Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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	2023 cal	endar year, or tax year beginning		, and	ending_		
В	Check if	applicable:	C Name of organization WAWENOCK	GOLF CLUB		D I	Employer identi	fication number
\square	Address	change	Doing business as					
_		ū	Number and street (or P.O. box if mail is r	ot delivered to street addres	s) Room/suite	01-	0369722	
Ш	Name ch	ange	PO BOX 766				Telephone numb	er
	nitial retu	urn	City or town	State	ZIP code			
=			DAMARISCOTTA ME 04543			207	-563-5793	3
F	Final return	n/terminated		n province/state/county	Foreign post	al code		
	Amended	d return			0 1		Gross receipts \$	473022.
_			E.N	men guntamin			•	
<u></u>	Application	on pending	F Name and address of principal officer: PE			H(a) Is this a gro	oup return for subordi	nates? Yes X No
			PO BOX 766 DAMARISCO	OTTA ME 04543		H(b) Are all s	ubordinates inclu	ded? Yes No
ı	Tax-exe	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)	(1) or 527	If "No," a	attach a list. See	instructions
	Website		v.wawenockgolfclub.com	,,	·	H/a) Craus as	vanantian numba	
							xemption number	
K	Form of	organizatio	n: X Corporation Trust Assoc	iation Other	LY	ear of formation:	1980 M S	State of legal domicile: ME
P	art I	Su	mmary					
	1		lescribe the organization's mission of	r most significant activ	/ities: PRO	OMOTE PHY	SICAL. ME	ENTAL AND
မွ		-	FIONAL DEVELOPMENT	.				
au								
eru							050/ /:/	
Š	2	Check t		scontinued its operation				s net assets.
G	3		of voting members of the governing					10
တ	4		of independent voting members of					10
<u>i</u>	5	Total nu	ımber of individuals employed in cal	endar year 2023 (Part	V, line 2a) .		. 5	17
Activities & Governance	6	Total nu	imber of volunteers (estimate if nece	essary)			6	
Ϋ́	7a	Total un	related business revenue from Part	VIII, column (C), line	12		7a	_
	b		elated business taxable income from				. 7b	
				, . ,	-		r Year	Current Year
41	8	Contribu	utions and grants (Part VIII, line 1h)				224131.	214441.
Ĕ	9		n service revenue (Part VIII, line 2g)				241227.	206908.
Revenue	10	-	ent income (Part VIII, column (A), lir		-26029.	6531.		
æ			* * * * * * * * * * * * * * * * * * * *					
	11		evenue (Part VIII, column (A), lines 5		,		6709.	5392.
	12		renue—add lines 8 through 11 (must eq				446038.	433272.
	13		and similar amounts paid (Part IX, c					
	14		s paid to or for members (Part IX, co					
es	15		, other compensation, employee benefit		,		217295.	238374.
Expenses	16a	Profess	ional fundraising fees (Part IX, colur	nn (A), line 11e) . . .				
g	b	Total fur	ndraising expenses (Part IX, columr	(D), line 25)				
ш	17	Other ex	xpenses (Part IX, column (A), lines	11a-11d, 11f-24e).			197161.	214014.
	18	Total ex	penses. Add lines 13-17 (must equ	al Part IX, column (A),	line 25).		414456.	452388.
	19		e less expenses. Subtract line 18 fro				31582.	-19116.
or				-		Beginning of	of Current Year	End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)				850584.	755916.
Ass	21		bilities (Part X, line 26)				91498.	15946.
Net	22		ets or fund balances. Subtract line 2				759086.	739970.
				1 110111 11116 20	<u></u>		739000.	139910.
	rt II		nature Block ry, I declare that I have examined this return, in	a aludina a a a a mananuina a a b	dulas and states		hoot of my lengu	ulo de o
			ect, and complete. Declaration of preparer (oth				•	•
G. 1G	20		son, and completel Besidians. or proparer (en	ioi aiaii oiliooi) lo bacca cii	a	minor proparor	05/06/20	•
Sig	jn	0:	-tt -tt:					
He	re	Sign	ature of officer				Date	
			JENNIFER IRELAND		TRI	EASURER		
			e or print name and title	T		1_		T
_		Prin	t/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pa		CITT	POVI COIIMMETTO TO	CHEDAL CDIMMEN	T	05 /06 /6	.,	
Pre	eparer		ERYL CRUMMETT EA	CHERYL CRUMMET	т	05/06/2		
Us	e Only	y Firm	o's name SUNNY SIDE ACCOU	NTING				5443914
	Firm's address 559 JONES WOODS ROAD NEWCASTLE ME 04553 Phone no. 207-586-5576							
Ma	y the IF	RS discus	ss this return with the preparer show	n above? See instruct	ions			. X Yes No

orm 9	90 (2023)	WAWENOCK GOLF CLUB	01-0369722	Page 2
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	DVIDE OPPORTUNITIES FOR THE ENTIRE COMMUNITY YOUNG AND OLD, RICH DOR, TO LEARN, PLAY, AND PRACTICE THE GAME OF GOLF AT A HIGH TY COURSE AT THE MOST AFFORDIBLE PRICE POSSIBLE CONSISTANT WITH		
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	describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program service es. 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 \$ 212300. including grants of \$)(Revenue DMOTE PHYSICAL MENTAL AND EDUCATIONAL DEVELOPMENT AND ILITATION ON A NON DISCRIMINATORY BASIS		· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)
				··
4d	Other pr	rogram services (Describe on Schedule O.) ses \$ including grants of \$) (Revenue \$)	

212300.

4e Total program service expenses

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," 1 Χ 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ **b** Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 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 Χ 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х

Par	Checklist of Required Schedules (continued)			
22	Did the comparing tion we not specifically \$5,000 of avents on other conjectures to a few 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	22		Λ
	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		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	24-		
ч	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
 0u	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 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%			
27	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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	, , ,	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		3.7
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Λ
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</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,			37
252	III, or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		Λ
	entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 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		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			
D	19? Note: All Form 990 filers are required to complete Schedule O	38		X
Pal	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		1	
	Oneck if Schedule O contains a response of flote to any life in this Part V	• •		N-
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. 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	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
	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		Х
b	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F		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		A
	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		
-	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 sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	•		Λ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
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 10b			
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.)			
	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	_		
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
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			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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		Х
	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			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Ves " complete Form 6069			

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 10					
	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 10					
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		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		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		X		
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.)	١			
			Yes	No		
	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	Х			
11a						
b	1 , 3, 3					
12a						
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,"					
40	describe on Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	1 01 11 7					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	37			
a	The organization's CEO, Executive Director, or top management official	15a	Х	37		
b	Other officers or key employees of the organization	15b		X		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ıoa	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		v		
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		X		
b	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	100				
<u> 17</u>	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.	551	(-)			
	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 207-563-39	38				
	PO BOX 766 DAMARISCOTTA ME 04543					

orm 990 (2023)	WAWENOCK GO	OLF CLUB	01-0369722 _{Page} 7	,

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1. Complete this table for all persons required to be listed. Benefit compensation for the calendar year anding with an with

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	(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) BARRY KNOTT TRUSTEE	2	Х						0	0	0
(6) FRAZIER CANER TRUSTEE	2	Х						0	0	0
(7) FRANK DEARNLEY TRUSTEE	2	Х						0	0	0
(8) RICK HAGEN TRUSTEE	2	Х			Х			39024.	0	0
(9) CHUCK PLUMMER TRUSTEE	2	Х						0	0	0
(10) PETE LEWIS TRUSTEE	2	Х						0	0	0
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, Tr	ustees, Key Eı	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ontinued)
	(A)	(B)			Pos neck		e than		(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for related organizations below dotted line)		er an		lirect	is or transfer in the state of	tee)	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal								39024.		
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)								39024.		
2	Total number of individuals (including but not li reportable compensation from the organization		listed	abo	ove)) wh	o rec	eiv	ed more than \$1	00,000 of	
_				1			1- :1				Yes No
3	Did the organization list any former officer, dir employee on line 1a? <i>If "Yes," complete Schee</i>										3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greaters.	ater than \$150,	000?	If "	Yes	s," c	ompl	ete	Schedule J for s		
5	individual									dividual	4 X
	for services rendered to the organization? If "Y	Yes," complete	Sche	dule	Jf	or s	uch p	ers	son		5 X
	tion B. Independent Contractors									A 100 000 (
1	Complete this table for your five highest compecompensation from the organization. Report co	•									n's tax year.
	(A) Name and business add	ress							(B) Description of se	rvices ((C) Compensation
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	•	nited	to th	nose	e lis	ted a	bov	e) who received	ı	

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respo	nse 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
(0	1a	Federated campaigns		1a					Sections 312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	147369.				
Gra	С	Fundraising events		1c					
fts, An	d	Related organizations		1d					
Gilar	е	Government grants (contri		1e					
ns, Sim	f	All other contributions, gifts	s, grants, and						
utio er (similar amounts not include	ed above	1f	67072.				
rib Oth	g	Noncash contributions incl	uded in						
ont nd (lines 1a-1f		1g	\$				
a C	h	Total. Add lines 1a-1f .				214441.			
					Business Code				
ice		GREENS FEES			713910	198885.	198885.		
Program Service Revenue	b	RENTAL FEES			713910	8023.	8023.		
S r en	С								
ran ?ev	d								
og F	е								
Pr	Ť	All other program service r				006000			
	g	Total. Add lines 2a–2f				206908.			
	3	Investment income (include other similar amounts)	-			6531.			6531.
	4	Income from investment of				0331.			0551.
	5			Jilu pi	oceeus				
	•	Noyanios	(i) Re	al	(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses .	6b						
	С	Rental income or (loss)	6c						
	d	d Net rental income or (loss)							
	7a	Gross amount from	(i) Secu	rities	(ii) Other				
		sales of assets							
		other than inventory	7a						
Revenue	b	Less: cost or other basis							
ver		and sales expenses	7b						
Re	_	Gain or (loss)	7c						
ier	d	J ()							
Other	ъа	Gross income from fundrai events (not including \$	ising						
		of contributions reported of	n line 1c)						
		See Part IV, line 18	,	8a					
	b	Less: direct expenses		8b					
		Net income or (loss) from f							
		Gross income from gaming							
		See Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from (gaming activitie	e <u>s . </u>					
	10a	Gross sales of inventory, le							
		returns and allowances .		10a	45142.				
		Less: cost of goods sold .		10b	1				
	С	Net income or (loss) from s	sales of invento	ory .		5392.	5392.		
ns					Business Code				
Miscellaneous Revenue	11a								
llar	b								
Re	2	All other revenue							
Mis	a e								
	12	Total revenue. See instru				433272.	212300.		6531.

Form 990 (2023) WAWENOCK GOLF CLUB 01-0369722 Page **10**

Part IX Statement of Functional Expenses

ection 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 Part IX	ī

	Check if Schedule O contains a response of note	to ally line in this F	-aιι ιΛ		
	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		·		
	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,				
J	trustees, and key employees	216446.	154946.	61500.	
6	Compensation not included above to disqualified	210440.	±3±9±0.	01000.	
J	persons (as defined under section 4958(f)(1)) and	ļ			
	persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)	ļ			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401/k) and 403/b) employer contributions)	ļ			
0	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	Other employee benefits	0100	01.15		
10	Payroll taxes	21928.	21460.	468.	
11	Fees for services (nonemployees):	ļ			
a	Management				
b	Legal				
C	Accounting	15834.		15834.	
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	ļ			
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7169.	7169.		
13	Office expenses	16885.	907.	15978.	
14	Information technology	7060.		7060.	
15	Royalties				
16	Occupancy	70286.	66215.	4071.	
17	Travel	214.	214.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25188.	25188.		
23	Insurance	16054.		16054.	
24	Other expenses. Itemize expenses not covered	10054.		10034.	
	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.)				
а		6491.	6491.		
a b		19039.	19039.		
	GOLF CART LEASE			20207	
Q C	UTILITIES	29794.	9397.	20397.	
d	All other eveneses				
е 25	All other expenses	45000	21122	1 41 0	
25	Total functional expenses. Add lines 1 through 24e.	452388.	311026.	141362.	
26	Joint costs. Complete this line only if the	ļ			
	organization reported in column (B) joint costs				
	from a combined educational campaign and	ļ			
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

01-0369722 Page **11**

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	459000.	1	1965.
	2	Savings and temporary cash investments	20021.	2	375203.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	. 11660.	8	10941.
Ä	9	Prepaid expenses and deferred charges		9	
	10a				
		other basis. Complete Part VI of Schedule D 10a 108562	4.		
	b	Less: accumulated depreciation 10b 72781		10c	357807.
	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	755916.
	17	Accounts payable and accrued expenses		17	2335.
	18	Grants payable	· -	18	
	19	Deferred revenue		19	7560.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 359	%		
Ē		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	6051.
	26	Total liabilities. Add lines 17 through 25			15946.
S		Organizations that follow FASB ASC 958, check here X			
Se		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	601413.	27	553374.
Ва	28	Net assets with donor restrictions		28	186596.
р	20	Organizations that do not follow FASB ASC 958, check here	137073.	20	100370.
E		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	739970.
Ne	33	Total liabilities and net assets/fund balances	850584.	33	755916.
	JJ	i otal liabilities aliu liet assets/luliu balalites	050504.	- 33	755916.

-01111 93	90 (2023) WAWENOCK GOLF CLUB	01-	0369722	Page	12
Part	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	4	3327	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	5238	38.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1911	L6.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	5908	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	<u>colu</u> mn (B))	10	7	3997	70.
Part				-	_
	Check if Schedule O contains a response or note to any line in this Part XII			. <u>L</u>	<u></u>
			\	res l	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? . $$.		. 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?		2b	2	X
	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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain o	n			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

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 Name of the organization

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 01-0369722

WAWEN	VAWENOCK GOLF CLUB 01-0369722							
Part I	Reason for Public Char							
The orga	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
2			•		/O/L-\/4\/A	\/:!!\		
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in sect	ion 170(b)(1)(A)(iii) 	. Enter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Cor	ne benefit of a colle nplete Part II.)	ge or university owned	d or opera	ated by a	governmental unit d	escribed in	
6	A federal, state, or local gover	nment or governme	ental unit described in	section 1	170(b)(1)(A)(v).		
7	An organization that normally described in section 170(b)(1			rom a gov	ernmenta/	al unit or from the ge	neral public	;
8	A community trust described in	n section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)				
9	An agricultural research organ or university or a non-land-gra university:	nt college of agricul	lture (see instructions)	. Enter th	e name, c	city, and state of the	college or	_
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	exception ncome (le	ns; and (2 ess sectio	2) no more than 33 1 n 511 tax) from busi	/3% of its	SS
11	An organization organized and	d operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).		
12								
а								
b								
С	Type III functionally integ						tegrated wit	ιh,
	its supported organization(s							
d	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an		
е	Check this box if the organi						vne III	
·	functionally integrated, or T					, a 1 ypo 1, 1 ypo 11, 1	ypo iii	
f	Enter the number of supported	organizations						
g	Provide the following information			·				
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amou other suppo instruction	ort (see
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

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

(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.)

	etion A. Public Support	(2) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total		
_	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(I) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	175817.	270430.	163987.	224131.	67073.	901438.		
2	Gross receipts from admissions, merchandise	173017.	270430.	103907.	224131.	07073.	901430.		
	sold or services performed, or facilities								
	furnished in any activity that is related to the	185110	022600	000563	050600	050050	1014016		
_	organization's tax-exempt purpose	175112.	233609.	280563.	272682.	252050.	1214016.		
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								
_	The value of services or facilities								
5									
	furnished by a governmental unit to the organization without charge								
_		350929.	504039.	444550.	496813.	319123.	2115454.		
6	Total. Add lines 1 through 5	350929.	504039.	444550.	490013.	319123.	2115454.		
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
D	Amounts included on lines 2 and 3 received from other than disgualified								
	'								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
_	Add lines 7a and 7b								
	Public support (Subtract line 7c from								
8	line 6.)						2115454.		
Sec	ction B. Total Support						2113434.		
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	350929.	504039.	444550.	496813.	319123.	2115454.		
_	Gross income from interest, dividends,	330323.	301037.	111330.	170013.	313123.	2113131.		
IVa	payments received on securities loans, rents,								
	royalties, and income from similar sources		2.	11.	10.	6531.	6554.		
h	Unrelated business taxable income (less		۷.	11.	10:	0331.	0331.		
b	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b		2.	11.	10.	6531.	6554.		
11	Net income from unrelated business		۷.	11.	10:	0331.	0331.		
• •	activities not included on line 10b, whether								
	or not the business is regularly carried on .								
12	0 ,								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	350929.	504041.	444561.	496823.	325654.	2122008.		
14	First 5 years. If the Form 990 is for the org								
	organization, check this box and stop here			•	•				
Sec	ction C. Computation of Public Su								
15	Public support percentage for 2023 (line 8, c			(f))		15	99.69%		
16	Public support percentage from 2022 Sched		•	. , ,		16	100.00%		
	ction D. Computation of Investmer								
17	0.21								
18	Investment income percentage from 2022 S		-						
	33 1/3% support tests—2023. If the organization					L			
	not more than 33 1/3%, check this box and						X		
b	33 1/3% support tests—2022. If the organiz	-			-		<u></u>		
	line 18 is not more than 33 1/3%, check this								
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b. check this box a	nd see instructions	.			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 **2023**

Open to Public Inspection

Employer identification number

WAV	VENOCK GOLF CLUB		01-0369722				
Part	Organizations Maintaining Donor A	dvised Funds or Other Similar Fur					
	Complete if the organization answere						
		(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 don	or advisors in writing that the assets held	l in donor advised				
	funds are the organization's property, subject to	· ·					
6	Did the organization inform all grantees, donor						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?		Yes No				
Part	Conservation Easements.						
	Complete if the organization answere						
1	Purpose(s) of conservation easements held by						
	Preservation of land for public use (for example	e, recreation or education) Preservation	on of a historically important land area				
	Protection of natural habitat	Preservation	on of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contributi	ion in the form of a conservation				
	easement on the last day of the tax year.	·	Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ease	ments	2b				
С	Number of conservation easements on a certif						
d	Number of conservation easements included of						
_	not on a historic structure listed in the Nationa						
3	Number of conservation easements modified,	transferred, released, extinguished, or te	rminated by the organization during				
4	the tax year	population accompant is located					
4 5	 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 						
3	violations, and enforcement of the conservation						
6	Staff and volunteer hours devoted to monitoring, ins		<u> </u>				
Ū	ciali and volunteer nears devoted to morntening, me	pooling, narraining or violations, and emoroting c	on solven on cuscincing during the year				
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing conse	ervation easements during the year				
	3, 4	3, 3	3 ,				
8	Does each conservation easement reported or	n line 2d above satisfy the requirements of	of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization rep	orts conservation easements in its revenu	ue and expense statement and				
	balance sheet, and include, if applicable, the to		nancial statements that describes the				
	organization's accounting for conservation eas						
Part	III Organizations Maintaining Collection		Other Similar Assets.				
	Complete if the organization answere						
1a	If the organization elected, as permitted under	•					
	works of art, historical treasures, or other simil	•					
L	public service, provide in Part XIII the text of the						
D	If the organization elected, as permitted under						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, I		¢				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of a						
_	following amounts required to be reported und						
а	Revenue included on Form 990, Part VIII, line	-					
	Assets included in Form 990, Part X						

Par	III Organizations Maintaining Collection	ctions of Art, Histor	rical Treasures, or	Other Similar Asse	ts (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).	<u></u>	1				
а	Public exhibition	d	Loan or exchange pr	ogram			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's c XIII.	collections and explain	how they further the or	ganization's exempt p	urpose in Part		
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as pa			Yes No		
Part							
	Complete if the organization answe 990, Part X, line 21.			-	nt on Form		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				Yes No		
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table.		A		
_	Deginning helence			10	Amount		
c d	Beginning balance			1c 1d			
e	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on I			idial account liability?	Yes X No		
b	If "Yes," explain the arrangement in Part XII						
		1. Official field if the ex	planation has been pre	Mued III I alt XIII			
Part	Complete if the organization answe	arod "Voc" on Form (000 Part IV line 10				
			for year (c) Two years	back (d) Three years back	ck (e) Four years back		
1a	Beginning of year balance	Curront your (D) in	(c) Two your	(a) Theo years but	(c) i oui youro buok		
b	Contributions						
C	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur		(line 1g, column (a)) h	eld as:			
а	Board designated or quasi-endowment	0.00%					
b	Permanent endowment 0.00	<u>_%</u> .					
С	Term endowment 0.00 %						
20	The percentages on lines 2a, 2b, and 2c sh		tion that are hald and a	dministered for the			
3a	Are there endowment funds not in the posse	ession of the organizat	tion that are nelo and a	aministered for the	Yes No		
	organization by: (i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization				3b		
4	Describe in Part XIII the intended uses of th	•					
Part							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value						
		(investment) (other) depreciation					
1a	Land		228,997.		228,997.		
b	Buildings		248,123.	197,822.	50,301.		
С	Leasehold improvements		054 505	100 500	FO 222		
d	Equipment		254,696.	182,598.	72,098.		
e	Other		353,808.	347,397.	6,411.		

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

Part VII Investments—Other Securities.			· age e
Complete if the organization answered '	'Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		_	
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments—Program Related.			
	'Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation:	<u> </u>
(a) Description of investment	(b) Dook value	Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets.			
	'Yes" on Form 990	Part IV, line 11d. See Form 990, Part X, line 1	15
(a) Descr		(b) Book value	<u> </u>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(5))		
Total. (Column (b) must equal Form 990, Part X, line 15,	, col. (B))		
Part X Other Liabilities.	IV II 000	Deat IV Proceedings and Advantage Control Control	,
	Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X	٠,
line 25. 1. (a) Descrip	tion of liability	(b) Book value	
(1) Federal income taxes	tion of liability	(b) book value	
(2) PAYROLL LIABILITIES		53	34.
(3) ACCRUED GIFT CARDS		5,51	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25,		•	52.
2. Liability for uncertain tax positions. In Part XIII, provide the te			
organization's liability for uncertain tax positions under FASB AS	SC 740. Check here if the	e text of the footnote has been provided in Part XIII.	1

SCHEDULE O (Form 990)

Department of the Treasury

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

2023
Open to Rublic

Open to Public Inspection

Internal Revenue Service

Name of the organization

WAWENOCK GOLE CLUB

Employer identification number

WAWEINOCK GOLF CLOB	11-0309122
FORM 990 PART VI SECTION B LINE 11B	
A DRAFT COPY OF FORM 990 IS DISTRIBUTED TO THE BOARD F	FOR
REVIEW AND FOR SUBSEQUEST APPROVAL BY THE TREASURER PF	RIOR
TO FILING.	
FORM 990 PART VI SECTION B LINE 12C	
ANNUALLY THE CONFLICT OF INTEREST IS REVIEWED BY DIREC	CTORS
FORM 990 PART VI SECTION B LINE 15A	
BASED ON COMPARATIVE WAGES FROM OTHERS IN SIMILAR POSI	TIONS.
FORM 990 PART VI SECTION C LINE 19	
THE ORGANIZATION MAKES ITS 501(C)3 DOCUMENTS, FORM 102	23,
CONFLICT OF INTEREST POLICY, BY-LAWS, AND FORM 990S	
AVAILABLE TO THE PUBLIC ON OUR WEBSITE.	