Form (Rev. January 2020)

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

pen to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Go to www.irs gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable WINNER COUNTRY CLUB INC Address change 46-0259749 Doing business as Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 1220 S COUNTRY CLUB ROAD PO BOX 141 605-842-3811 Initial return City or town, state or province, country, and ZIP or foreign postal code Final returns terminated WINNER SD 57580 G Gross receipts \$ 412,456 Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Application pending CLAY FENENGA 32536 259TH STREET H(b) Are all subordinates included? HAMILL 57534 If "No," attach a list (see instructions SD X 501(c) Tax-exempt status 501(c)(3) Website 🕨 N/A H(c) Group exemption number X Corporation Eorm of organization Other > Year of formation M State of legal domicile **Parti**il Summary Briefly describe the organization's mission or most significant activities TO PROVIDE A BETTER QUALITY OF LIFE FOR THE AREA PEOPLE BY MAKING AVAILABLE A GOLF COURSE FOR THEIR LEISURE TIME. 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 0 3 Number of voting members of the governing body (Part VI, line 1a) 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 6 143,661 7a 7a Total unrelated business revenue from Part VIII, column (C) line 12 b Net unrelated business taxable income from Form 990-T, line BOFCFIVED Prior Year **Current Year** RS-OSC 8 Contributions and grants (Part VIII, line 1h) FEB 18 2020 110,747 112,908 9 Program service revenue (Part VIII, line 2g) 1,357 76 10 Investment income (Part VIII, column (A), lines 3, 4, and 1d. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c@@IPEN_UT 153,405 145,661 264,228 259,926 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 101,027 102,654 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,454 145,133 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 244,481 247,787 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19,747 12,139 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances End of Year Beginning of Current Year 569,018 555,141 20 Total assets (Part X, line 16) 150,749 150,110 21 Total liabilities (Part X, line 26) 405,031 418,269 22 Net assets or fund balances Subtract line 21 from line 20 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 x 2-12-20

Sign	Signature of off	icer (
Here	CLAY	FENENGA

SCANNED MAR

PRESIDENT

Type or print name and title

	Print/Type prep	arer's name	9		P	repar	er's signature	()	/	
Paid	DANIEL DE	SMET			Wante Medme					
Preparer	Firm's name)	FENE	NGA,	DESMET	&	COMPANY,	LLC		
Use Only			PO	BOX	748					

P.O. BOX 748

WINNER, SD May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions

PTIN

P00705719 20-5804965

605-842-1757

Date

02/01/20

Check

Firm's EIN ▶

self-employed

X Yes No Form 990 (2019)

orm 990 (2019) WIN	NER COUNTRY	CLUB INC	46-0	259749	Page 2
	•	ervice Accomplishme			₹
		nins a response or note	e to any line in this P	art III	X
TO PROVIDE		ALITY OF LIFE F COURSE FOR T			
prior Form 990 or 9		nt program services during to nedule O	he year which were not lis	ted on the	Yes X No
services?	n cease conducting, or m nese changes on Schedu	ake significant changes in h	ow it conducts, any progra	am	Yes X No
4 Describe the organ expenses Section	ization's program service 501(c)(3) and 501(c)(4) c	accomplishments for each	report the amount of gran	n services, as measured by its and allocations to others,	
THIS IS A POSTIVE OBJECTIVE	IS TO PROVIDI E BY MAKING A	including LF COURSE WITH E A BETTER QUA AVAILABLE A GO	LITY OF LIFE)
4b (Code N/A) (Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including	grants of \$) (Revenue \$,
		,			
	·				
(Expenses \$		including grants of \$) (Revenue \$ 112,9	08)
4e Total program serv	rice expenses >	247,787			Form 990 (2019
DAA					Form 33U (2019)

DD Page 3

Part IV Checklist of Required Schedules

- 1 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)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - 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
- d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - **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______

	Yes	No
		v
2		X
3		Х
4		
_		77
_ 5		<u> </u>
6		X
7		x
8		х
9		x
10		X
11a	х	
11b		x
11c		х
11d 11e		x
11f	,	<u> </u>
12a		x
124		x
12b 13		X
14a		Х
14b		X
45		x
15		
16		<u>x</u>
17		<u>x</u>
18		<u>x</u>
19		x
20a		X
20b		
24		x
 21	ա 99 0	(2019)
, 3,		(32.4)

	1990 (2019) WINNER COONIRI CLOB INC 46-0259749			'age
P	ant IV Checklist of Required Schedules (continued)		Tv	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a	L	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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 (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, 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			
	19? Note: All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
P	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1 1 -	محسي	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

reportable gaming (gambling) winnings to prize winners?

Ra	Statements Regarding Other IRS Filings and Tax Compliance (continue)	ued)			r
_		1 1		Yes	No
2a	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	2a 15			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	,7	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•	.		\ . ,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such	ccount) /	4a	*	X
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 Acc	counts (FBAR)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on v	5b		^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6.		x
L	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	S OF	6.		
7	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	a da			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ous	70		
_	and services provided to the payor?	,	7a 7b		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7.5		-
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conf		7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	sponsoring organization have excess business holdings at any time during the year?	J,	8	<u> </u>	- chin
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11b			
12a	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			J.P	
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		. 14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule of	0	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	tion or			
	excess parachute payment(s) during the year?		15		X
	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 in	come?	16		X
	If "Yes," complete Form 4720, Schedule O				

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
1a	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 on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	_ 2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		$\frac{\mathbf{x}}{\mathbf{x}}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	x	
	one or more members of the governing body?	7a	Λ	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,		x	
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		v	•.,
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		x	
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oue)	Yes	No
40-	Did the assertion have lead shorters broughed as offlicted?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	104		<u> </u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		â
b 42-	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
12	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	13		x
13 14	Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a		х
a b	Other officers or key employees of the organization	15b	х	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			تتن
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
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?	16b		
Sec	tion C. Disclosure			
 17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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			
	ENENGA, DESMET & COMPANY, LLC PO BOX 748			
	·	5-84	2-1	757

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, 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

[X] 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	(d bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				ie an e)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	((,		related organizations
(1) BLAKE BAUER										
	0.00								•	
DIRECTOR (2) CLAY FENENGA	0.00	X	\vdash	\vdash		\vdash		0	0	0
(2) CLAI FENENGA	0.00				1					
PRESIDENT	0.00	$ \mathbf{x} $		x		l i		0:	0	0
(3) BARRY GARDNER	0.00	 		-		1-1	-			
(-,	0.00									
DIRECTOR	0.00	x						0	0	<u>o</u>
(4) ABBY JORGENSEN										
	0.00					1 1		_		_
SECRETARY	0.00	X		X		├		0	0	0
(5) JONAH SACHTJEN	0.00									
mona curono	0.00 0.00	x						o	0	o
TREASURER (6) JONATHAN SCHLOME		<u> </u>				+		0		<u> </u>
(0) 001111111111111111111111111111111111	0.00							,		
VICE PRESIDENT	0.00	$ \mathbf{x} $		x	i			O.	0	0
(7)										
(8)										
(9)								,		
(10)										
(11)										
	<u> </u>		Щ.		Щ.	<u>1</u>		L		

Form **990** (2019)

Blac	(A) Name and title	(B) Average hours per week (list any	(d	o not o	Pos check ess pe	c) ition more	than o	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		,		i							
1b c d	Subtotal Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (inc	cluding but not lin	nited	to th		liste	abo	▶ ▶ ve)	who received more than \$1	00,000 of	
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1a any person listed on line 1a	rmer officer, directions of the complete Scheduler 1a, is the sum of the sum of the complete the	ctor, ile J f repo	for sortab 150	uch i le co ,000°	ndiv ompe ? If "	idual ensat Yes,	ion a	and other compensation from		Yes No 3 X 4 X
Sec	for services rendered to the orgition B. Independent Contracto		s," c	ompi	lete S	Sche	dule	J fo	r such person		5 X
1	Complete this table for your fiv compensation from the organize	e highest comper	nsate	d ind	depe	nder r the	nt cor	ntrac	ctors that received more that	n \$100,000 of the organization's tax year	
		(A) business address								(B) stion of services	(C) Compensation
										· · · · · · · · · · · · · · · · · · ·	
2	Total number of independent or	ontractors (includ	ling t	out n	ot lin	nited	to th	ose	listed above) who		

Pa	rt V	III Stateme		f Revenue edule O conta	ains a	respon	se or no	te.	to any line in this	s Part VIII		
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated camp	aiùris	•	1a				Discontinues (1)			
a T		Membership due			1b							
OE		Fundraising ever			1c							
ifts		Related organiza			. 1d							
S,E		Government grants (co		· ns) .	1e					mayamilija	All Market	
Sign		All other contributions,		•						YI) (dynamics or a graph of the party of the		And the first of the state of t
but		and similar amounts no			1f		•					
Ē	q	Noncash contributions i	included	ın lines 1a-1f	1g	\$						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f			,)	<u> </u>				
			٠				Business C	odo	y apraint and an absolute and a second		A Charles of This continue to the continue of	Color to the second sec
به	2a	MEMBERSHIP	FEES	;					95,318	95,318		
.물	b	TEE BOX SI	GNS						12,000	12,000	,	
Sag	С	ASSESSMENT	s						4,400	4,400		
Sev	d	HANDICAP C	ARDS						1,190	1,190		
Program Service Revenue	e											
-	f	All other program	n servi	ce revenue			L					
	g	Total. Add lines	2a-2f	i.				<u> </u>	112,908			
	3	Investment incor	ne (ınd	cluding dividends	, intere	est, and	*				\ .	, , ,
		other similar amo					•	>	57	57		
	4	Income from inve	estmer	nt-of tax-exempt	bond p	roceeds		>				
	5	Royalties		·		,	<u>'</u>	<u> </u>			the state of the s	1 /
				(i) Keal	-	(11) 1	Personal					
	6a	Gross rents	6a									
	Ь	Less rental expenses	6b									
	C	Rental inc or (loss)	_6c	<u> </u>							The state of the state of	
	d 7a	Net'rental income Gross amount from	e or (lo	1		T	· • •					
		sales of assets	_	(i) Secunties			1 , 3 (
		other than inventory	7a				1,30	<u> </u>				
Revenue	D	Less cost or other	715									
eve	_	basis and sales exps Gain or (loss)	7ს 7c	,			1,30	<u> </u>			Cifrish - manual states assessment and so the come	
مَد		Net gain or (loss)		L	·	1		• • • • • • • • • • • • • • • • • • •	.1,300	1,300	A Chapter makes 1 VIV. 1 11 Co. 1 11 III	
:her		Gross income from		leina Avente				_				
0	Ua	(not including \$	Iunuia	ising events	-		• ,					
		of contributions rep	orted o	n line ici	1						propriesta para de la composición del composición de la composición de la composición de la composición del composición de la composición del composició	THE REPORT OF THE PARTY OF THE
	•	See Part IV, line 18			Ва						Carron Control of the Control	
	b	Less direct expe			8b							
	C	Net income or (lo		om fundraising ev)	<u> </u>				,
		Gross income from		-								
,		See Part IV, line 19		,	9a					The state of the s		
	b	Less direct expe			9b							
		Net income or (lo		om gaming activi	ties _		<u> </u>	•			*	
	10a	Gross sales of in	vento	ry, less								
	,	returns and allow	vances	,	10a		296,19	91				
	b	Less cost of goo	ds sol	ld `	10b		152,5	30				
	С	, Net income or (lo	oss) fro	om sales of inver	ntory		•	<u> </u>	143,661		143,661	THE PLAN AS A SERVICE OF THE PARTY OF THE PA
2				•			Business Co	nde		THE PROPERTY OF STANE PROPERTY OF	* 27 30 Bullion tool sequential enterents 2.4	
Miscellaneous Revenue	11a	REFUNDS							2,000	2,000		
lan	b								-			
See!	¢											
Zi.		All other revenue									Y	a company of the comp
	е	Total. Add lines)	<u> </u>	2,000			
	12	Total revenue.	See in:	structions				>	259,92 <u>6</u>	116,265	143,661	, 0

Form 990 (2019) WINNER COUNTRY CLUB INC Partix Statement of Functional Expenses

Secti	Check if Schedule O contains a response	onse or note to any line in thi	s Part IX		
Do п	ot include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		•		
3,	Grants and other assistance to foreign				
,	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	^			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		٠,٠		
6	Compensation not included above to disqualified		i	,	
	persons (as defined under section 4958(f)(1)) and			,	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,140	95,140		
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,514	7,514		
11	Fees for service's (nonemployees)		,		
а	Management			```	
b	Legal				
С	Accounting	3,919	3,919		
d	Lobbying ,				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		<u>-</u> -/		
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	892	892		`
12 13	Office expenses	892 857	892 857		,
	Office expenses Information technology	L			
13	Office expenses	. 857	857		
13 14	Office expenses Information technology Royalties Occupancy	L			
13 14 15 16 17	Office expenses Information technology Royalties Occupancy Travel	. 857	857		,
13 14 15 16	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses	. 857	857		,
13 14 15 16 17 18	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	. 857	857		,
13 14 15 16 17 18	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings	58,921	58,921		
13 14 15 16 17 18 19 20	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest	. 857	857		
13 14 15 16 17 18	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates	58,921	58,921 4,530		
13 14 15 16 17 18 19 20 21 22	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization	58,921	58,921		
13 14 15 16 17 18 19 20 21 22 23	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization Insurance	58,921	58,921 4,530		
13 14 15 16 17 18 19 20 21 22	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered	58,921	58,921 4,530		
13 14 15 16 17 18 19 20 21 22 23	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If	58,921	58,921 4,530		
13 14 15 16 17 18 19 20 21 22 23	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column	58,921	58,921 4,530		
13 14 15 16 17 18 19 20 21 22 23 24	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	58,921 4,530 39,517	857 58,921 4,530 39,517		
13 14 15 16 17 18 19 20 21 22 23 24	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS	857 58,921 4,530 39,517	857 58,921 4,530 39,517		
13 14 15 16 17 18 19 20 21 22 23 24	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES	857 58,921 4,530 39,517 16,459 6,591	857 58,921 4,530 39,517 16,459 6,591		
13 14 15 16 17 18 19 20 21 22 23 24	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES	857 58,921 4,530 39,517 16,459 6,591 3,542	857 58,921 4,530 39,517 16,459 6,591 3,542		
13 14 15 16 17 18 19 20 21 22 23 24	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES CART RENT	58,921 4,530 39,517 16,459 6,591 3,542 2,289	857 58,921 4,530 39,517 16,459 6,591 3,542 2,289		
13 14 15 16 17 18 19 20 21 22 23 24 a b c d e e	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES CART RENT All other expenses	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616		
13 14 15 16 17 18 19 20 21 22 23 24 a b c d e e 25	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES CART RENT All other expenses Total functional expenses Add lines 1 through 24e	58,921 4,530 39,517 16,459 6,591 3,542 2,289	857 58,921 4,530 39,517 16,459 6,591 3,542 2,289		0
13 14 15 16 17 18 19 20 21 22 23 24 a b c d e e	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES CART RENT All other expenses	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616		
13 14 15 16 17 18 19 20 21 22 23 24 a b c d e e 25	Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) FERTILIZER AND CHEMICALS SUPPLIES BANK CHARGES CART RENT All other expenses Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616	58,921 4,530 39,517 16,459 6,591 3,542 2,289 7,616		

Form 990 (2019)

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 18,450 42,575 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 3,320 1,750 8 Inventories for sale or use 15,889 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,252,363 basis Complete Part VI of Schedule D 10a 729,482 518,810 522,881 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 242 15 Other assets See Part IV, line 11 15 555,141 16 569 018 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,070 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 148,040 Unsecured notes and loans payable to unrelated third parties 24 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 150,110 150,749 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions X Fund Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Net Assets or 90,896 89,834 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 327,373 315,197 31 31 Retained earnings, endowment, accumulated income, or other funds 405,031 418,269 32 Total net assets or fund balances 555,141 569,018 33 33 Total liabilities and net assets/fund balances

Form **990** (2019)

orm	990 (2019) WINNER COUNTRY CLUB INC 46-0259749			Pag	ge 12
Pe	成図 Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		59,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	47,7	<u> 787</u>
3	Revenue less expenses Subtract line 2 from line 1	3		12,1	139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4_	4	05,0	031
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		1,(099
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4	18,2	<u> 269</u>
Pe	成义 Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				$oldsymbol{\perp}$
			منتونستة)	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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				
	Separate basis Consolidated basis Both consolidated and separate basis			إسطا	
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		į.		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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				
3а	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?		3a	\sqcup	_X_
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	1 1	

Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Name of the organization Employer identification number WINNER COUNTRY CLUB INC 46-0259749 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 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 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? 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? Parit III 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 a 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, and enforcement of the conservation easements it holds? 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) 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 Pari III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under 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 b 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 (i) Revenue included on Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 - \$ _Assets included in Form 990, Part X

	Organizations Maintainin	na Collections of		torical Tr	easures. c	or Other	Simila	r As	sets /	continued	Page 2 ()
3	Using the organization's acquisition, access collection items (check all that apply)				-				<u> </u>	00//////000	
а	Public exhibition	d 🗍	Loan or e	xchange prog	oram						
b	Scholarly research	e	Other	go p.o.s	J . - · · ·						
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain l	how they fo	urther the org	janization's ex	empt pur	pose in Pa	art			
	XIII										
5	During the year, did the organization solicit of	or receive donations of	art, histori	cal treasures	, or other sim	ılar					
	assets to be sold to raise funds rather than t	o be maintained as pa	rt of the or	ganization's o	collection?					Yes	☐ No
PE	成[[V] Escrow and Custodial A	rrangements.									
	Complete if the organization 990, Part X, line 21	on answered "Yes"	" on Fori	m 990, Pa	rt IV, line 9	, or repo	orted ar	amo	ount o	n Form	
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for cont	ributions or o	ther assets n	ot				_	_
	included on Form 990, Part X?									Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table				_				
										Amount	
	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1f			
	Did the organization include an amount on F					-				☐ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	planation h	as been prov	ided on Part 2	CIII					1
Pe	Endowment Funds.	on analysis of "Vas"	" an Far	- 000 Da	-+ I\ / Iva a 1	^					
	Complete if the organization				1		(4) 75			1	
4-	December 1	(a) Current year	(0) F	nor year	(c) Two yea	rs dack	(a) inre	ee years	раск	(e) Four yea	ars back
	Beginning of year balance		 								
	Contributions		 								
С	Net investment earnings, gains, and										
	losses		 							<u> </u>	
	Grants or scholarships		 	<u></u>							
e	Other expenditures for facilities and										
	programs		1								.
	Administrative expenses		<u> </u>								
g	End of year balance Provide the estimated percentage of the cur	root year and halance	/line 1a or	oluma (a)) ba	ld oo		l			l	
٠,	Board designated or quasi-endowment	"%	(line 19, co	numm (a)) ne	iu as						
	Permanent endowment > %										
c	Term endowment ▶ %	,									
ŭ	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
3a	Are there endowment funds not in the posse		on that are	held and ad	ministered for	the					
-	organization by	oolon or the organizati	on that are	Ticia ana aa	ministered to	tric				Υe	s No
	(i) Unrelated organizations									3a(i)	1.10
	(ii) Related organizations			,						3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Sche	dule R?						3b	
4	Describe in Part XIII the intended uses of the										
Pa	ાઈ 🏏 Land, Buildings, and Equ		THIOTH TUITE	<u> </u>							····
	Complete if the organization	•	on Forr	n 990. Par	rt IV. line 1	1a See	Form 9	90. F	art X	line 10	
	Description of property	(a) Cost or other to		(b) Cost or o			Accumulated		T	(d) Book valu	e
		(investment)		(othe	er)	de	preciation				
1a	Land				40,000					40	,000
	Buildings				<u> </u>						
C	Leasehold improvements				1						
d	Equipment								1		-
	Other					-			1		
	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part >	K, column (B), line 10c)					.†	40	,000
		· ·									

Schedule D (Fo	orm 990) 2019 WINNER COUNTRY CLUB IN Investments – Other Securities.	NC	46-0259749	Page
Gang Am	Complete if the organization answered "Yes" on I	Form 990 Part IV lin	e 11h See Form 990 P	lart X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of secunty)		Cost or end-of-ye	
(1) Financial d	derivatives			
• •	ld equity interests		-	
(3) Other	•			· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Column	(b) must equal Form 990, Part X, col (B) line 12)			
PartiVIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, Im	e 11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method a Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)			
Partlix	Other Assets.	Form 000 Dort IV Iva	a 11d Caa Farm 000 D	V 45
	Complete if the organization answered "Yes" on F	om 990, Part IV, IIII	e 110 See Form 990, P	(b) Book value
(1)	(a) Description		· · · · · · · · · · · · · · · · · · ·	(b) Book Value
(2)			- 0	
(3)				
(4)				
(5)				
(6)			_ -	
(7)				
(8)				
(9)			·	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 15)		•	
PartiX	Other Liabilities.			
	Complete if the organization answered "Yes" on F line 25	Form 990, Part IV, lin	e 11e or 11f See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal I	ncome taxes			
(2)				
(3)				
(4)		<u> </u>		
(5)				
(6)				
_(7)				
(8)		<u> </u>		
(9)				
	(b) must equal Form 990, Part X, col (B) line 25)		<u></u> >,	
2. Liability for u	incertain tax positions. In Part XIII, provide the text of the footnot	e to the organization's fina	ncial statements that reports the	ne

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII DAA

Sche	dule D (Form 990) 2019 WINNER COUNTRY CLUB INC	<u> </u>	259749	Page
Pe	配図 Reconciliation of Revenue per Audited Financial st	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		

4b

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

1 Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

a Donated services and use of facilities

b Prior year adjustments

c Other losses

d Other (Describe in Part XIII)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

e Add lines 2a through 2d

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII)

c Add lines 4a and 4b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

2a 2b 2c 2d 2e 3 4c 5

4c

5

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

Schedule D (Form 990) 2019 WINNER COUNTRY CLUB INC Part XIII Supplemental Information (continued)

46-0259749

Page 5

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.

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ

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

Name of the organization

WINNER COUNTRY CLUB INC

Employer identification number

46-0259749

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS THIS IS A NINE HOLE GOLF COURSE WITH CLUBHOUSE. THE OBJECTIVE IS TO PROVIDE A BETTER QUALITY OF LIFE FOR THE AREA PEOPLE BY MAKING AVAILABLE A GOLF COURSE FOR THEIR LEISURE TIME.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS BOARD OF DIRECTORS ARE ELECTED BY THE STOCKHOLDERS AT AN ANNUAL MEETING.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS MAJOR ASSET ADDITIONS ARE SUBJECT TO THE APPROVAL OF THE STOCKHOLDERS.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED CLAY FENENGA 32536 259TH STREET HAMILL, SD 57534

JONATHAN SCHLOMER 125 W 5TH STREET WINNER, SD 57580

ABBY JORGENSEN 31246 265TH ST IDEAL, SD 57541-6715

JONAH SACHTJEN

Name of the organization

WINNER COUNTRY CLUB INC

Employer identification number

46-0259749

PO BOX 748

WINNER, SD 57580

BARRY GARDNER

473 W 12TH STREET

WINNER, SD 57580

BLAKE BAUER

PO BOX 362

WINNER, SD 57580

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TAX RETURN IS REVIEWED AND APPROVED TO FILE BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS KEY EMPLOYEES ARE HIRED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE AT THE ANNUAL MEETING.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ -1

CAPITAL STOCK PROCEEDS \$ 1,100

TOTAL

1,099