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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A I	or th	ne 201	4 calendar year, or tax year beginning , 2014, a	nd ending	, 20					
P			C Name of organization		D Employer ide	ntification nu	mber			
D	heck If a		THE EKWANOK COUNTRY CLUB		03-011	9660				
	Addre chang		Doing business as			_				
	Name	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone number					
	Initial	return	P.O. BOX 467		(802) 362-2220					
	Final termin	return/ nated	City or town, state or province, country, and ZIP or foreign postal code							
	Amen	ided	MANCHESTER, VT 05254		G Gross receip	ts \$	2,981,177.			
	Applic pendii	cation	F Name and address of principal officer BRIAN BAREFOOT	•	H(a) Is this a grow		Yes X No			
			SAME AS C ABOVE		H(b) Are all subord		Yes No			
		empt st	(1100)(1)	527	If "No," attac	ch a list (see ins	tructions)			
J	Websi	te: 🕨	www.EKWANOK.COM		H(c) Group exem	ption number	-			
K	Form o	of organ	nization X Corporation Trust Association Other	L Year of forma	ation 1899 M	State of legal	domicile VT			
P	art I		mmary							
	1	Briefly	describe the organization's mission or most significant activities THE PRIM	MARY PURP	OSE OF THE	CLUB I	IS TO			
9			TER, ENCOURAGE AND ENGAGE IN GOLFING AND RELAT	ED ACTIVI	TIES FOR					
Governance			BERS AND THEIR GUESTS.							
Ver			this box $ ightharpoonup$ if the organization discontinued its operations or disposed of			S.				
	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	16.			
8			er of independent voting members of the governing body (Part VI, line 1b) \dots			4	16.			
Ę	5	Total	number of individuals employed in calendar year 2014 (Part V, line 2a)			5	60.			
Activities &	6	Total	number of volunteers (estimate if necessary)			6	90.			
⋖			unrelated business revenue from Part VIII, column (C), line 12			7a	1,655.			
	b	Net ur	nrelated business taxable income from Form 990-T, line 34	200		7b	489.			
		<u>.</u> .	RECEIVE	D ├─	Prior Year		urrent Year			
91	8	Contri	butions and grants (Part VIII, line 1h)		1 740 00	0	0 112 512			
Revenue	9	Progra	ment income (Part VIII, line 2g)	5 ŏ —	1,740,03		2,113,513.			
8	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	~ ₀ ,	9,87		4,155.			
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u> J≌ }—	666,34 2,416,24		714,160.			
			revenue - add lines 8 through 11 (must equal Part VIII, column Affine 12).	T H	2,410,24	10.	2,831,828.			
	13 14	Banaf	s and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · ·		0				
	40		its paid to or for members (Part IX, column (A), line 4)		1,709,85		1,579,227.			
Expenses	162	Drofes	es, other compensation, employee benefits (Fart IX, column (A), lines 3-10).	• • • • • • • • • • • • • • • • • • • •	1,700,00	0	0			
ben	h	Total	ssional fundraising fees (Part IX, column (A), line 11e)	+ Nu =	-					
Ä	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,339,72	1.	1,469,924.			
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,049,57	3,049,151.					
			nue less expenses Subtract line 18 from line 12		-633,33		-217,323.			
P 8			ne loco orbanico - casivacimie to montumie 12, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1	nning of Current		nd of Year			
anc	20	Total a	assets (Part X, line 16)		5,514,73	31.	5,155,114.			
Ase J Ba	21		liabilities (Part X, line 26)		422,02		280,604.			
Net	20 21 22	Net as	ssets or fund balances Subtract line 21 from line 20,		5,092,70	06.	1,874,510.			
Pa	rt II	Sig	gnature Block							
Und	der per	naities	of penury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which produces the product of the product	and statements,	and to the best of	my knowled	ge and belief, it is			
true	e, corre	ect, and	complete Declaration of preparer (other than officer) is based on all information of which r	preparer has any l	nowledge	/				
			1) rum IN CHUNDO THEASURUL		1116	112				
Sig			Suprature of officer	-0.01	Date					
He	re		Brian MI Duret on 1	reasi	crer					
			Type or prnt name and title							
Dais			Type preparer's name Preparer's signature	JV 0 2 20	Check	If PTIN				
Paid	parer	JAMI	SS 3 REIBEI		Sen-employ		183769			
	Only	Firm's	name CONDON O'MEARA MCGINTY & DONNELLY A		Firm's EIN ▶ 1					
			address ▶ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1105		Phone no 2	12-661-	7777			
		_	cuss this return with the preparer shown above? (see instructions) V	<u></u>		X	Yes No			
For	Paper	rwork	Reduction Act Notice, see the separate instructions.	. \		Λ F	om 990 (2014)			
				SD						
JSA 4E10	10 1 00	00		₩		•				

For	m 990 (20	14)			Page 2
P	art III	Statement of Program Service Acco			
	<u></u> .	Check if Schedule O contains a response	onse or note to any line in this Part	III	
1		describe the organization's mission			
	THE P	RIMARY PURPOSE OF THE CLUE	3 IS TO FOSTER, ENCOURA	GE AND ENGAGE IN	
	GOLFI	NG AND RELATED ACTIVITIES	FOR MEMBERS AND THEIR	GUESTS.	
	-				
2	Did tho	organization undertake any significan	t program consequent the ver-		
2	prior Fo	orm 990 or 990-EZ?			Yes X No
3	Did the	e organization cease conducting, or	make significant changes in h	ow it conducts, any program	Yes X No
	If "Yes,"	describe these changes on Schedule ()		
4	expense	e the organization's program service es Section 501(c)(3) and 501(c)(4) of expenses, and revenue, if any, for each	rganizations are required to repo	s three largest program services, as ort the amount of grants and allocation	measured by ons to others,
4a	(Code) (Expenses \$	including grants of \$) (Revenue\$)
		XEMPT CLUB ACTIVITIES		, (
					
		· · · · · · · · · · · · · · · · · · ·			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					
					
					···
				··	
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	•	, , , , , , , , , , , , , , , , , , , ,		, (i.e. ve.i.e. 4	/
					
			-		
4d	Other p	rogram services (Describe in Schedule	0)		
	(Expens	es \$ including grants of	•	\$)	
	Total pr	ogram service expenses ►			
JSA 20 1	000			Fo	om 990 (2014)

	90 (2014)		F	age 3
Part	IV Checklist of Required Schedules			
			Yes_	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
•	complete Schedule A	2		<u>X</u>
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	<u> </u>	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			v
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10	х	
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			THE STATE
	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,"	3.5500.70		
•	complete Schedule D, Part VI	11a	х	
ь	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	11b		X
С	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	11c		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			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40.	X	
	complete Schedule D, Parts XI and XII	12a	<u> </u>	
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ł		
	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)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	٠,
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
^^	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2014)

Part	Checklist of Required Schedules (continued)			
•	Note to this or		Yes	No
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	i		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	٠.	, . ~	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			.,
	was an officer, director, trustee, or direct or indirect owner? If "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		Х
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,"			x
	complete Schedule N, Part II	32		^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			X
0.5	or IV, and Part V, line 1	34 35a		X
35 a		35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related exempt to 2 if "Yes " complete Schooling P. Bot V. Inc. 2	20		
^~	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 foderal income toy purposed? If If Year II according to the conduction of			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
20	Part VI		-	A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	l .	х	
	19? Note. All Form 990 filers are required to complete Schedule O	38 Form		(2014)
		1 01111	J J U	(2014)

Form	990 (2014)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part-V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	(##. TE*	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		35	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	This.		1
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	建型		7.3
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 60		<i>5</i> = 1	7.7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ŧ.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	題於		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ł		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.,
_	account)?	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 Accounts			
.	(FBAR)		3.54543	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\lambda}{X}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua .		
_	gifts were not tax deductible?	6b		i
7	Organizations that may receive deductible contributions under section 170(c).	東京	y in	-E-P
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	THE		
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	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 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	A-1-4	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- Target		
_	sponsoring organization have excess business holdings at any time during the year?	8	m " Hi	C 700 at
9	Sponsoring organizations maintaining donor advised funds.	27.19	ŤÆ.	13-14-E
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	TEST.	12.17.77
10	Section 501(c)(7) organizations. Enter	10 To	不感	- W.
	Initiation fees and capital contributions included on Part VIII, line 12			1
11	Section 501(c)(12) organizations. Enter	75.		3, 3
	Cross manual from mambars as abasebaldana	1	1	
	Gross income from other sources (Do not net amounts due or paid to other sources	72	34.	-77
_	against amounts due or received from them)	القيد مناسبة،	773	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	, <u>se</u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124	- 751.5	= -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			, - 1
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	É	- ~;	T.
b	Enter the amount of reserves the organization is required to maintain by the states in which	禁	ميند در وفر	
	the organization is licensed to issue qualified health plans		- T	, 7.7
С	Enter the amount of reserves on hand	4.		-
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sect	ion A. Governing Body and Management							
			Yes	No				
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 16	<u> </u>		7,				
Id	If there are material differences in voting rights among members of the governing body, or if the governing	- ===	<u>-: </u>	775				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	_,·_	. 27.27	- '				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16	4.	-					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
_	any other officer, director, trustee, or key employee?	2	`	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•					
-	stockholders, or persons other than the governing body?	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	-					
•	the year by the following		'	,				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	9		X				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ا ــــــــــــــــــــــــــــــــــــ		·				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	X	 				
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by	- <u>-</u> -	-	- ,-				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	` '		- '				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			* 1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1		· · · ·				
	with a taxable entity during the year?	<u>16a</u>	-	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		-	1 1				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			أستدسا				
Sact	organization's exempt status with respect to such arrangements?	16b						
	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed >							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and				
00	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 record HEATHER NILES, C/O THE CLUB, 3262 MAIN STREET, MANCHESTER, VT 05254 802-362-2220	s ▶		<u></u>				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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

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

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

						<u> </u>		,		
(A) Name and Title	(B) Average hours per Week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	more erson	than of the state	an	(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
_(1)PAUL E. MARTIN	2.00									
PRESIDENT & GOVERNOR		Х		X	<u> </u>	_		0	0	0
(2)BRIAN BAREFOOT	2.00			ŀ						
TREASURER & GOVERNOR	<u> </u>	Х		X			_	0	. 0	0
(3) FRANK E. ELLSWORTH ASST. TREASURER & GOVERNOR	2.00	х		x		:		0	0	0
(4)KIMET HAND	2.00									
SECRETARY & GOVERNOR	-† 	x		x				0	o	0
(5)EDWARD L. BABINGTON	2.00									
GOVERNOR	- [-	х	.					0	0	0
(6)LAURENCE V. SENN	2.00									
GOVERNOR		x						0	0	0
(7)CONSTANTINE P. RALLI	2.00									
GOVERNOR		Х	i					0	0	0
(8)TIMOTHY W. THOMPSON	2.00									-
GOVERNOR		Х						0	0	0
(9)STEPHEN W. BATES GOVERNOR	2.00	х						0	0	0
(10)EMILY L. BOGLE	2.00									
GOVERNOR		x						0	0	0
(11)PAULA M. DAVIDSON	2.00									
GOVERNOR	·	x						О	0	0
(12)HOWARD A. HALLIGAN	2.00									
GOVERNOR	· 	x						О	0	0
(13)DONALD F. LUKE	2.00									
GOVERNOR	· [x						0	o	0
(14)HENRY L. ROSS III	2.00		-							
GOVERNOR	2.00	1)	1 1							

Part VII Section A. Officers, Directors, Tru	istees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employe	es (cc	ontinue	d)	
(A)	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ci	heck sspe dac	sition mon	than both structure is or/trusted	an	- (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	from ns	Esi am comp fro orga and	(F) Imated ount of other ensatio m the nization related	ì
15) WILLIAM P. SCULLY	2.00												
GOVERNOR		X		<u> </u>	<u> </u>			0		0			0
16) JOHN S. SIKES	2.00	.,		l									0
GOVERNOR 17) TED MADDOCKS	40.00	X		├	\vdash		-			0			0
GREENS SUPERINTENDENT	40.00	1	i			x		127,620.		o		9,2	30.
GREENS SUPERINTENDENT				 	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	127,020.				7,2	
	t -	1			}								
			<u> </u>	_	<u> </u>				_	\rightarrow			
													
	-			-	-					\longrightarrow		-	
	 -												
	<u></u>		┢	╁	 			 					
	 -	1											
	<u> </u>	 	 	T	-								
	†	1											
						_			-				
			<u> </u>		<u> </u>								
	ļ	ļ											
	L	L	<u></u>			L	<u> </u>	 		0			0
1b Sub-total							•	127,620.		0		9,2	
c Total from continuation sheets to Part VII, S								127,620.		0		9,2	
d Total (add lines 1b and 1c)									\$100,000 of			-,-	
reportable compensation from the organizatio				<i>,</i>	501	o,	0		Ψ 100,000 o.				
												Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensat	ted	200		ŤÆ,
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the	sum of re	portat	ole (com	nper	nsatio	n a	nd other compens	sation from t	:he		102	
organization and related organizations gr	eater thar	1 \$15	50,0	000	? //	"Yes	s, "	complete Schedu	le J for su	ıch			3
ındıvıdual											4	, ession	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors	es, compre	ile Sci	ieut	uie .	101	Sucri	pei	3011	· · · · · · · · · · · · · · · · · · ·	·		1	
Complete this table for your five highest com- compensation from the organization. Report of year.												_	•
(A)			-					(B)	<u> </u>		(C)		
Name and business add	dress							Description of se	ervices	C	ompens	ation	
ATTACHMENT 1							T						
							_						
							+						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Form **990** (2014)

Pa	rt VII							
TTS 38		Check if Schedule 0 co	ontains a respoi	nse or note to a				<u> </u>
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
				新殖性(基	1012.10101120	exempt	business	excluded from tax
	· 程.				1	function revenue	revenue	under sections 512-514
in α α	<u>i</u>		1a	- Friedrich Grand (1920)				ad Harithiai II
s, Grants Amounts	1a	Federated campaigns						
S,G	b	Membership dues Fundraising events	· · · · · · ·					
	d	Related organizations	· · · · · - · · · ·			表种类的		
	u	Government grants (contrib	· · · · · 					
tlor sr S	f	All other contributions, gifts,	J.,,,,,,					ā Z A T
tributi Other		and similar amounts not included				The state of the s		
Contributions and Other Sin	g	Noncash contributions included	-	_				
<u>ة</u> ن	h			<u> ▶</u>	o	建型数数 数	正的,但对自己	多。据《多数图
une				Business Code	JEHFF			
Service Revenue	2a	MEMBERSHIP DUES		900099	1,670,413.	1,670,413.		
Ř	b	INITIATION FEES		900099	443,100.	443,100.		
ξ	С	c						
	d							
ra	е							
Program	f	All other program service rev				avania in monecasi, e	sensor in the testing area	المعتددة فيع المحدد المحتجد عامرية
	g	Total. Add lines 2a-2f			2,113,513.	WAT 45 WILLEY.		
	3	Investment income (inc	•					
		and other similar amounts).			1,655.	<u> </u>	1,655.	
	4	Income from investment of	· ·	•	0			
	5	Royalties	(ı) Real	(II) Personal	U Takka ka		Leta III & 1874	A-LITETA
		0	(i) Near	(ii) i ci sonai				
	6a	Gross rents						
	b	Less rental expenses Rental income or (loss)						
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				105254524
		assets other than inventory		2,500.				
	ь	Less cost or other basis						
		and sales expenses			李善士信息			
	С	Gain or (loss)		2,500.			Saffine Pila	
	d	Net gain or (loss)		<u></u>	2,500.		<u> </u>	2,500.
ne	8a	Gross income from fundra	ısing				The state of	
en		events (not including \$						
ě		of contributions reported on						
ř		See Part IV, line 18		i		10000000000000000000000000000000000000		
Other Revenue	Ь	Less direct expenses			S-ir Firi			
0	٦	Net income or (loss) from full					A	
	9 a	Gross income from gaming See Part IV, line 19				The state of the s		
	ь	Less direct expenses				[한 생활 속] #**		
	6	Net income or (loss) from g			0		 	
	10a	Gross sales of inventor	-		الله المنتج الوقع الماء المائية		. Eye	
		returns and allowances		863,509.		Commonweal		
	ь	Less cost of goods sold	•	149,349.	, , , , , , , , , , , , , , , , , , , ,			
	С	Net income or (loss) from sal	es of inventory		714,160.	714,160.	_	
		Miscellaneous Reven	ue	Business Code		, a synt a contract	- 1 8 . P	
	11a							
	ь							
	С							
	ď	All other revenue						
	в	Total Add lines 11a-11d			0	:		
	12	Total revenue. See instructio	ns	<u></u>	2,831,828.	2,827,673.	1,655	2,500.

Part IX Statement of Functional Expenses

Sec	ction $501(c)(3)$ and $501(c)(4)$ organizations m				
= -;-	Check if Schedule O contains a resp	onse or note to any lii	ne in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			T }	
	and domestic governments. See Part IV, line 21	[c			
2	Grants and other assistance to domestic				** 7
-	individuals See Part IV, line 22	l c			
3	Grants and other assistance to foreign				1 2 2 2 2 2
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	l		" = " " " " " " " " " " " " " " " " " "	
4	Benefits paid to or for members			i i i	
	Compensation of current officers, directors,				
3	trustees, and key employees	l c			
_					
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		1,175,954.			-
	Other salanes and wages	1,173,334.		_	
8	Pension plan accruals and contributions (include	75,000.			
	section 401(k) and 403(b) employer contributions)	172,660.			
	Other employee benefits	155,613.			
10	Payroll taxes	133,013.			
	Fees for services (non-employees)	_			
	Management	570.			· · · · · · · · · · · · · · · · · · ·
	Legal	21,375.			
	Accounting	21,3/3.			
	Lobbying	<u> </u>		3 1 1 2	
	Professional fundraising services See Part IV, line 17,		ทั้ง ผู้เรียกกระบบการ		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, cotumn	145 220			
	(A) amount, list line 11g expenses on Schedule O)	145,330.			
12	Advertising and promotion	076 160			
13	Office expenses	276,169.			
14	Information technology	0			
15	Royalties	000 000			
	Occupancy	206,279.			
	Travel	13,814.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest				
21	Payments to affiliates	415 701			
22	Depreciation, depletion, and amortization	415,721.		-	
	Insurance	45,273.			,
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			4. 18.4 - 7 777	
	(A) amount, list line 24e expenses on Schedule O)			A Programme Company	<u> </u>
_	UNRELATED BUS. INCOME TAX	-1,168.			
_	GOLF COURSE OPERATIONS	250,953.			
С	OTHER DEPARTMENT OPERATIONS	95,608.			
d			<u> </u>		
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,049,151.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0			

Form 990 (2014) Part X Balance Sheet

		-Check if Schedule O contains a response or note to any line in this F	Part X	-	1 1
		The state of the s	(A)	i ·	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	17,621.	. 1	13,236.
	2	Savings and temporary cash investments	2,355,844.	2	966,349.
	3	Pledges and grants receivable, net	(3	C
	4	Accounts receivable, net	109,535.	4	183,088.
	5	Loans and other receivables from current and former officers, directors,		5 7	[] [] [] [] [] [] [] [] [] []
		trustees, key employees, and highest compensated employees		- 12	
		Complete Part II of Schedule L	(5	
	6	Loans and other receivables from other disqualified persons (as defined under section	F4 \$1.55-44	,	H. 2011 (1)
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	- The state of the	7	
"		organizations (see instructions) Complete Part II of Schedule L	(6	C
Assets	7	Notes and loans receivable, net		7	C
Ass	8	Inventories for sale or use	3,466.	8	6,394.
•	9	Prepaid expenses and deferred charges	2,918.	9	5,521.
	10 a	Land, buildings, and equipment cost or		~, <u>.</u>	, 1, 1
	İ	other basis Complete Part VI of Schedule D 9,728,683.			
	b	Less accumulated depreciation	2,802,873.	10c	3,961,538.
	11	Investments - publicly traded securities	C	11	18,988.
	12	Investments - other securities See Part IV, line 11	222,474.	12	0
	13	Investments - program-related See Part IV, line 11	C	13	0
	14	Intangible assets	C	14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,514,731.	16	5,155,114.
	17	Accounts payable and accrued expenses	317,712.	17	124,391.
	18	Grants payable		18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	C	20	0
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
≣	22	Loans and other payables to current and former officers, directors,		77-1	
Liabilities		trustees, key employees, highest compensated employees, and			و الله الله الله الله الله الله
_		disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	101 010		
		of Schedule D	104,313.	25	156,213.
	26	Total liabilities. Add lines 17 through 25	422,025.	26	280,604.
s		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	1 2 2 2	-	1 m
JCe	27		4 705 204	- 4-	4 600 070
a <u>a</u>	28	Unrestricted net assets	4,795,204.	27	4,622,979.
ã	29	Temporarily restricted net assets Permanently restricted net assets	6,000.	28	245,531.
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here	6,000.	29	6,000.
F		complete lines 30 through 34.		11.	
S O	30	Capital stock or trust principal, or gurrout finds		20	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds	-	31	
Net Assets or Fund Balances	33	Total net assets or fund balances	5,092,706.	32	4,874,510.
~	34	Total liabilities and net assets/fund balances	5,514,731.	33 34	5,155,114.
	 -	The state of the control of the cont	0,014,101.	34	5,133,114.

Form **990** (2014)

Form 9	90 (2014)				Page	12
Par	t XI 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		2,83	31,82	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2			19,1	
3	Revenue less expenses Subtract line 2 from line 1	3		-21	17,32	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,09	92,70	06.
5	Net unrealized gains (losses) on investments	5			-8-	73.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,87	74,51	10.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[
	<u> </u>					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," ex	φĪaır	ıın			. 4 1
	Schedule O			- -		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			,
	reviewed on a separate basis, consolidated basis, or both				-	
	Separate basis Consolidated basis Both consolidated and separate basis			1 - 1	7-1	. :
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 audite	ed o	n a	-2 -	`	
	separate basis, consolidated basis, or both					e Marana
	X Separate basis Consolidated basis Both consolidated and separate basis			- =	· - * =	- <u></u> (
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versi	ght			
-	of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expenditure of the organization changed either its oversight process or selection process.	ounta	int?	2c	Х	
	וו וו		1 .	-		
	Schedule O				١	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ı in			
_	the Single Audit Act and OMB Circular A-133?			3a	-	<u>X</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 in Schodule O and decayibe any steep to undergo and a control of the	rgo	the	_		

Form **990** (2014)

SCHEDULE D (Form 990)

Department of the Treasury

internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Nam	of the organization		Employer identification number
TH	E EKWANOK COUNTRY CLUB		03-0119660
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fi	unds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	• — •	
	Preservation of land for public use (e g , rec		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
•	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, trail	nsterred, released, extinguished, or termin	nated by the organization during the
4	tax year ▶Number of states where property subject to conse	viviation assemant is located	
4 5	Does the organization have a written policy re		ction handling of
3	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
•		iopoding, and emorening correct valor sac	sometic during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easeme	ents during the vear
	►\$		
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	of the footnote to the organization's financ	cial statements that describes the
_	organization's accounting for conservation easeme		
Pa		of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that de	scribes these items
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil	ar assets held for public exhibition, edu	
	public service, provide the following amounts relat		
	(i) Revenue included in Form 990, Part VIII, line 1		· · · · · · · • \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under §		
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
13			

	Page	2

Par	Organizations Maintaini	ng Collections of	Art, Historical I	reasures, or Oth	er Similar Asse	ts (continu	<u>iea)</u>
_				ميد د داد د داد د	_ 944 5		٠.
3	Ising the organization's acquisition, accession, and other records, check any of the following that are a significant use of its					or its	
	collection items (check all that app	oly)	. 🗀				
а	Public exhibition			r exchange prograr	ns		
b	Scholarly research		e Other				
C	X Preservation for future gene			la de la companya de			- D- 4
4	Provide a description of the orga	nization's collections	and explain how t	ney further the org	ganization's exempt	t purpose ir	1 Part
	XIII						
5	During the year, did the organization				_	٦, ٦	
	assets to be sold to raise funds rati						No
Par	t IV Escrow and Custodial A			zation answered	"Yes" to Form 990	J, Part IV, I	ıne 9,
	or reported an amount o	n Form 990, Part A	, line 2 i				
	1. (1			4			
1 a	Is the organization an agent, truste		•		_		¬
	included on Form 990, Part X?				L	Yes	No
D	If "Yes," explain the arrangement	in Part XIII and Comp	piete the following tac	nie	Amount		
	Danish balanca			4.	Amount		
	Beginning balance						
	Additions during the year						
_	Distributions during the year					<u>.</u>	
f	Ending balance				a a a su ant lea hillete (2	Yes	No
	Did the organization include an am						- NO
	If "Yes," explain the arrangement					· · · ·	
Par	tV Endowment Funds. Com	,		(c) Two years back	(d) Three years back	(e) Four year	
4.	Paginning of year halance	(a) Current year 297, 502.	(b) Prior year 346, 357.		443,969.	(e) Four year	S DACK
1a			340,337.	390,221.	443, 303.	. <u>.</u>	
	Contributions	- "					
С	Net investment earnings, gains,	938.	54.	-940.	1,176.		
	and losses		34.	- 940.	1,170.		
a	Grants or scholarships						
е	Other expenditures for facilities	46,909.	48,909.	48,924.	48,924.		
£	and programs		40,909.	40, 524.	40, 324.		
	Administrative expenses		297,502.	346,357.	396,221.		
g	End of year balance						
2	Provide the estimated percentage Board designated or quasi-endown	•		column (a)) nelu as			
a b	- · · · · · · · · · · · · · · · · · · ·	3854 %	_%				
	Temporarily restricted endowment						
C	The percentages in lines 2a, 2b, a		00%				
3 2	Are there endowment funds not in	•		are held and admir	ustered for the		
Ja	organization by	the possession of the	ic organization that	are note and dami		Yes	No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	$\frac{1}{x}$
h	If "Yes" to 3a(II), are the related of	roanizations listed as i				3b	+
4	Describe in Part XIII the intended					<u> </u>	
Par			tion o one o mile it				
L ai	Complete if the organiza	ation answered "Ye	s" to Form 990, Pa	art IV, line 11a Se	ee Form 990, Part	X, line 10.	<u></u>
	Description of property	(a) Cost or (invest			cumulated (d) Book value	
1a	Land			251,578		251,	578.
b	Buildings				76,747.	2,303,	
C	Leasehold improvements				15,728		867.
d	Equipment				54,568		552.
e	Other				20,102		417.
	I. Add lines 1a through 1e (Column					3,961,	
· Ota	i. Add lines to through te (Column	r (o) musi equal FOITI	r 330, r art A, Colullii	(D), IIII 10(C) /		ule D (Form 9	
					Schear	מופ ש (רטוווו פו	JUJ 20 14

Schedule D (Form 990) 2014 Part VII Investments - Other Securities.			Page 3
Complete if the organization answered	d "Yes" to Form 990	Part.IV. line 11b See Form 990.	Part X. line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year mark	tion
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
/D)	·		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.		<u> </u>	
Complete if the organization answered	t "Yes" to Form 990	Part IV, line 11c, See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	ition
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		Talling with the light	
Part IX Other Assets. Complete if the organization answered	1 "Yes" to Form 990	Part IV line 11d. See Form 990.	Part X line 15
	escription	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)			(,
(2)			
(3)			
(4)			
(5)			
(6)	- · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)		 	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)	. >	
Part X Other Liabilities. Complete if the organization answered			m 990, Part X,
line 25			
1. (a) Description of liability	(b) Book valu	Je	in the second se
(1) Federal income taxes (2) UNEARNED INITIATION FEES	156,	213	الله الله الله الله الله الله الله الله
	130,		
(3)	 -		;
(4)			
(5)			
(6)	- 		

THE EKWANOK COUNTRY CLUB

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

156,213.

JSA 4E1270 1 000 5793DU M261

(8)(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

03-0119660 THE EKWANOK COUNTRY CLUB Schedule D (Form 990) 2014 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2,980,304. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments -873 **b** Donated services and use of facilities d Other (Describe in Part XIII) _______2d e Add lines 2a through 2d 148,476. 2e 2,831,828. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . 2,831,828. 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 3,198,500. Amounts included on line 1 but not on Form 990. Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII) e Add lines 2a through 2d 149,349. 2e Subtract line 2e from line 1 3,049,151. 3 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 4a **b** Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 3,049,151. 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 SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III - QUESTION 4

THE CLUB HAS RECORDED CERTAIN OF ITS ART AND HISTORICAL OBJECTS AT THEIR THEN APPRAISED VALUE. SUBSEQUENT PURCHASES AND DONATIONS OF ART AND HISTORICAL OBJECTS ARE CAPITALIZED AT THEIR VALUE AT THE DATE OF ACQUISITION OR DONATION. THESE ITEMS ARE NOT SUBJECT TO DEPRECIATION AS THEY HAVE CULTURAL, AESTHETIC AND HISTORICAL VALUE AND THE CLUB'S INTENT IS TO PROTECT AND PRESERVE THESE ASSETS PERPETUALLY IN ORDER TO ENSURE THEIR SERVICE VALUE.

PART X - LINE 2

AS OF DECEMBER 31, 2014, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN INCOME TAX POSITIONS. THE CLUB'S 2011 TAX RETURNS AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE TAXING AUTHORITIES.

PART XI - LINE 2D

COST OF GOODS SOLD: 149,349.

PART XII - LINE 2D

COST OF GOODS SOLD: 149,349.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2014 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Inspection Employer identification number

03-0119660

Name of the organization

THE EKWANOK COUNTRY CLUB

PART VI, SECTION A. - QUESTION 6

THE EKWANOK COUNTRY CLUB (THE "CLUB") WAS INCORPORATED AS A MEMBERSHIP ORGANIZATION.

PART VI, SECTION A. - QUESTION 7A

THE NOMINATING COMMITTEE FOR THE SHAREHOLDERS ELECTS THE PRESIDENT AND
GOVERNORS. THE ANNUAL MEETING IS HELD IN THE MONTH OF SEPTEMBER. THERE IS
NO SPECIFIC TIME LIMIT FOR THESE POSITIONS.

PART VI, SECTION A. - QUESTION 7B

AT THE SHAREHOLDERS ANNUAL MEETING, THE SHAREHOLDERS ELECT_THE GOVERNORS

AND OFFICERS AND RATIFY THE ACTIONS OF THE OFFICERS AND GOVERNORS FOR THE PREVIOUS YEAR.

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 WAS REVIEWED BY THE TREASURER AND PROVIDED TO THE BOARD PRIOR TO FILING.

PART VI, SECTION B. - QUESTION 12C

OUR CONFLICT OF INTEREST POLICY IS RETAINED IN THE OFFICE. IT HAS BEEN DISTRIBUTED TO, READ BY AND SIGNED BY ALL MANAGEMENT AND GOVERNING BOARD MEMBERS.

PART VI, SECTION C. - QUESTION 19

THE CLUB DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

Name of the organization

THE EKWANOK COUNTRY CLUB

Employer identification number

03-0119660

AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

PRO SHOP SALES

COMPENSATION

TEE MACK GOLF INC.

35 FLINT LOCK ROA

MANCHESTER CTR, VT 05255

231,079.