Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For the	2022 cal	endar year, or tax year beginning , and ending		
В	Check if a	applicable:	C Name of organization WAWENOCK GOLF CLUB D En	ployer identifi	cation number
	Address	change	Doing business as		
\equiv		· ·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 0.1-0	369722	
Ш	Name ch	ange		lephone numbe	r
	Initial retu	ırn	City or town State ZIP code	•	
二			DAMARISCOTTA ME 04543-	<u>563-5793</u>	
Ш	Final return	/terminated	Foreign country name Foreign province/state/county Foreign postal code		
П	Amended	d return		oss receipts \$	470783.
\equiv		Į.		occ receipte ¢	
Ш.	Application	on pending	F Name and address of principal officer: PETER CHRISTINE H(a) Is this a group	return for subordin	ates? Yes X No
			PO BOX 766 DAMARISCOTTA ME 04543- H(b) Are all sub	ordinates includ	led? Yes No
	Tay ayar	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," att	ach a list. See ii	nstructions
	тах-ехег	•			
<u>J</u>	Website	: WWW	. WAWENOCKGOLFCLUB . COM H(c) Group exe	mption number	
K	Form of	organization	n: X Corporation Trust Association Other L Year of formation:	M S	ate of legal domicile:
	Part I	Š.,,	mmary		
Ф	1	-	escribe the organization's mission or most significant activities: PROMOTE PHYS	ICAL, ME	N'I'AL AND
2		EDUCAT	'IONAL DEVELOPMENT		
Activities & Governance					
Ş.	2	Check tl	nis box if the organization discontinued its operations or disposed of more that	n 25% of its	net assets.
Ĝ	3		of voting members of the governing body (Part VI, line 1a)	1 1	9
ૐ	4		of independent voting members of the governing body (Part VI, line 1b)		9
es					
ŧ	5		mber of individuals employed in calendar year 2022 (Part V, line 2a)	5	17
〔	6		mber of volunteers (estimate if necessary)		
ĕ	7a	Total un	related business revenue from Part VIII, column (C), line 12	. 7a	
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11	7b	
			Prior '	/ear	Current Year
a.	8	Contribu	itions and grants (Part VIII, line 1h)	163987.	224131.
ž	9		service revenue (Part VIII, line 2g)	249523.	241227.
Revenue	10	-	•		
Re	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	-1667.	-26029.
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31040.	6709.
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442883.	446038.
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		
Ś	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10).	180145.	217295.
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)		
Expenses	b		ndraising expenses (Part IX, column (D), line 25) 247.		
X	17		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	223250.	197161.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	403395.	414456.
	19	Revenu	e less expenses. Subtract line 18 from line 12	39488.	31582.
Net Assets or			Beginning of 0		End of Year
set	20		sets (Part X, line 16)	736337.	850584.
ÄÄ	21	Total lia	bilities (Part X, line 26)	8833.	91498.
8	22	Net asse	ets or fund balances. Subtract line 21 from line 20	727504.	759086.
Pa	art II	Sig	nature Block		
			y, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my know	edge
			ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	-	_
٥.				05/08/20	23
Siç		Signati	re of officer	Date	_
He	re	Oignate		Dato	
			JENNIFER IRELAND TREASURER		
			Type or print name and title	1	DTII.
_		Print	/Type preparer's name Preparer's signature Date	Check	PTIN
Pa		⊘ ∟11.	RYL CRUMMETT EA CHERYL CRUMMETT 05/08/20	- Ir -	
Pro	eparer				·
Us	e Only	y Firm	's name SUNNY SIDE ACCOUNTING Firm's		443914
	•		's address 559 JONES WOODS ROAD NEWCASTLE ME 04553 Phone	no. 207-	586-5576

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Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🔲
1	TO PRO AND PO QUALIT	escribe the organization's mission: OVIDE OPPORTUNITIES FOR THE ENTIRE COMMUNITY YOUNG AND OLD, RICH OOR, TO LEARN, PLAY, AND PRACTICE THE GAME OF GOLF AT A HIGH TY COURSE AT THE MOST AFFORDIBLE PRICE POSSIBLE CONSISTANT WITH OT-FOR-PROFIT STATUS		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	. Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program?	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program service is. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.		
4a	TO PRO)(Expenses\$ 301446. including grants of\$)(Revenue MOTE PHYSICAL, MENTAL, AND EDUCATIONAL DEVELOPMENT AND LITATION ON A NON-DISCRIMINATORY BASIS		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	-	ogram services (Describe on Schedule O.)		
	(Expens	es \$ including grants of \$) (Revenue \$)	

301446.

4e Total program service expenses

Part	V 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	Х	
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)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		21
3		_		3.5
•	assessments, or 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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,	10		
• • •	VII, VIII, IX, or X, as applicable.			
_	·			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44-	3.7	
	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		Х
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
45		140		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		37
40	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? If "Yes," complete Schedule F, Parts III and IV	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," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		Х
	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		Х

Par	Checklist of Required Schedules (continued)			
22	Did the assessination report many their OF 000 of greats or other assistance to be for demonstric individuals on		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			21
	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			
	, ,	24a		Х
	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? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
ZJa	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	2 54		
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		37
28	persons? If "Yes," complete Schedule L, Part III	27		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	0.		
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	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	330		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response or note to any line in this Part V	• •	· Voc	N ₀
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 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).	-		37
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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Λ
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		21
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
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			7.7
0	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		Х
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
10	Section 501(c)(7) organizations. Enter:	30		Λ
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	_		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	140		Х
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Λ
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		Х
		13		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-7		3.5
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X
	If "Ves." complete Form 6060			

Part VI

Sect	ion 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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
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		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b	Χ	
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		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	4 -		
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b		X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		40-		77
	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		
Sect	ion C. Disclosure	וטטו		
<u> 3ecւ</u> 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	n 501	(c)	
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	501	(0)	
	X Own website Another's website 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			
-	and financial statements available to the public during the tax year.	,	•	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	JENNIFER IRELAND 207-563-393	38		
	PO BOX 766 DAMARISCOTTA ME 04543-			

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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, box 6 of 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.

Check this box if heither the organization nor ar	iy related organi	izatio	n co	omp	ens	sated	any	current officer,	director, or trust	iee.
				(0	C)					
(A) Name and title	(B) Average hours	box,	unles er an	neck ss pe	erson	e than o is both or/trusto	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PETER CHRISTIN PRESIDENT	2	Х		Х				0	0	0
(2) MARTHA HEBERT VICE PRESIDENT	2	Х		Х				0	0	0
(3) HEATHER HENDRI SECRETARY	2	Х		Х				0	0	0
(4) JENNIFER IRELA TREASURER	2	Х		Х				0	0	0
(5) CHUCK PLUMMER TRUSTEE	2	Х						0	0	0
(6) FRAZIER CANER TRUSTEE	2	Х						0	0	0
(7) PETE LEWIS TRUSTEE	2	Х						0	0	0
(8) RICK HAGEN TRUSTEE	2	Х			Х			36553.	0	0
(9) FRANK DEARNLEY TRUSTEE	2	Х						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, T	rustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinued)
	(C) Position										
	(A)	(B)	(do r	not ch			e than	one	(D)	(E)	(F)
	Name and title	Average hours					is bot or/trus		Reportable compensation	Reportable compensation	Estimated amount of other
		per week							from the	from related	compensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related organizations	ctor	ional		nploy	t cor	•	1099-NEC)	1099-NEC)	related organizations
		below	uste	trus		/ee	npen				
		dotted line)	Ф	tee			Highest compensated employee				
							۵				
(15)											
(16)											
(17)											
(4.0)											
(18)		ļ									
(19)											
(20)											
(0.1)											
(21)											
(22)											
(23)											
(24)											
(25)											
1-0/											
1b	Subtotal							•	36553.		
С	Total from continuation sheets to Part VII,										
d_									36553.	20 200 -1	
2	Total number of individuals (including but not reportable compensation from the organizatio		listea	abo	ove,) wr	io rec	eiv	ed more than \$1	00,000 of	
-	Teportable compensation from the organization	···									Yes No
3	Did the organization list any former officer, di	rector, trustee, k	кеу еі	mplo	oye	e, o	r high	nest	compensated		
	employee on line 1a? If "Yes," complete Sche	edule J for such	indivi	dua	Ϊ.						3 X
4	For any individual listed on line 1a, is the sum										
	the organization and related organizations gre									such	
	individual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•			•				•		F 3
Sec	tion B. Independent Contractors	res, complete	SCITE	uuie	; J 1	UI S	испр	Jers	5011		5 X
1	Complete this table for your five highest comp	ensated indepe	nden	t co	ntra	cto	rs tha	t re	ceived more tha	ın \$100,000 of	
	compensation from the organization. Report of										's tax year.
	(A)	draga							(B)	n door	(C)
-	Name and business add	11699							Description of se	vides C	Compensation
								<u> </u>	` .		
2	Total number of independent contractors (incl more than \$100,000 of compensation from the	-	nited	to th	ose	e lis	ted a	bov	e) who received		

Form 990 (2022) WAWENOCK GOLF CL

. α.		Check if Schedule O co	ntains	a respon	ise o	r note to any line	in this Part VIII.			
				•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
rants	b	Federated campaigns Membership dues			1a 1b	147590.				3000013 012 014
Sifts, G ar Amo	d	Fundraising events Related organizations			1c 1d					
tions, (er Simil		Government grants (contril All other contributions, gifts similar amounts not include	s, gran	its, and	1e 1f	76541.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions incl lines 1a–1f	uded i	n						
э C	h	Total. Add lines 1a–1f .				Business Code	224131.			
ervice ue	b	RENTAL FEES				713910 713910	230135. 9944.	230135. 9944.		
Program Service Revenue	c d	MISCELLANEOUS				713910	1148.	1148.		
Prog	f g	All other program service r Total. Add lines 2a–2f	evenu	е			241227.			
	3	Investment income (includi other similar amounts) Income from investment of	ing div	ridends, ir	nteres	st, and	10.			10.
	4 5	Royalties		•						
	6a b	Gross rents Less: rental expenses .	6a 6b							
	c d 7a	Rental income or (loss) Net rental income or (loss) Gross amount from	6c	(i) Securi		(ii) Other				
		sales of assets other than inventory	7a			-26039.				
Revenue		Less: cost or other basis and sales expenses	7b			26020				
Other Re	d	Gain or (loss)				-26039. 	-26039.	26039.		
ð		events (not including \$ of contributions reported of See Part IV, line 18	n line		8a					
	С	Less: direct expenses Net income or (loss) from f	undra	ising ever	8b nts .					
		Gross income from gaming See Part IV, line 19			9a 9b					
	С	Less: direct expenses Net income or (loss) from g Gross sales of inventory, le	gamin							
		returns and allowances . Less: cost of goods sold .			10a 10b	•	5500	5700		
sno	11a	Net income or (loss) from s				Business Code	6709.	6709.		
Miscellaneous Revenue	b c									
Misc. Re	d e	All other revenue Total. Add lines 11a-11d .								
	12	Total revenue See instruc	rtions				446038.	273975.		10.

Form 990 (2022) WAWENOCK GOLF CLUB 01-0369722 Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this I	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			J	.,
	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,				
3	trustees, and key employees	91259.	54706.	36553.	
6	Compensation not included above to disqualified	91239.	34700.	30333.	
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	105454	105454		
7	Other salaries and wages	105454.	105454.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20582.	17500.	3082.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12152.		12152.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7596.	7596.		
13	Office expenses	18068.	1570.	16251.	247.
14	Information technology	7446.		7446.	
15	Royalties				
16	Occupancy	63056.	55619.	7437.	
17	Travel		33327		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	110.	110.		
21	Payments to affiliates	110.	110.		
22	Depreciation, depletion, and amortization	22656.	22656.		
23	Insurance	14767.	22050.	14767.	
24	Other expenses. Itemize expenses not covered	14707.		14/0/.	
44	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	· · · · · · · · · · · · · · · · · · ·				
_	(A), amount, list line 24e expenses on Schedule O.)	FF01	F F O 1		
a	SUPPLIES	5591.	5591.		
b	GOLF CART LEASE	16918.	16918.	15055	
C	UTILITIES	28801.	13726.	15075.	
d	All d				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	414456.	301446.	112763.	247.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	328768.	1	459000.
	2	Savings and temporary cash investments		2	20021.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	660.	4	10000.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use	10862.	8	11660.
٩	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1052532	<u> </u>		
	b	Less: accumulated depreciation	. 396047.	10c	349903.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	850584.
	17	Accounts payable and accrued expenses	299.	17	29259.
	18	Grants payable		18	
	19	Deferred revenue		19	60085.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . $$.		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	2154.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8833.	26	91498.
es		Organizations that follow FASB ASC 958, check here X			
anc anc		and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions	608154.	27	601413.
Б	28	Net assets with donor restrictions	119350.	28	157673.
Ë		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	727504.	32	759086.
Z	33	Total liabilities and net assets/fund balances	736337.	33	850584.

Part	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44	16038.	
2		2		41	4456.	
3	Revenue less expenses. Subtract line 2 from line 1	3		(-)	31582.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		72	27504.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses					
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
		10		75	9086.	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
				Y	es No	
1	Accounting method used to prepare the Form 990:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 1	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	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	f				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	9				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	<u> </u>		3b	(2022)	
				110	### (OOOO)	

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization 01-0369722 WAWENOCK GOLF CLUB

		TOOK COLL CLOD					0 - 0 0 0 7		
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruct							See instructions.		
The	he 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 hos	spital service organ	ization described in s	ection 17	⁷ 0(b)(1)(A)(iii).		
4		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:							
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owner	d or opera	ated by a	governmental unit d	escribed	in
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that normally redescribed in section 170(b)(1)			rom a gov	/ernmenta	al unit or from the ge	neral pub	olic
8		A community trust described ir	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)				
9		An agricultural research organ or university or a non-land-gra	ization described in	section 170(b)(1)(A)	(ix) opera	ated in cor e name, c	njunction with a land	-grant co	llege or
		university:							
10	X	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ons, subject to certain ted business taxable i	exceptio income (le	ns; and (2 ess sectio	2) no more than 33 1 n 511 tax) from bus	/3% of its	
11		An organization organized and					·		
12		An organization organized and	•	•	•			ut the pui	rooses
-		of one or more publicly suppor Check the box on lines 12a thr	ted organizations d	lescribed in section 5	09(a)(1)	or sectior	n 509(a)(2). See se o	ction 509	(a)(3).
а		Type I. A supporting organithe supported organization(organization. You must contain the supported organization.	s) the power to reg	ularly appoint or elect					
b		Type II. A supporting organ control or management of the	ization supervised	or controlled in connec					
С		organization(s). You must	complete Part IV,	Sections A and C.			_		
Ū		its supported organization(s	s) (see instructions)	You must complete	Part IV,	Sections	A, D, and E.		
d		Type III non-functionally integration that is not functionally integrated in the state of the st	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an		
е		requirement (see instruction Check this box if the organization)						vne III	
-		functionally integrated, or T					s a Type I, Type II, I	уре п	
f		Enter the number of supported	· ·						
g		Provide the following information	n about the suppor	rted organization(s).					
	(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see other support (see instructions))							pport (see	
					Yes	No			
A)									
B)									
C)									
D)									
E)									
-									
Tota	1								<u> </u>

Page 3

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	223504.	175817.	270430.	163987.	224131.	1057869.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	167395.	175112.	233609.	280563.	272682.	1129361.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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	390899.	350929.	504039.	444550.	496813.	2187230.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
-	line 6.)						2187230.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	390899.	350929.	504039.	444550.	496813.	2187230.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources			2.	11.	10.	23.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b			2.	11.	10.	23.
11	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.)	390899.	350929.	504041.	444561.	496823.	2187253.
14	First 5 years. If the Form 990 is for the org)(3)	
	organization, check this box and stop here			•	, ,		
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2022 (line 8, c			(f))		15	100.00%
16	Public support percentage from 2021 Sched	. , .	•	(/ /		16	100.00%
	ction D. Computation of Investmen					1 .0 1	
17	Investment income percentage for 2022 (lin			column (f))		17	0.00%
18	Investment income percentage for 2022 (in Investment income percentage from 2021 S		•			18	0.00%
	33 1/3% support tests—2022. If the organiz					L	0.00/0
·vu	not more than 33 1/3%, check this box and s						X
b	33 1/3% support tests—2021. If the organization	-			-		<u> </u>
	line 18 is not more than 33 1/3%, check this						
20	Private foundation If the organization did r	_	=				Ħ

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Organization type (check one):

Attach to Form 990 or Form 990-PF.

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

Name of the organization

WAWENOCK GOLF CLUB

01-0369722

Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D (Form 990)

Department of the Treasury

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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number WAWENOCK GOLF CLUB 01-0369722 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Nο Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

b Assets included in Form 990, Part X.

public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under FASB ASC 958 relating to these items:

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Part	Organizations Maintaining Collection	tions of Ar	t, Hi	sto	rical Tre	asures, or O	ther S	Similar Assets	(continued)
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):				ā,				
а	Public exhibition		d		Loan or	exchange pro	gram		
b	Scholarly research		е		Other				
С	Preservation for future generations				•				
4	Provide a description of the organization's c	ollections and	d exp	olain	how they	further the org	ganizati	ion's exempt purp	ose in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes No
Part	IV Escrow and Custodial Arrangeme							•	
	Complete if the organization answe 990, Part X, line 21.	red "Yes" o							on Form
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?								Yes No
b	ii res, explain the arrangement in Part All	i and comple	ie ine	3 1011	owing tab	ie.		Δr	nount
С	Beginning balance						1c	7 11	nount
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on F	Form 990, Pa	rt X,	line :	21, for es	crow or custod	lial acc	ount liability?	Yes X No
b	If "Yes," explain the arrangement in Part XII							-	
Part									
· arc	Complete if the organization answe	red "Yes" o	n Fo	rm 9	990. Part	IV. line 10.			
		Current year			or year	(c) Two years b	ack	(d) Three years back	(e) Four years back
1a	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								
g 2	Provide the estimated percentage of the cur	rent vear end	l hala	ance	(line 1a	column (a)) he	ıly əc.		
a	Board designated or quasi-endowment	0.00		arice	(iiiie ig, t	column (a)) ne	iu as.		
b	Permanent endowment 0.00	%	- 1-						
С	Term endowment 0.00 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 10	0%.						
3a	Are there endowment funds not in the posse	ession of the	orgai	nizat	ion that a	re held and ad	lministe	ered for the	
	organization by:								Yes No
	(i) Unrelated organizations								3a(i)
	(ii) Related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz								3b
4 Dow'	Describe in Part XIII the intended uses of the		n's e	naov	vment tun	as.			
rarı	Land, Buildings, and Equipment. Complete if the organization answer		n Fo	rm C	000 Part	IV/ line 11a	Saa F	Form 000 Part)	(line 10
	Description of property	(a) Cost or oth	ner ba		(b) Cost	or other basis other)	(c) A	Accumulated epreciation	(d) Book value
1a	Land	,			-	8,997.			228,997.
b	Buildings					8,123.	19	94,559.	53,564.
C	Leasehold improvements					,		,	,
d	Equipment				23	4,234.	18	34,014.	50,220.
_	Othor				34			24 056	17 122

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

349,903.

SCHEDULE O (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.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

WAWENOCK GOLF CLUB	01-0369722
FORM 990 PART VI SECTION B LINE 11B	
A DRAFT COPY OF FORM 990 IS DISTRIBUTED T	O THE BOARD FOR
REVIEW AND FOR SUBSEQUENT APPROVAL BY THE	TREASURER PRIOR TO
FILING.	
FORM 990 PART VI SECTION B LINE 12C	
ANNUALLY THE CONFLICT OF INTEREST IS REVI	EWED BY DIRECTORS
FORM 990 PART VI SECTION B LINE 15A	
BASED ON COMPARATIVE WAGES FROM OTHERS IN	I SIMILAR POSITIONS.
FORM 990 PART VI SECTION C LINE 19	
THE ORGANIZATION MAKES ITS 501(C)3 DOCUME	NTS, FORM 1023,
CONFLICT OF INTEREST POLICY, BY-LAWS, AND	FORM 990S
AVAILABLE TO THE PUBLIC ON OUR WEBSITE.	