOE, CA 96150	Phone no (530) 541-0106			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission  
MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **Plaintiffs 0230**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		No
<b>3</b> 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 . . . . .		No
<b>4 Section 501(c)(3) organizations.</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 . . . . .		No
<b>5</b> 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 . . . . .		No
<b>6</b> 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 <input checked="" type="checkbox"/> . . . . .		No
<b>7</b> 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 <input checked="" type="checkbox"/> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> . . . . .		No
<b>9</b> 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 <input checked="" type="checkbox"/> . . . . .		No
<b>10</b> 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 <input checked="" type="checkbox"/> . . . . .		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</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 <input checked="" type="checkbox"/> . . . . .		No
<b>c</b> 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 <input checked="" type="checkbox"/> . . . . .		No
<b>d</b> 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 <input checked="" type="checkbox"/> . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	Yes	
<b>f</b> 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 XI <input checked="" type="checkbox"/> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/> . . . . .		No
<b>b</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 <input checked="" type="checkbox"/> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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 . . . . .		No
<b>15</b> 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 . . . . .		No
<b>16</b> 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 . . . . .		No
<b>17</b> 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) . . . . .		No
<b>18</b> 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 . . . . .		No
<b>19</b> 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 . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	No
<b>23</b>	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>	<b>23</b>	No
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	No
<b>26</b>	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? <i>If so, complete Schedule L, Part II . . . . .</i>	<b>26</b>	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	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>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b>	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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	No

Plaintiffs 0232

Part 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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and health insurance issuers.

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		No
<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? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		No
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		No
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed▶
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶JACQUELINE PROULX EA 3339 LAKE TAHOE BL SUITE 2  
 SOUTH LAKE TAHOE, CA 96150 (530) 541-0106





**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	1,466			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	57,540			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	0			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,200			
<b>9</b> Other employee benefits	0			
<b>10</b> Payroll taxes	3,406			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	18,738			
<b>c</b> Accounting	19,595			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,076			
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	2,076			
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	0			
<b>17</b> Travel	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	25,050			
<b>23</b> Insurance	31,166			
<b>24</b> Other expenses Itemize expenses not 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)				
<b>a</b> REPAIRS & MAINTENANCE	15,461			
<b>b</b> REFUSE REMOVAL	15,129			
<b>c</b> UTILITIES	14,640			
<b>d</b> Marina upgrades	12,386			
<b>e</b> All other expenses	37,707			
<b>25</b> Total functional expenses. Add lines 1 through 24e	264,636	0	0	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	53,801	<b>1</b>	17,184
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	5,987	<b>4</b>	5,991
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,713	<b>9</b>	6,009
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,583,259		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 1,293,751	291,646	<b>10c</b> 289,508
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	0
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	753,306	<b>15</b>	785,154
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,112,453	<b>16</b>	1,103,846	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,840	<b>17</b>	11,717
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	97,436	<b>25</b>	65,932
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	108,276	<b>26</b>	77,649
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	363,849	<b>27</b>	332,286
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	640,328	<b>29</b>	693,911
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,004,177	<b>33</b>	1,026,197
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,112,453	<b>34</b>	1,103,846

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	286,656
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	264,636
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	22,020
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,004,177
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,026,197

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	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, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Plaintiffs 0240**  
Form 990 (2013)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Elk Point Country Club Inc

Employer identification number

88-0029623

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors 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?
6 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 donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 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

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 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" to 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 Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 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

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a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Plaintiffs 0241

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶  
The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>		
<b>(ii)</b> related organizations	<b>3a(ii)</b>		
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		180,256	157,614	22,642
<b>c</b> Leasehold improvements		1,363,247	1,088,462	274,785
<b>d</b> Equipment		39,756	47,675	-7,919
<b>e</b> Other				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation



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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization  
Elk Point Country Club Inc

Employer identification number

88-0029623

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	THE MEMBERSHIP APPROVES THE ANNUAL BUDGET AND ANY SPECIAL ASSESSMENTS AN ANY SPECIAL PROJECTS
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	MEMBERSHIP IS PROVIDED WITH A COPY OF THE MINUTES OF EVERY MEETING AND FINANCIAL STATEMENTS AND ANNUAL AUDIT BY US MAIL OR E MAIL AS REQUIRED
Form 990, Part IX, Line 24e Other Expenses	BANK FEES Column (A) - Total = \$43, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	BEACH MAINTENANCE Column (A) - Total = \$1711, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	LICENSES & PERMITS Column (A) - Total = \$5211, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	MARINA BMP PROJECT Column (A) - Total = \$9036, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Postage and Shipping Column (A) - Total = \$2114, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	RESIDENTIAL MAINTENANCE Column (A) - Total = \$5486, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	SECURITY SERVICE Column (A) - Total = \$845, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	Telephone Column (A) - Total = \$2594, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	TRUCK EXPENSES Column (A) - Total = \$2945, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	WATER TANK EXPENSES Column (A) - Total = \$7722, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0

Plaintiffs 0246



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Plaintiffs 0247



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047  
**2014**  
**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Elk Point Country Club Inc  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P O Box 9  
 City or town, state or province, country, and ZIP or foreign postal code: Zephyr Cove, NV 89448

**D** Employer identification number: 88-0029623

**E** Telephone number:  
**G** Gross receipts \$ 316,607

**F** Name and address of principal officer:  
**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)(7) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1925 **M** State of legal domicile: NV

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	5	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5	
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	2	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
	<b>8</b> Contributions and grants (Part VIII, line 1h)		0	
	<b>9</b> Program service revenue (Part VIII, line 2g)	255,120	285,063	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,536	1,544	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,000	30,000	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,656	316,607	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,466	1,810
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,146	60,059
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		201,024	312,381	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	264,636	374,250		
<b>19</b> Revenue less expenses Subtract line 18 from line 12	22,020	-57,643		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	1,103,846	1,047,040	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	77,649	78,486	
		1,026,197	968,554	

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2016-05-09  
 Fred Hanker President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Jacqueline Proulx EA Preparer's signature: Jacqueline Proulx EA Date: \_\_\_\_\_  
 Firm's name: ▶ JP AND COMPANY INC Firm's EIN: \_\_\_\_\_  
 Firm's address: ▶ 3351 LAKE TAHOE BLVD STE 8 Phone no (530) 541-0106  
 SOUTH LAKE TAHOE, CA 96150

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/> . . . . .	11a	Yes
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> . . . . .	11b	No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> . . . . .	11c	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> . . . . .	11d	Yes
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	11e	Yes
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	11f	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> . . . . .	12a	Yes
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> . . . . .	12b	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	13	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	14b	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	15	No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	16	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	17	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	18	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	19	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	20a	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV Checklist of Required Schedules (continued)**

<p><b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . .</i></p>	<p><b>21</b></p>	<p>No</p>
<p><b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . .</i></p>	<p><b>22</b></p>	<p>No</p>
<p><b>23</b> 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></p>	<p><b>23</b></p>	<p>No</p>
<p><b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i></p>	<p><b>24a</b></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .</p>	<p><b>24b</b></p>	<p>No</p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .</p>	<p><b>24c</b></p>	<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .</p>	<p><b>24d</b></p>	<p>No</p>
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25a</b></p>	<p>No</p>
<p><b>b</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? <i>If "Yes," complete Schedule L, Part I . . .</i></p>	<p><b>25b</b></p>	<p>No</p>
<p><b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . .</i></p>	<p><b>26</b></p>	<p>No</p>
<p><b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . .</i></p>	<p><b>27</b></p>	<p>No</p>
<p><b>28</b> 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)</p>		
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28a</b></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i></p>	<p><b>28b</b></p>	<p>No</p>
<p><b>c</b> 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></p>	<p><b>28c</b></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>29</b></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i></p>	<p><b>30</b></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i></p>	<p><b>31</b></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i></p>	<p><b>32</b></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . .</i></p>	<p><b>33</b></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i></p>	<p><b>34</b></p>	<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p>No</p>
<p><b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>35b</b></p>	<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i></p>	<p><b>36</b></p>	<p>No</p>
<p><b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . .</i></p>	<p><b>37</b></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . .</p>	<p><b>38</b></p>	<p>No</p>

Plaintiffs 0251  
Form 990 (2014)

**Part 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		No
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does 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 charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		No
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		No
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		No
<b>13b</b>	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.		524
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		Plaintiffs 0252

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .		No
<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? If "Yes," provide the names and addresses in Schedule O . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	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? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		No
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		No
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		No
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		No
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ JACQUELINE PROULX EA  
 3339 LAKE TAHOE BL SUITE 2  
 SOUTH LAKE TAHOE, CA 96150 (530) 541-0106

**Part VII 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**

**1a** 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, or 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) William G Gordon ..... Director	0 00 ..... 0 00	X						0	0	0
(2) Petar Kontich ..... Vice President	0 00 ..... 0 00	X						0	0	0
(3) James Edwards ..... Secretary	0 00 ..... 0 00			X				0	0	0
(4) Fred Hanker ..... President	0 00 ..... 0 00			X				0	0	0
(5) Bill Vickers ..... Treasurer	0 00 ..... 0 00			X				0	0	0
(6) DAVID NORTUM ..... RESIDENT MANAGER	40 00 ..... 0 00				X			40,000	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b Sub-Total</b> . . . . .	▲			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▲			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▲	40,000		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>						
	<b>b</b> Membership dues . . . . . <b>1b</b>						
	<b>c</b> Fundraising events . . . . . <b>1c</b>						
	<b>d</b> Related organizations . . . . . <b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .			0			
<b>Program Service Revenue</b>	<b>2a</b> Membership Dues & Assessments	Business Code	285,063			285,063	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .			285,063			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,544			1,544	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .			0			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
	<b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> New membership fees			30,000			30,000	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			30,000				
<b>12 Total revenue.</b> See Instructions . . . . .			316,607				

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0			
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b>	Benefits paid to or for members . . . . .	1,810			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	40,000			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	0			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,200			
<b>9</b>	Other employee benefits . . . . .	15,368			
<b>10</b>	Payroll taxes . . . . .	3,491			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	11,468			
<b>c</b>	Accounting . . . . .	19,985			
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	6,893			
<b>12</b>	Advertising and promotion . . . . .	0			
<b>13</b>	Office expenses . . . . .	2,549			
<b>14</b>	Information technology . . . . .	0			
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	0			
<b>17</b>	Travel . . . . .	0			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	0			
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	27,153			
<b>23</b>	Insurance . . . . .	31,284			
<b>24</b>	Other expenses. Itemize expenses not 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)				
<b>a</b>	INTERIOR MARINA DREDGING	116,196			
<b>b</b>	WATER TANK EXPENSES	49,274			
<b>c</b>	REFUSE REMOVAL	15,179			
<b>d</b>	UTILITIES	11,712			
<b>e</b>	All other expenses	20,688			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	374,250	0	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,184	<b>1</b>	11,621
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	5,991	<b>4</b>	17,524
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,009	<b>9</b>	5,393
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	1,606,434		
	<b>b</b> Less accumulated depreciation . . . . .	1,320,904	289,508	285,530
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	785,154	<b>15</b>	726,972
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,103,846	<b>16</b>	1,047,040	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,717	<b>17</b>	15,726
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	65,932	<b>25</b>	62,760
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	77,649	<b>26</b>	78,486
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	332,286	<b>27</b>	276,067
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	693,911	<b>29</b>	692,487
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,026,197	<b>33</b>	968,554
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,103,846	<b>34</b>	1,047,040	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	316,607
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	374,250
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-57,643
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,026,197
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	968,554

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	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, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Plaintiffs 0259**  
Form 990 (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Elk Point Country Club Inc

Employer identification number

88-0029623

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: Purpose(s) of conservation easements, Number of conservation easements, 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?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 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 Part XIII, the text of the footnote to its financial statements that describes these items; If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items; Revenue included in Form 990, Part VIII, line 1; 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; Revenue included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>		
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>		
<b>b</b> If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		180,256	158,248	22,008
<b>c</b> Leasehold improvements . . . . .		1,363,247	1,103,526	259,721
<b>d</b> Equipment . . . . .		62,931	59,130	3,801
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	316,607
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	316,607
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	316,607

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	374,250
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	374,250
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	374,250

**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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation



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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization Elk Point Country Club Inc	Employer identification number 88-0029623
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**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	THE MEMBERSHIP APPROVES THE ANNUAL BUDGET AND ANY SPECIAL ASSESSMENTS AN ANY SPECIAL PROJECTS
Form 990, Part VI, Line 11b Form 990 Review Process	No review was or will be conducted
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	MEMBERSHIP IS PROVIDED WITH A COPY OF THE MINUTES OF EVERY MEETING AND FINANCIAL STATEMENT S AND ANNUAL AUDIT BY US MAIL OR E MAIL AS REQUIRED

Plaintiffs 0265

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: Elk Point Country Club Inc  
 Doing business as: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: P O Box 9  
 City or town, state or province, country, and ZIP or foreign postal code: Zephyr Cove, NV 89448

**D** Employer identification number: 88-0029623  
**E** Telephone number: \_\_\_\_\_  
**G** Gross receipts \$ 470,797

**F** Name and address of principal officer: \_\_\_\_\_

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c)(7) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation 1925: \_\_\_\_\_ **M** State of legal domicile NV

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 5
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 4
	<b>6</b> Total number of volunteers (estimate if necessary)	6
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 2,970	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	0
	<b>9</b> Program service revenue (Part VIII, line 2g)	306,241 344,485
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,939 6,312
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,000 120,000
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,180 470,797
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,333 1,599
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,335 74,937
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	205,586 212,696
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	269,254 289,232	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	98,926 181,565	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	1,147,140 1,308,974
	<b>21</b> Total liabilities (Part X, line 26)	79,660 59,929
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,067,480 1,249,045

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2018-04-20  
 Fred Hanker, President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Jacqueline Proulx EA  
 Preparer's signature: Jacqueline Proulx EA  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: P00538576  
 Firm's name: JP AND COMPANY INC  
 Firm's address: 3351 LAKE TAHOE BLVD STE 8 SOUTH LAKE TAHOE, CA 96150  
 Firm's EIN: \_\_\_\_\_  
 Phone no: (530) 541-0106

**Part III 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

MAINTENANCE AND MANAGEMENT OF COMMON AREAS OF ELK POINT COUNTRY CLUB ASSOCIATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **Plaintiffs 0267**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 19 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Plaintiffs 0218

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> 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>		No
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		No