2949006503420

-	_ 0	190	Return of O	rganization Exem	pt Fr	rom incoi	me I	ıax	OMB No 1545-0047
For (Re		ry 2020)	Under section 501(c), 527,	or 4947(a)(1) of the Internal Rev	venue C	ode (except pri	vate fo	undation	9 2019
Dec	adment	of the Treasury	▶ Do not enter so	cial security numbers on this fo	orm as i	it may be made	public.	AG.	Open to Public
	mai Rev	enue Service		rs.gov/Form990 for Instructions	s and th	e latest informa	tion.	19/1	Inspection
<u>A</u>			dar year, or tax year beginning		nding			<u>'</u>	
В		k if applicable		ersett Country C				D Emplo	yer identification number
Ц	Addre	ess change		ersett Men's/Ladies			on .		23141
Ц	Name	change	٠ ۸ ١	if mail is not delivered to street addre	ess)	Room/suite	ŀ	E Teleph	one number
Ц	Initial	return	2018 Championsh			<u> </u>		<u>(775)</u>	787-1800
Ц	Final re	tum/terminated		country, and ZIP or foreign postal code	9		J		
\sqcup			Reno, NV 89523					G Gross	receipts \$ 3 , 316 , 124 .
Ш	Applicat	tion pending		officer Marty Rasmuss		12	H(a) is	this a group re	turn for subordinates? Yes No
_				ip Trail Reno, N		1523 X	H(b) A	re all suborc	dinates included? Yes No
_		mpt status	501(c)(3) X 501(c)((1) or	\52}	1		a list (see instructions)
			rsettgolfandcou		\				tion number
		organization		Association Other •	L Ye	ar of formation 2	003	ĮM.	State of legal domicile NV
F	art i								
	1	•	ibe the organization's mission or		 	• •			
Activities & Governance		To pro	vide exceptiona	1 Golf & Country	CIU	b experi	ence	e Ior	members.
Ë		Observation b			1 -6	45 050/ - 645			
Š	1			continued its operations or dispose		re than 25% of its	s net as	1 1	074
ŏ	1		oling members of the governing	• •				. 3	274
ςς •	F		•	ne governing body (Part VI, line 1b	•		• •	4	274
Ę			• •	ndar year 2019 (Part V, line 2a)				. 5	106
Ę				ssary)	•			6	300 145
⋖			ed business revenue from Part \	Form 990 R fm G9EIVED	· · · · · ·	· · · · · · · · ·		. 7a	<u>392,145.</u>
	_ <u>B</u>	ivet unrelated	business taxable income from	Form 99011\(()()()()()()()()()()()()()()()()()()	-히	Delan	· · ·	. 7b	8,171.
	١.	Contributions	and grants (Dart VIII line 4h)	ω	S	Prior		177	Current Year
ď			and grants (Part VIII, line 1h) .	5 JUL 21 2020)SO-		14,4		1,450,464.
Revenue	1	_	rice revenue (Part VIII, line 2g)	O	\\X\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,0	<u>60,0</u>	951.	1,613,079.
ě			come (Part VIII, column (A), line	64, 8c, 9(7)(03, (3))(3-1)(4) . [.] T	-	·	73,7		13,069. 76,048.
IE.				equal-Part-VIII; column (A); fine 1:	: لــــــــــــــــــــــــــــــــــــ		<i>13,1</i> 49,1		3,152,660.
			imilar amounts paid (Part IX, col		<u> </u>	3,1	49,1	.02.	3,132,000.
			to or for members (Part IX, colu						-
				ofits (Part IX, column (A), lines 5-1	 M	1.6	93,3	196	1,732,207.
Ses				n (A), line 11e)	•	1,0	<i>JJ</i> , J	-	1,132,201.
en			sing expenses (Part IX, column (• •	•	* =			1
Expenses			- ' ' '	a-11d, 11f-24e)		1.5	64,2	40	1,570,397.
_		-	es. Add lines 13-17 (must equal	-			57,6		3,302,604.
		•	expenses. Subtract line 18 fron		•		08,4		-149,944.
_ S		. 1010/140 1600	orportodor odovade into to trott			Beginning of			End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				84,3		4,480,671.
S B			(Part X, line 26)			1,0			1,098,271.
훈틦			• •	from line 20			34,3		3,382,400.
	ırt II	Signatu							
Und	ler pena			s return, including accompanying sche	dules an	nd statements, and	to the be	est of my k	nowledge and belief, it is
true	, correc	ct, and complet	e Declaration of preparer (other the	an officer) is based on all information	of which	preparer has any k	nowledg	ge /	,
		» ////	Mn Kasmu	100-				7/9	1/2020
Sig	gn	Signature	of officer	——————————————————————————————————————			Date	7/ /	
He	re	▶ Marty	Rassmussen, Pr	resident					
		Type or pri	nt name and title						
Pa	id	Print	Type preparer's name	Preparer's signature		Date		Check	If PTIN
	epare	er						self-empl	loyed
	e On		me 🕨				Firm's	EIN 🕨	
		Firm's add	dress 🕨				Phone	no.	
<u> </u>									
Мау	the IR	S discuss this	return with the preparer shown	above? (see Instructions) .				<u>.</u> .	. Yes No
							_		

_	Check if Schedule O contains a response or note to any line in this P	art III	
	Briefly describe the organization's mission:		
	To provide exceptional Golf & Country	y Club experience	to our members,
	their families & guests in an enviro		
	of enduring friendships by offering	services, faciliti	<u>es</u> and quality.
	Did the organization undertake any significant program services during the	year which were not listed on the	
	prior Form 990 or 990-EZ?		Yes 🗓
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how	it conducts, any program	
	services?		Yes 🛣
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its	s three largest program services, as me	easured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to rep		· · · · · · · · · · · · · · · · · · ·
	the total expenses, and revenue, if any, for each program service reported		
		· ·	
	(Code) (Expenses \$1,479,711. including grants of \$		<u>869,282.</u>)
	Golf Course Operations & Maintenance	<u> </u>	
		 	
			
,	(Code:) (Expenses \$ 976,208. including grants of \$) (Revenue \$	980,179.)
	(Code) (Expenses \$ 976,208. including grants of \$ Food & Beverage Operations) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
) (Revenue \$	980,179.)
	Food & Beverage Operations		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		980,179.) 1,455,663.)
	Food & Beverage Operations		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
· · · · · · · · · · · · · · · · · · ·	Food & Beverage Operations Code (Expenses \$ 865,659. including grants of \$		
· · · · · · · · · · · · · · · · · · ·	Food & Beverage Operations Code) (Expenses \$ 865,659. including grants of \$ Memberships and Admin		



Form 990 (2019) Somersett Country Club, Inc.

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 Х 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. X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D. Part III Х 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments x If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 X 11b c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d 11e 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 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on 18 X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?....... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X

Form **990** (2019)

Part IV	Checklist o	f Required	Schedules	(continued)
---------	-------------	------------	-----------	-------------

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ	(Į.
	employees? If "Yes," complete Schedule J	23		X
24 a	· · · · · · · · · · · · · · · · · · ·	i		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	7	24b		
С	· · · · · · · · · · · · · · · · · · ·	١		
	to defease any tax-exempt bonds?	24c	\vdash	
d or o	• • • • • • • • • • • • • • • • • • •	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		
b	and the second of the second o	25a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ľ	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or		-	
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity	i i	Ì	
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	經濟		
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			X
	If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?] }	ľ	
	If "Yes," complete Schedule L, Part IV	28c		<u>_x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30	}	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			3 .5
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	\dashv	<u> </u>
34	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	30a		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ĺ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		\neg	
	197 Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pai	t 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	 ;		Ц
		PHINTS IN	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			理想
<u> </u>	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) winnings to prize winners?	1c	X	
UYA		Form	990 (2019)

, a	Statements Regarding Other IRS Fillings and Tax Compliance (Continued)			,
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	8748	Yes	No
2.0				
t		6		
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	\$ \$-300 SE
3 a		0.00		
J &	KING III. 1951 1 5 000 Tr III.	3a 3b	+	
4 a		30	┼┻	├──
7 4	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ	1	
	account)?	4a		x
b		40	1 5259	N. C. L.
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	·	5a	1 525	X
b			+-	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	+-	<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	100	+	
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"	\vdash	 ^
	gifts were not tax deductible?.	6ь	-	
7	Organizations that may receive deductible contributions under section 170(c).	100		243
а	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?	7a	2 7868870	350334
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
	required to file Form 8282?	7c		
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	TANK MICH.	SEE N. CO.OC.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	\Box	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	25/25/25/2	complete.
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Strattering Page 1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	П	
10	Section 501(c)(7) organizations. Enter.	器額		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross Income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			3.36
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
	or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720, Schedule O.	200		

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ (775) 787-1800 Somersett Country Club, Inc. 2019 Championship Trail Reno, NV 89523

financial statements available to the public during the tax year

19

20

Form 990 (2019) Somersett Country Club, Inc.	27-3423141 Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation of Officers, Directors, Trustees, Marchael Compensation of Officers, Directors,	sated Employees, and
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 endi organization's tax year	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid	, regardless of amount of
 List all of the organization's current key employees, if any. See instructions for definition of "key employees". List the organization's five current highest compensated employees (other than an officer, director, true 	
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than organization and any related organizations	\$100,000 from the

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any rela	ated o	rga	niza	atior	n com	pen	sated any curr	ent officer, direc	tor, or trustee.
					C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	(do r	ot ch	heck	more	e than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss pe	erson	is both	an	compensation	compensation from	amount of
	week (list any	office	er an	dad	firect	or/trust	ee)	from	related	other
	hours for related				_			the	organizations	compensation
	organizations	불호	ş	Officer	y e	많	Former	organization	(W-2/1099-MISC)	from the
•	below dotted	Individual or director	1	-	필	yee st c	4	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	🚆		Key employee	흵				organizations
	I .	Ê	Institutional trustee		"	l Ens				,
		ļ	Ö	l	l	Highest compensated employee	ĺ			
				l		"	1			
(1) Marty Rassmussen										-
President	I		<u> </u>	X		<u> </u>				
(2) Brett Charbonneau			1		1					
Vice President				X						
(3) Joe Strout				1						
<u>Treasurer</u>				X						
(4) Brandon Games										
Secretary		_		X						
(5) Larry Gilliland										
Director		x								
(6) John Sande IV	-									
Director		x								
(7) Patty Engelen										
Director		X								
(8) Robert DiPietro	40.00									
Director of Maintenace			- 1		x			106,357.		
(9) Stuart Smith	40.00		ヿ					, , , , ,		
Director of Golf		ļ	ı		\mathbf{x}		1	92,552.		
(10)										
				ı	- 1		ł			
(11)		j	一		\neg					 -
(12)	ļ					T				
			\rightarrow	_	_		_			
(13)	 					l		l	l	
(44)	 			\dashv	{	\dashv	\dashv			-
(14)	 		- 1				- 1	ł		
	1 1	- 1		- 1	- 1	- 1	- 1		ľ	

received more than \$100,000 of compensation from the organization

Form 990 (2019) Somersett Country Club, Inc. 27-3423141 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Related or exempt Unrelated Revenue excluded business from tax under sections 512-514 Federated campaigns . Grants and Other Similar Amounts Membership dues . 161 ,450,464 Fundraising events . 1c Contributions, Gifts, d Related organizations 1d e Covernment grants (contributions) . 10 f All other contributions, gifts, grants. and similar amounts not included above ·If g Noncash contributions included in lines 1a-1f | 1g | \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue 713910 2a Golf Operations 651,054 401,473 249,581 b Food & Beverage 713910 962,025 834,522 127,503 All other program service revenue . Total. Add lines 2a-2f . **1**,613,079 Investment income (including dividends, interest, 2,069 2,069 and other similar amounts) Income from Investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents. h Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7a Gross amount from sales of (i) Secunties 11,000 assets other than inventory b Less cost or other basis and sales expenses 11,000 c Gain or (loss) 11,000 11,000 d Net gain or (loss) . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 86 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 . . . b Less direct expenses . 9b c Net income or (loss) from gaming activities 10 a Gross sales of Inventory, less 232,377 returns and allowances . 10a 10b 163,464 b Less cost of goods sold 102,756 68,913. 1.992 c Net income or (loss) from sales inventory Business Code Miscellaneous Revenue

7,135

7,135.

152,660. 1,345,886.

7,135

392,145

713910

d All other revenue . . .

Total. Add lines 11a-11d

Total revenue. See Instructions

Form 990 (2019) Somersett Country Club, Inc.

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 a				
	t include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and 10	0b of Part VIII.	Total expelled	expenses	general expenses	expenses
1 (Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic]			
ı	individuals See Part IV, line 22				
3 (Grants and other assistance to foreign organizations,				
1	foreign governments, and foreign individuals. See Part IV,				
1	lines 15 and 16				
4 (Benefits paid to or for members				
5 (Compensation of current officers, directors, trustees,	i			
8	and key employees	215,112.			
6 (Compensation not included above to disqualified persons	ĺ			
((as defined under section 4958(f)(1)) and persons				
c	described in section 4958(c)(3)(B)				
7 (Other salaries and wages	1,224,187.			
8 F	Pension plan accruals and contributions (include section			_	
4	401(k) and 403(b) employer contributions).	<u> </u>		j.	
9 (Other employee benefits	106,645.			
	Payroll taxes	186,263.			
11 F	Fees for services (nonemployees)				
	Management				
Ьι	_egal	6,586.			
C A	Accounting				
ďL	obbying				
e F	Professional fundraising services See Part IV, line 17				
	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	-	,,		
	A) amount, list line 11g expenses on Schedule O)				
•	Advertising and promotion				
	Office expenses	127,615.			
	nformation technology	13,058.			
	Royalties				
	Occupancy	196,754.			
	ravel	6,955.			
	Payments of travel or entertainment expenses for any				
	ederal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest	42,312.			
•	ayments to affiliates				
-	Depreciation, depletion, and amortization	194,890.			
	nsurance	70,215.			
	Other expenses Itemize expenses not covered above	,			
_	Ist miscellaneous expenses on line 24e If line 24e amount				
-	xceeds 10% of line 25, column (A) amount, list line 24e			•	. •
	xpenses on Schedule O)				
	Food & Beverage COS	375,172.			
	Solf Course Maintenance	183,267.			
	credit Card & Bank Fees	81,883.			
	quipment Lease	60,789.			
	Il other expenses	210,901.			
		3,302,604.			
	otal functional expenses. Add lines 1 through 24e	3,302,004.			
	oint costs. Complete this line only if the organization		İ		
	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation Check				
ne	ere ▶ ☐ If following SOP 98-2 (ASC 958-720)				Form 990 (2019

ŀ	art	X Balance Sheet			
	,	Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	<u>. </u>	· · □
	l		(A)		(B)
	L.		Beginning of year	<u> </u>	End of year
	1	Cash — non-interest-bearing.	31,866	. 1	87,554
	2	Savings and temporary cash investments	100,485.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	231,803.	4	269,465
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	ĺ	controlled entity or family member of any of these persons	Caracan Control of the Control of	6	250000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000
		Solition State of the state of		1000 to	
	6	Loans and other receivables from other disqualified persons (as defined			
र्घ	ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	Section of the sectio	6	The second secon
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	77,359.	8	71,685.
	9	Prepaid expenses and deferred charges.	9,675.	9	20,051.
		a Land, buildings, and equipment cost or		ARTING S	20,031.
		other basis Complete Part VI of Schedule D 10a 6 , 135 , 524			
		b Less: accumulated depreciation		10c	4,031,916.
	11	Investments — publicly traded securities	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	1,031,310.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related See Part IV, line 11.		13	
	14	Intangible assets	·	14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33).	4 584 393	16	4,480,671.
-	17	Accounts payable and accrued expenses	198,018.	17	204,511.
i	18	Grants payable		18	204/311.
i	19	Deferred revenue		19	218,238.
]	20	Tax-exempt bond liabilities	1,0,7510.	20	220/230.
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≓l	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator of the control of the cont	Charles Sea Charles and Charles de Charles and an	_	
유		founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Charleman Sepherament Care Man	22	TO THE PARTY OF TH
:=	23	Secured mortgages and notes payable to unrelated third parties	222	23	675,522.
	24	Unsecured notes and loans payable to unrelated third parties	001/000.	24	O (O) OLL (
- 1	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
J		not included on lines 17-24) Complete Part X of Schedule D	POWER STATES	25	MANAGEMENT AND COMMENT
	26	Total liabilities. Add lines 17 through 25	1,050,032.	26	1,098,271.
		Organizations that follow FASB ASC 958, check here		1000	
ces		and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,534,361.	27	3,382,400.
B	28	Net assets with donor restrictions	2700270021		
<u>0</u>			1	28	
5		Organizations that do not follow FASB ASC 958, check here		法都提	
۲		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds	Secretaria Parintagan ang 1993)	29	12、14年4月1日 14年12日 14年1
iet I	30	Pald-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	3,534,361.	31	3,382,400.
<u>ا ۲</u>	32	Total net assets or fund balances	3,534,361.	32	3,382,400.
	33	Total liabilities and net assets/fund balances	4,584,393.	33	4,480,671.
UY		Total industries distributed behaviors	1-100-1000		Form 990 (2019)
317	•				roini 330 (2019)

	90 (2019) Somersett Country Club, Inc.	27-34	23141	Page 12
Par	t XII Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,152	,660.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,302	,604.
3	Revenue less expenses Subtract line 2 from line 1	3	-149	,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 -	3,534	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	3,384	,417.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			_ · 🗆
	_ · _ · _		Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	 -		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C			製制製
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n a separate		经制施
	basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis, consolidated		
	basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	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?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1 1]
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>
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 on Schedule O and describe any steps taken to undergo such audits .		3b	
UYA			Form 9	90 (2019)

SCHEDULE D (Form 990)

Department of the Treasury

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

▶ 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.

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

OMB No 1545-0047

Inspection

Schedule D (Form 990) 2019

Internal Revenue Service Name of the organization Employer identification num Somersett Country Club, Inc. 27-3423141 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's . . . Yes No property, subject to the organization's exclusive legal control? 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? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2h Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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: (II) Assets included in Form 990, Part X · · · · · · · · · · · · · **>**\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

	dule D (Form 990) 2019 Somersett				<u>.</u> .			34231		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical	Treasures	s, or O	ther Similar	Assets ('contu	nued)
3	Using the organization's acquisition, accessing the common check all that apply):	ion, and other record	is, check a	any of the fo	ollowing that r	make sig	nificant use of its	collection it	ems	
а	Public exhibition		đ	Loan	or exchange	program				
b	Scholarly research		е	Othe	r					
С	Preservation for future generations			_		-				
4	Provide a description of the organization's co	ollections and explair	n how they	further the	organization'	s exemp	t purpose in Part	XIII		
5	During the year, did the organization solicit o									_
Do	rather than to be maintained as part of the or		on?		· · · · ·	<u>· · · </u>	<u></u>	<u> </u>	es	No
Fa	rt IV Escrow and Custodial Arra Complete if the organization		on For	m 990, F	Part IV, line	e 9, or	reported an a	mount o	n Fori	m
	990, Part X, line 21.						<u></u>			
1a	• • • •								_	_
	on Form 990, Part X?							∐ Y	es _	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le [.]		_				
							Ar	nount		
C	Beginning balance					. 10	;			
d	Additions during the year					10	1			
е	Distributions during the year					. 16				
f	Ending balance					. 1f				
2a	S .								es 📗] No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	has been p	rovided on Pa	art XIII	. <u>.</u>	. <u></u>		<u></u>
Pai										
	Complete if the organization a	answered "Yes"	on Forr	<u>n 990, P</u>	art IV, line	1 0				
		(a) Current year	(b) P	rior year	(c) Two year	ers back	(d) Three years b	ack (e) Fo	our years	s back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses		ł		j					
d	Grants or scholarships									
θ	Other expenditures for facilities and				-			<u> </u>		
	programs									
f	Administrative expenses				1					
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	dine 1a c	olumn (a))	held as:					
a	Board designated or quasi-endowment	•	%	, o.a (u, j	110.00 00					
b	Permanent endowment ▶%	-	-70							
	Term endowment ▶%									
·	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%								
3a	Are there endowment funds not in the posses	-	tion that ar	o hold and	administered	for the				
'na	organization by.	ssion of the organiza	lion that a	e nelu aliu	aummistereu	ioi ille			Yes	No
	(I) Unrelated organizations							3a(i)		NO
	(ii) Related organizations				· · · · ·	• •			1	
ь	If "Yes" on line 3a(ii), are the related organizations			odulo B2		•		3a(II)	\vdash	
		•					• • • • • • •	. <u>3b</u>	<u> </u>	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equip	ment.	-							
	Complete if the organization a							-		
	Description of property	(a) Cost or othe (investme		(b) Cost or (ot)	other basis her)		ccumulated preciation	(d) Boo	k value	
1a	Land	333	,229.					33	3,2	29.
b	Buildings					- 2	263,733.	3,25		
С	Leasehold improvements		,720.				317,323.		4,3	
d	Equipment	1,732					474,501.		7,6	
e	Other		,600.				48,051.		3,5	
	Add lines 1a through 1e. (Column (d) must equ			B), line 10c	;)			4,03		
UYA		<u> </u>	•	<u> </u>	· · ·	<u> </u>		nedule D (Fo		

(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation it or end-of-year market value
1) Financial derivatives			TO CITA-OI-YOU MARKET VAILE
2) Closely held equity interests			
3) Other			
(A)			· - · · · · · · · · · · · · · · · · · ·
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	ļ	LE LONG & TICHGO AND LING	Charles Town or the state of th
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	· <u> </u>		
Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form			
(a) Description of Investment	(b) Book value		c) Method of valuation t or end-of-year market value
1)			
2)			
3)			
4)			
5)	<u> </u>		
5)			
<u>') </u>	-		
3)	 		
0} otal. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		March Callette and Control States	
Stal. (Column (b) must equal Form 990, Fall A, Col (b) line 13.)			
Part IX Other Assets	4		
Part IX Other Assets. Complete if the organization answered "Yes" on Form	•	The state of the s	The second secon
Complete if the organization answered "Yes" on Forn	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description	•	The state of the s	ALL AND DAY OF PARTIES OF STREET
Complete if the organization answered "Yes" on Form (a) Description	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b)	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b)	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b)	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description	•	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description	n 990, Part IV, lir	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g)	n 990, Part IV, lir	The state of the s	orm 990, Part X, line 15
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g)	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g)	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Part X Other Liabilities. Complete if the organization answered "Yes" on Form Inne 25. (a) Description of liability (1) Federal Income taxes	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Federal Income taxes (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value Cee Form 990, Part X,
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Federal Income taxes (g) (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Federal income taxes (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Federal income taxes (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value Cee Form 990, Part X,
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Federal income taxes	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value Cee Form 990, Part X,
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value Cee Form 990, Part X,
Complete if the organization answered "Yes" on Form (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (g) Description of liability (g) Descriptio	n 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15 (b) Book value

	Somersett Country Club, Inc.				3423141	- rayer
Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F			Retur	n.	
1	Total revenue, gains, and other support per audited financial statements			1 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			78		
a	Net unrealized gains (losses) on Investments	2a	1			
b	Donated services and use of facilities		<u> </u>			
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII)					
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	i	1			
7	Investment expenses not included on Form 990, Part VIII, line 7b	42				
a b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b		L	38236		
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).			4c 5		
Part					ırn	
· I· ai t	Complete if the organization answered "Yes" on Form 990, P			ei izett	AI II.	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			5775W		
– a	Donated services and use of facilities	2a				
b	Prior year adjustments					
c	Other losses					
ď	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d			2e		
	Subtract line 2e from line 1			3		
3		Ι΄.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	۱.,				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII)					
_ C	Add lines 4a and 4b			4c		
5 Dort	Total expenses. Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)			5		
	XIII Supplemental Information.	45				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b, Alexander and 1b a			π X, line	2,	
Рап XI,	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	aitiona	i information.			
				 .		
						•
						
			· · · · · · · · · · · · · · · · · · ·			

UYA

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019 Sol	mersett Cou	ntry Club	, Inc.		27-3423141	Page 5
Part XIII	(Form 990) 2019 Soi Supplemental li	nformation (conti	nued)			· · · · · · · · · · · · · · · · · · ·	
							
		·					
					·	***************************************	
						·	
		,,,,,,					
					<u>-</u>		
	-				.		
					·		
			_				
				<u>-</u> -		••	
	 					•	
		,,,,,	*				
			·-				
				-			
	······································	····		- -		-	
					<u> </u>		
						•	
						<u>.</u>	
				 .			

Schedule D (Form 990) 2019

UYA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury		h to Form 990 or 990-EZ.	Open to Po	ublic
Internal Revenue Service	Go to www.irs.go	ov/Form990 for the latest information.	Open to Pi Inspection	
Name of the organization			Employer identification number	
Somersett Country	Club, Inc.		27-3423141	
	1		1	
	·			
	ı	1.01	- :	
•	•			
		·	· · · · · · · · · · · · · · · · · · ·	
-				
		 .	· · · · · · · · · · · · · · · · · · ·	
·	· · · · · · · · · · · · · · · · · · ·			
				
		•		
			·	
			· · · · · · · · · · · · · · · · · · ·	
	- AT .			
	·			
		· · · · · · · · · · · · · · · · · · ·		

Schedule O (Form 990 or 990-EZ) (2019)	_	Page 2			
Name of the organization	Employer identification number				
Somersett Country Club, Inc.	27-3423141				
Part VI Line 1a					
None					
Part VI Line 6					
Equity Members					
Part VI Line 7a					
Equity Members					
Part VI Line 7b					
Equity Members					
Part VI Line 11b					
Review of Form 990 by Tim Smith, GM & CFO on 5/28/20.					
Part VI Line 11b					
Review by Joe Strout, June 2020 & Marty Rassmussen, June 2020	2020 bofe	mo filo			
Part VI Line 19	ie 2020, Deit	ore iire			
No documents available to the public.					
NO GOCUMENTES AVAITABLE to the public.					
					
- At-					
					
		·			
					
		-			

		.			
		<u></u>			