Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 01-0369722 WAWENOCK GOLF CLUB File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 766 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 04543 DAMARISCOTTA, ME Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 PETER CHRISTINE The books are in the care of ▶ P.O. BOX 766 - DAMARISCOTTA, ME 04543 Telephone No. ► 207-563-5793 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this ___. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

EXTENDED TO NOVEMBER 15, 2022

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2021 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer identific	cation number
	Addres	wawenock golf club				
	Name change				01-03697	22
	Initial return Final return/	Number and street (or P.O. box if mail is not delive P.O. BOX 766	ered to street address)	Room/suite	E Telephone numbe 207-563-	
	termin ated		P or foreign postal code		G Gross receipts \$	486,491.
	Ameno		. o. roro.g. poota. coac		H(a) Is this a group re	
	Applic	F Name and address of principal officer: PETE	R CHRISTINE		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
T	Tax-exe	empt status: X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1)	or 527	7 If "No," attach a	list. See instructions
		e: ► N/A			H(c) Group exemptio	n number 🕨
			ciation Other ►	L Year	r of formation: 1980 N	1 State of legal domicile: ME
P		Summary				
Governance	1	Briefly describe the organization's mission or most si EDUCATIONAL DEVELOPMENT	gnificant activities: PROM	OTE PI	HYSICAL, MEN	TAL AND
rns	2	Check this box if the organization disconting	nued its operations or dispo	sed of mor	e than 25% of its net as	sets.
ŏ	3	Number of voting members of the governing body (P	art VI, line 1a)		3	9
ত প্ৰ	4	Number of independent voting members of the gove	rning body (Part VI, line 1b)		4	9
Activities &	5	Total number of individuals employed in calendar yea	ar 2021 (Part V, line 2a)		5	27
ΞΞ		Total number of volunteers (estimate if necessary) \dots				9
Act		Total unrelated business revenue from Part VIII, colui				0.
_	b	Net unrelated business taxable income from Form 99	90-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)			270,430.	163,987.
Revenue					233,609. 119,649.	249,523.
Be		Investment income (Part VIII, column (A), lines 3, 4, a			10,793.	-1,667. 31,040.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			634,481.	442,883.
		Total revenue - add lines 8 through 11 (must equal Pa			0.00	0.
		Grants and similar amounts paid (Part IX, column (A),			0.	0.
"	1	Benefits paid to or for members (Part IX, column (A), Salaries, other compensation, employee benefits (Pa			206,149.	180,145.
Expenses	162	Professional fundraising fees (Part IX, column (A), line			0.	0.
per	b.	Total fundraising expenses (Part IX, column (D), line 2		0.	-	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			174,369.	223,250.
		Total expenses. Add lines 13-17 (must equal Part IX,			380,518.	403,395.
	19	Revenue less expenses. Subtract line 18 from line 12			253,963.	39,488.
Net Assets or Fund Balances	3	·		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			702,804.	736,337.
t As	21	Total liabilities (Part X, line 26)			14,788.	8,833.
캺	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		688,016.	727,504.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, inc				/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich prepare	r has any knowledge.	
		Signature of officer			 Date	
Sig		JENNIFER IRELAND, TREAS	ווסבס		Duto	
He	re	Type or print name and title	UKEK			
		7 31 1	reparer's signature		Date Check	X PTIN
Pai	d	Time Type preparer Smarine	roparti o olynaluit		11/15/22 of self-employs	
	parer	Firm's name WILLIAM H BREWER,	CPA	<u> </u> -	Firm's FIN	01-0330007
	Only	Firm's address 858 WASHINGTON ST			THIII 3 LIN	
	•	BATH, ME 04530			Phone no. 20	74439759
Ma	y the IF	RS discuss this return with the preparer shown above	e? See instructions		1	X Yes No

Pa	Part III Statement of Program Service Accompli		
	Check if Schedule O contains a response or note to a	ny line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE OPPORTUNITIES FOR T	THE ENTITE COMMINITARY	VOIING AND OLD PICH
	AND POOR, TO LEARN, PLAY, AND		
	QUALITY COURSE AT THE MOST AFF		
	OUR NOT-FOR-PROFIT STATUS.	ORDINEE TRICE TODDED.	DE COMBIBIENT WITH
2		ices during the year which were not listed	on the
_	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.		
3	,	changes in how it conducts, any program	services? Yes X No
•	If "Yes," describe these changes on Schedule O.	shariged in new it conducts, any program	301 VICCO :
4	,	nts for each of its three largest program se	ervices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to		
	revenue, if any, for each program service reported.	,	, , ,
4a	201 000	cluding grants of \$) (Revenue \$ 278,885.)
	TO PROMOTE PHYSICAL, MENTAL, A	ND EDUCATIONAL DEVELO	OPMENT AND
	REHABILITATION ON A NON-DISCRI	MINATORY BASIS	
4b	b (Code:) (Expenses \$ in	cluding grants of \$) (Revenue \$)
4 -	\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		\ /-
4c	C (Code:) (Expenses \$ in	cluding grants of \$	
	-		
	-		
	-		
	-		
4d	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e		066.	,
	<u> </u>		Form 990 (2021

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," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on rate ix, column (xy, into 1: " 100, complete contedito i, rate rand ii internationalistic			

132003 12-09-21

Form 990 (2021)	WAWENOCK	GOLF	CLUB
Part IV	Checkli	st of Required Sched	dules (co	ntinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		X
	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		
	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		Х
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			x
	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%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		22
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
·	"Yes," complete Schedule L, Part IV	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	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 on Schedule O for Part VI, lines 11b and 19?		7.7	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Га				
	Check if Schedule O contains a response or note to any line in this Part V			L L
4	Enter the number reported in box 2 of Form 1006. Enter 0, if not emplicable.		Yes	No
I ä	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	Х	
	Garming) withings to prize withers:	<u> </u>	000	<u> </u>

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

			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 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial 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).	_		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?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		25
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ĭ	to file Form 8282?	7с		Х
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u></u>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	. -		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 9			
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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				
	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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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 ►ME			
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) availa	able
	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, an	d fina	ncial	
	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			
	PETER CHRISTINE - 207-563-5793			
	P.O. BOX 766, DAMARISCOTTA, ME 04543			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization (A)	(B)		,		C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos	ition			Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of	
	week	_	officer and a director/trustee)			r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ae			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	_	nploy	st cor	-	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) FRAZIER CANER	2.00									
TRUSTEE		Х		4				0.	0.	0.
(2) COOPER PICHETT	2.00									
TRUSTEE		Х						0.	0.	0.
(3) CHUCK PLUMMER	2.00									
TRUSTEE		Х						0.	0.	0.
(4) JENNIFER IRELAND	2.00									
TREASURER		Х		X				0.	0.	0.
(5) RICK HAGEN	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(6) HEATHER HENDRIX	2.00									
TRUSTEE		Х						0.	0.	0.
(7) WILL SEIDER	2.00	١		l						
SECRETARY		Х		Х				0.	0.	0.
(8) MARTHA HERBERT	2.00									•
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(9) PETER CHRISTINE	2.00	,,		,,						0
PRESIDENT		Х		Х				0.	0.	0.
		-								
		-								
		-								
	+									
		-								
	+									
		1								
			\vdash		\vdash	\vdash				
		1								
		\vdash								
		1								
		1			1					

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per week	box	not c	ss pe	more erson	than is bo or/trus	th an	Reportable compensation from	Reportable compensatio from related		am	timate ount o	of
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	Je.	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	oensatom the anizati d relate anizatio	e on ed
		line)	Indivi	Institu	Officer	Key en	Highe	Forme						
											^			_
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					,	>	0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							ho r	eceived more than \$100),000 of reportabl	e			C
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		_		•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n an	d ot	·			4		Х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-	•		ed organization or indiv	idual for services		5		Х
	tion B. Independent Contractors		.1							Φ400 000 -f		-1' 6		
	Complete this table for your five highest co the organization. Report compensation for										pens	ation i	rom	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	С	(Comper	s) nsatior	1
	_													
	Table and the second	a alteration to			-1.									
	Total number of independent contractors (i \$100,000 of compensation from the organi		iot lii	mıte	a to	tno	se li 0	stec	a above) who received h	nore than		Form	200 v	2024

Pa	rt V	Ш			and the Helin Doub VIIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SΩ	_	_	Foderstad compaigns 10					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a Membership dues 1b	121,507.				
ָהַ הַ הַ פַּ				121,507.				
ifts								
i, G			Related organizations 1d Government grants (contributions) 1e	10,080.				
Sir			All other contributions, gifts, grants, and	10,000.				
her		٠	similar amounts not included above 11	32,400.				
or Ot		_	Noncash contributions included in lines 1a-1f	32,1000				
Son		_			163,987.			
<u> </u>		<u>'''</u>	Total. Add lines 1a-1f	Business Code	103,307			
o o	•	_	GREEN FEES	713910	143,984.	143,984.		
vice	2		RENTAL FEES	713910	75,145.	75,145.		
Ser		ט	MISCELLANEOUS	713910	30,394.	30,394.		
ın Ver		4	HIBCHHIMHOOD	713310	30,334.	30,354.		
gra Re		d						
Program Service Revenue		e •	All other program service revenue					
			Total. Add lines 2a-2f		249,523.			
	3	9	Investment income (including dividends, inte					
			other similar amounts)		11.			11.
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
			assets other than inventory 7a	1,200.				
		b	Less: cost or other basis					
ne			and sales expenses	2,878.				
Revenue		С	Gain or (loss) 7c	-1,678.				
Re			Net gain or (loss)		-1,678.	-1,678.		
her	8	а	Gross income from fundraising events (not					
ᅙ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8	ь				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	_				
			Less: direct expenses 9	b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
		b	Less: cost of goods sold10	b 40,730.	24 040	21 010		
		С	Net income or (loss) from sales of inventory		31,040.	31,040.		
sn	_			Business Code				
Miscellaneous Revenue	11							
illar		b						
Sce		C	All address services					
Σ			All other revenue					
	12	e	Total revenue. See instructions		442,883.	278,885.	0.	11.
	14				,,	,		

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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		·	·	·
	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				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	162 050	1.62 0.50		
7	Other salaries and wages	163,852.	163,852.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16 202	16 202		
10	Payroll taxes	16,293.	16,293.		
11	Fees for services (nonemployees):				
а	Management	7 224		7 224	
b	Legal	7,234. 4,861.		7,234. 4,861.	
C	Accounting	4,001.		4,001.	
d	Lobbying Professional fundraising convices. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	8,622.	8,622.		
13	Office expenses	370221	0,0221		
14	Information technology				
 15	Royalties				
16	Occupancy				
17	Travel	66.	66.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	234.		234.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,994.	21,994.		
23	Insurance	15,590.	15,590.		
24	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 0.) REPAIRS & MAINTENANCE	103,537.	103,537.		
a	MISCELLANEOUS	23,246.	23,246.		
b	SUPPLIES	14,314.	14,314.		
c d	UTILITIES	12,890.	12,890.		
-	All other expenses	10,662.	10,662.		
е 25	Total functional expenses. Add lines 1 through 24e	403,395.	391,066.	12,329.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	200,000	331,000	,	•
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			308,428.	1	328,768.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	660.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial (contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,060.	8	10,862.
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,343,448.			
	b	Less: accumulated depreciation	384,316.	10c	396,047.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	702,804.	16	736,337.
	17	Accounts payable and accrued expenses				17	299.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs	tantial (contributor, or 35%			
ja de		controlled entity or family member of any of the			4.4.500	22	2 524
_	23	Secured mortgages and notes payable to unrel			14,788.	23	8,534.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24	. Complete Part X			
		of Schedule D			1 4 700	25	0 022
	26	Total liabilities. Add lines 17 through 25			14,788.	26	8,833.
S		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔼			
ü		and complete lines 27, 28, 32, and 33.			F 41 700		COO 154
ala	27	Net assets without donor restrictions			541,798.	27	608,154.
В	28	Net assets with donor restrictions			146,218.	28	119,350.
٦		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ed			30		
∍t A	31	Retained earnings, endowment, accumulated in			600 016	31	707 504
ž	32	Total net assets or fund balances			688,016.	32	727,504.
	33	Total liabilities and net assets/fund balances .			702,804.	33	736,337.

Pa	rt 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		44	2,8	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			B , 0	
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
10	column (B))	10		72'	7,5	04.
Pa	rt XII Financial Statements and Reporting				. , .	
	Check if Schedule O contains a response or note to any line in this Part XII					
	oncolon concare o containe a response of note to any into in the factori				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		·····			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:		, I			
	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	e audi	t. [
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	5		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WAWENOCK GOLF CLUB 01-0369722 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						_
9	Net income from unrelated business	4					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the						
800	organization, check this box and stop	here	roomtogo				<u></u>
	etion C. Computation of Publi			1 (6)			
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020 33 1/3% support test - 2021. If the o					15	<u>%</u>
ioa		-					
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b	and stop here. The organization qualit						
172	10% -facts-and-circumstances test						
11 a							
	and if the organization meets the facts meets the facts-and-circumstances te					_	
h	10% -facts-and-circumstances test	•			•	 17a and line 15 is	
D	more, and if the organization meets th						10/0 01
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization		-	· ·			s
	Trivate roundation. If the organization	I GIG HOL CHECK A	DON OIT III IC TO, TO	u, 100, 17a, 01 17	D, OHOOK HIID DOX		Earm 000) 2021

Schedule A (Form 990) 202

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")	187,668.	223,504.	175.817.	270,430.	163 987.	1021406.
2	Gross receipts from admissions,	10770001	223 / 30 11	1/3/01/1	27071300	20075070	10211001
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	178.104.	167,395.	175.112.	233,609.	280.563.	1034783.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	365,772.	390,899.	350,929.	504,039.	444,550.	2056189.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						2056189.
	etion B. Total Support	() 0047	(1) 2010	() 0040	/ N 2000	() 0004	(0.T.)
	ndar year (or fiscal year beginning in)	(a) 2017 365, 772.	(b) 2018 390, 899.	(c) 2019 350, 929.	(d) 2020 504,039.	(e) 2021 444,550.	(f) Total 2056189.
	Amounts from line 6 Gross income from interest,	303,772.	350,055.	330,323.	304,033.	444,550.	2030103.
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources				2.	11.	13.
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				2.	11.	13.
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	365,772.	390,899.	350,929.	504,041.	444,561.	2056202.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						> L
	ction C. Computation of Publ						100 00
	Public support percentage for 2021 (I						100.00 %
	Public support percentage from 2020					16	100.00 %
	ction D. Computation of Inves			10 (6)		47	•00 %
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2 33 1/3% support tests - 2021. If the					18 3 1/3% and line 1	
196	more than 33 1/3%, check this box a	-					► X
۲	33 1/3% support tests - 2020. If the						
~	line 18 is not more than 33 1/3%, che	· ·			•	•	▶ □
20	Private foundation. If the organizatio						• • • • • • • • • • • • • • • • • • •

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	•		
	,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
Seci	ion C. Type if Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	· · · · · · · · · · · · · · · · · · ·			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	j				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_ 7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting org	anization (see				

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Inspection

Name of the organization

WAWENOCK GOLF CLUB

Employer identification number 01-0369722

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line	6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
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 wr	iting that the assets held in donor advised fu	ınds				
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	l only				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring				
_							
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Part I	V, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreation	on or education) Preservation of a his	torically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a d					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic struc		2c				
d	Number of conservation easements included in (c) acquired aff						
_	listed in the National Register						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	anization during the tax				
	year -	A.: 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1					
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the perio		Yes No				
6	violations, and enforcement of the conservation easements it is Staff and volunteer hours devoted to monitoring, inspecting, has						
6	Starr and volunteer riodrs devoted to morntoning, inspecting, no	andling of violations, and emorcing conserva	tion easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handlin	og of violations, and enforcing conservation of	easements during the year				
•	S	ig or violations, and emoroting conservation (basements during the year				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)	(B)(i)				
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footno	•					
	organization's accounting for conservation easements.	ŭ					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and b	alance sheet works				
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public				
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balan	nce sheet works of				
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	ce 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						
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gair	n, provide				
	the following amounts required to be reported under FASB AS	C 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions 1	for Form 990.	Schedule D (Form 990) 2021				

Pai	t III Organizations Maintaining C	Collections of Art,	Historical Tr	easures, o	or Other	Similar A	ssets(cont	inued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	am			
b	Scholarly research	е		0 1 0				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	ollections and explain h	now they further t	he organizati	on's exem	nt nurnose in	Part XIII	
5	During the year, did the organization solicit of	•	-	-			r art Am.	
3	to be sold to raise funds rather than to be ma		•	•			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa	-	in the organization	ni answered	103 0111	om 550, r an	. 10, 1110 0, 0	,ı
	Is the organization an agent, trustee, custod		ry for contribution	ns or other as	sets not in	ncluded		
ıu							Yes	□ No
h	on Form 990, Part X?						1es	
b	ii res, explain the arrangement in Part Alli	and complete the folio	wing table.				Amoui	nt
_	Designing helenes					40	7 (111001	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
†	Ending balance							
	Did the organization include an amount on F					y?	Yes	⊢ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.					<u></u>		<u>. LJ</u>
Pai	T V Endowment Funds. Complete i						aal. () Fa.	
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three years b	ack (e) Fol	ır years back
	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance ((line 1a. column (a)) held as:	I		I	
	Board designated or quasi-endowment		%	-,,				
	Permanent endowment	%	,					
		 /0						
·	The percentages on lines 2a, 2b, and 2c sho	ř =						
20		•	on that are hold a	and administs	rad for the	organization		
Sa	Are there endowment funds not in the posse	sssion of the organization	on that are new a	ina administe	ieu ioi tiie	Gorganization		Yes No
	by:						2-(:)	100 110
	(i) Unrelated organizations							
	(ii) Related organizations							
_	If "Yes" on line 3a(ii), are the related organiza			'			3b	
Bo:	Describe in Part XIII the intended uses of the		ment funds.					
Pai	t VI Land, Buildings, and Equipm		Dort IV line 11e (200 Form 000	Dort V II	no 10		
	Complete if the organization answere							
	Description of property	(a) Cost or other		t or other		cumulated	(d) Boo	ok value
		basis (investme	nt) basis	(other)	aepr	eciation		
	Land			0 0 5 7	4 .	00 400		C 107
	Buildings			8,857.		92,430.	5	66,427.
	Leasehold improvements				4 .	00 464		
d	Equipment			5,505.		29,464.		6,041.
	Other			9,086.	3:	25,507.		3,579.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X.	column (B), line	10c.)			39	6,047.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WAWENOCK GOLF	CLUB	01	-0369722 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on	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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Des	scription		(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	5.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	tements With	Revenue per R	eturn.	. sgc -
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	473,534.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b		ed services and use of facilities				
С		eries of prior year grants				
d		(Describe in Part XIII.)		40,732.		
е		nes 2a through 2d	' <u>'</u>		2e	40,732.
3	Subtra	ct line 2e from line 1			3	432,802.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	10,081.		
С		nes 4a and 4b	' <u>'</u>		4c	10,081.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	442,883.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per	Returr	١.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total e	expenses and losses per audited financial statements			1	444,127.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b		ear adjustments				
С	Other	osses	2c			
d	Other	(Describe in Part XIII.)	2d	40,732.		
е	Add lir	nes 2a through 2d			2e	40,732.
3	Subtra	ct line 2e from line 1	.,),		3	403,395.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total e	expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18	!.)		5	403,395.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON RELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

TAX-EXEMPT ORGANIZATIONS COULD INCUR INCOME TAXES AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS INCLUDING UNRELATED BUSINESS INCOME OR TAX STATUS. UNDER GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD, ASSETS AND LIABILITIES ARE ESTABLISHED FOR UNCERTAIN TAX POSITIONS TAKEN OR POSITIONS EXPECTED TO BE TAKEN IN INCOME TAX RETURNS WHEN SUCH POSITIONS ARE JUDGED TO NOT MEET THE "MORE-LIKELY-THEN-NOT" THRESHOLD, BASED UPON THE TECHNICAL MERITS OF THE ESTIMATED INTEREST AND PENALTIES, POSITION. IF APPLICABLE, RELATED TO

01-0369722 Page 5 Schedule D (Form 990) 2021 WAWENOCK GOLF CLUB Part XIII Supplemental Information (continued) UNCERTAIN TAX POSITIONS ARE INCLUDED AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS EVALUATED THE POSITION TAKEN ON ITS FILED TAX THE ORGANIZATION HAS CONCLUDED NO UNCERTAIN INCOME TAX POSITIONS RETURNS. EXIST AT DECEMBER 31, 2021. THE ORGANIZATION'S TAX YEARS FROM 2016 THROUGH 2020 ARE OPEN AND SUBJECT TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 40,732.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP INCOME 10,081.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

40,732. COST OF GOODS SOLD

Schedule D (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WAWENOCK GOLF CLUB

Employer identification number 01-0369722

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ X Approval by the board or compensation committee			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAWENOCK GOLF CLUB

Employer identification number 01-0369722

WAWENOCK GOLF CLOB	01-0309722
FORM 990, PART VI, SECTION B, LINE 11B:	
A FULL BOARD MEETING IS HELD TO REVIEW FORM 990 PRIOR TO	FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY CONFLICT OF INTEREST REVIEWED BY DIRECTORS	
FORM 990, PART VI, SECTION B, LINE 15A:	
BASED ON COMPARATIVE WAGES FROM OTHERS IN SIMILAR POSITIO	DN.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE IT'S GOVERNING DOCUMENTS,	CONFLICT OF
INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC. THESE
DOCUMENTS ARE MADE AVAILABLE TO MEMBERS OF THE ORGANIZATI	ON.

CARRYOVER DATA TO 2022

Name WAWENOCK GOLF CLUB	Employer Identification Number 01-0369722
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL AMT NET OPERATING LOSS	20,166.
	-
	·
	<u></u> .

arrie. W	AWENOCK GOLF	CTOR								FEIN:	01-03697
ype and	Entity: AMT Annual Limitation	NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
/ear Drigi- ated	Original Carryover Amount 22,151.	Total Amount Used	Amount Used for 12/31/19	Amount Used for	Amour Used fo						
2018	22,151.	1,985.	1,985.								
E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
Detail S Type B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f
C											

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

WAV	WENOCK GOLF CLUB			FOR	M 990 1	PAGE 10		01-0369722
Pai		erty Under Section 1	79 Note: If yo				V before	
1 N	Maximum amount (see instructions)						4	1,050,000.
	otal cost of section 179 property pla							
	Threshold cost of section 179 propert							2,620,000.
	Reduction in limitation. Subtract line 3							
5 D	Pollar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	-0 If married filing	ng separately, se	e instructions		5	
6	(a) Description of p	property		(b) Cost (busin	ness use only)	(c) Elected	cost	
	isted property. Enter the amount from							
	otal elected cost of section 179 prop				A .			
	entative deduction. Enter the smalle							
	Carryover of disallowed deduction fro							
	Business income limitation. Enter the		•					
	Section 179 expense deduction. Add Carryover of disallowed deduction to						12	
	: Don't use Part II or Part III below fo				🖊 13			
Pai			•		e listed prope	erty)		
	Special depreciation allowance for qu		-			* :		
	he tax year					_	14	
	Property subject to section 168(f)(1) e							
	Other depreciation (including ACRS)							15,285.
_	rt III MACRS Depreciation (Don							
			Se	ction A				
17 N	MACRS deductions for assets placed	in service in tax y	ears beginnin	g before 202	1		17	6,709.
18 If	you are electing to group any assets placed in se	ervice during the tax year	into one or more	general asset acc	counts, check here	<u>,</u> ▶ □		
	Section B - Asset				Using the Ge	eneral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
e	15-year property							
f_	20-year property				_			
<u>g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	·	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM MM	S/L S/L	
	Section C - Assets	Placed in Service	 During 2021	Tax Vear II	sing the Alte			lstem
 20a	Class life	- Idea in Garries		Tux Tour O			S/L	
<u>200</u>	12-year				12 yrs.		S/L	
	30-year	/			30 yrs.	ММ	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Pai	rt IV Summary (See instructions.)				,			I
	isted property. Enter amount from lin						21	
	Total. Add amounts from line 12, lines							
	Enter here and on the appropriate line	- -					22	21,994.
	For assets shown above and placed in							
	portion of the basis attributable to sec				23			

during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person?

1 01111 430	2 (202
Part V	List

ted Property (Include automobiles, certain other vehicles, certain aircraft, and property used for

		hich you are using of Section A, a							se expens	se, com	plete on	l y 24a,		
	<u> </u>	on and Other In							mits for p	asseng	er auton	nobiles.		
24a Do you have evidence to	support the bu	siness/investment	use claimed?		Yes	s \square	No	24b If "Y	es," is th	e evide	nce writt	en?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	,		sis for depreciation Recovery Method/ Depre		(f) (g) covery Method/			h) ciation iction	Ele sectio	(i) cted on 179 ost	
25 Special depreciation all	owance for o	ualified listed pr	operty placed	in se	ervice	during	g the t	ax year an	ıd					
used more than 50% in	n a qualified b	usiness use								25				
26 Property used more that	an 50% in a c	ualified busines	s use:											
	1 1	%												
	: :	%												
	: :	%												
27 Property used 50% or I	less in a qual	ified business us	se:											
	: :	%							S/L -					
	: :	%							S/L -					
	: :	%							S/L -					
28 Add amounts in column	n (h), lines 25	through 27. Ent	er here and or	n line	21, r	page 1		•	•	28			1	
29 Add amounts in column												29		
	()/		ction B - Infor									<u> </u>		
Complete this section for voto your employees, first ans		•	· ·											s
			(a)		(b)			(c)	(d	1)	(€	e)	(1	f)
30 Total business/investment year (don't include commu		uring the	Vehicle		Vehic	cle	V	/ehicle	Vehi	icle	Veh	icle	Veh	nicle
31 Total commuting miles	driven during	the year			$\overline{}$									
32 Total other personal (no driven		I												
33 Total miles driven durin Add lines 30 through 32	g the year.			Z										
34 Was the vehicle availab			Vos No	V	26	No	Vas	. No	Vas	Nο	Vas	No	Vas	No

36	Is another vehicle available for personal									
	use?									
	Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees									es

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't

mc	ore than 5% owners or related persons.								
37	Do you maintain a written policy statement th	at prohibits a	all personal use of vehicles	, including commutir	ng, by your		Yes	No	
	employees?								
38	Do you maintain a written policy statement th				y your				
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners								
39 Do you treat all use of vehicles by employees as personal use?									
40	Do you provide more than five vehicles to you	ır employees	, obtain information from y	our employees abou	ıt				
	the use of the vehicles, and retain the informa-	ation received	1 ?						
41	Do you meet the requirements concerning qu	alified autom	obile demonstration use?						
	Note: If your answer to 37, 38, 39, 40, or 41 is	s "Yes," don'	t complete Section B for th	ne covered vehicles.					
P	art VI Amortization								
	(a) Description of costs	(b) Date amortization	(c) Amortizable amount	(d) Code section	(e) Amortization		(f) rtization his vear		

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage		Amortization		Amortization		(f) Amortization for this year	
42 Amortization of costs that begins during your 2021 tax year:											
	: :										
	: :										
43 Amortization of costs that began before your 2	43										
44 Total. Add amounts in column (f). See the inst	44										
F											

Form 4562 (2021) 116252 12-21-21