990 Form

Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<u>A</u>	For	the	2014 calend	lar year, or tax year	beginning		, 2014, and e	nding			, 20		
В	Chec	ck if ap	oplicable:	C Name of organization	Greene County 100	Club				D Emp	oloyer identification no.		
	Addr	ess cl	hange	Doing business as			20-5	753237					
	Nam	ie chai	nge	Number and street (c	r P.O. box if mail is not delivered	Room/suite		E Tele	ephone number				
	Initia	ıl retur	'n	321 E Chesti	nut Expy					(417)837-5258		
	Final	l returi	n/terminated	City or town, state or	province, country, and ZIP or fore	eign postal code		18,03					
	Amei	nded	return	Springfield	, MO 65802			G Gross receipts\$					
	Appli	icatior	n pending	F Name and address o	f principal officer:			11/-> 1- 4					
								H(a) IS to	ordinates	p return for ?	Yes X No		
<u></u>	Tax-	exemp	ot status: X	501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	H(b) Are	all subore	dinates inclu	ded? Yes No (see instructions)		
J	Web	site:	▶ www	greenecounty1	00club.com			H(c) Gro	up exemp	attach a list. otion number	(see instructions)		
		_	ganization: X	Corporation Trust	Association Other		L Year of formation: 2	006 м	State of	legal domici	le: MO		
Pa	art I		Summar	У									
		1	Briefly descri	ibe the organization's	mission or most significant	activities: Dea	th Gratuity Be	nefit to	Survi	ors of			
Ð			Public Sa	fety Officers D	Killed in the line	of Duty							
anc													
ern:													
Activities & Governance				J	ization discontinued its ope	•	of more than 25% of it	s net assets.	1	1			
≪				-	governing body (Part VI, lin				• •	3	10		
es					embers of the governing bo	, , ,			• • • _	4	10		
Ξ					yed in calendar year 2014	(Part V, line 2a)			• •	5	0		
Act				r of volunteers (estim	• ,				• •	6			
					from Part VIII, column (C),					7a	0		
	_	b	Net unrelated	d business taxable in	come from Form 990-T, line	e 34				7b	0		
								Prior	Year		Current Year		
a				s and grants (Part VII	•				23,	729	16,350		
Revenue			-	vice revenue (Part VI	=:						0		
					mn (A), lines 3, 4, and 7d)					577	1,686		
œ					A), lines 5, 6d, 8c, 9c, 10c,					258	0		
	_				h 11 (must equal Part VIII,				29,	564	18,036		
					Part IX, column (A), lines 1						0		
			15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								0		
es											0		
Expenses	1										0		
ă				• .	X, column (D), line 25)		0			010	2 224		
ш			•	•	(A), lines 11a-11d, 11f-24e)					910	2,904		
	١.				(must equal Part IX, columi	n (A), line 25) .				910	2,904		
	_	19	Revenue les	s expenses. Subtrac	t line to from line 12 .			Danimala a of A		654	15,132		
tso	ance	20	Total acceta	(Part X, line 16) .			-	Beginning of 0			End of Year		
Sse				es (Part X, line 26)					221,	991	237,013		
Net Assets or				,	tract line 21 from line 20				221,	881	237,013		
$\overline{}$	art I	_		re Block	tract line 21 from line 20	· · · · · · · · · · · ·			221,	001	237,013		
Unde	r pen	alties	of perjury, I decl	lare that I have examined	this return, including accompanyi			knowledge and	belief, it is	S			
true,	corre	ct, an	d complete. Dec	laration of preparer (other	than officer) is based on all inforr	nation of which preparer h	as any knowledge.						
			Bob I	Hammerschmidt									
Sig	jn		Signatu	re of officer						Date			
Не	re		Bob I	Hammerschmidt,	TREASURER								
			Type or	print name and title									
			Print/Type pre	eparer's name	Preparer's signature		Date	Chec	k X	if PTIN			
Pa	id			R HOPFINGER			02-03-2015	self-e	employed	P00	331654		
Pre	ра	rer	Firm's name	MICH	AEL R HOPFINGER CPA	1		Firm's EIN	<u> </u>				
	•	nly	Firm's addres	1200	E WOODHURST G-100			Phone no.					
				Spri	ngfield MO 65804				417	-883-17	71		
May	the	IRS	discuss this r	return with the prepar	er shown above? (see instr	ructions)					Yes X No		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Χ 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 Χ 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c 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 Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ 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? 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 Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
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		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
,-	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		- 21
b		256		Х
.6	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		21
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Λ
7	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,			37
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	2014)

	1990 (2014) Greene County 100 Club 20-575323	<u>/ </u>		age :
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
b	Enter the number of Forms W-2G included in 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	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 in 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Pai	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No)"		- 0
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
		Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A.	Governing Body and Management			
				Yes	No
1a	Enter the	e number of voting members of the governing body at the end of the tax year			
	If there a	re material differences in voting rights among members of the governing body, or			
	if the go	verning body delegated broad authority to an executive committee or similar			
	committe	ee, explain in Schedule O.			
b	Enter the	e number of voting members included in 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 othe	r officer, director, trustee, or key employee?	2		X
3	Did the	organization delegate control over management duties customarily performed by or under the direct			
	supervis	ion of officers, directors, or 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		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			
		nore members of the governing body?	7a		X
b	-	governance decisions of the organization reserved to (or subject to approval by) members,			
		ders, or persons other than the governing body?	7b	_X_	
8		organization contemporaneously document the meetings held or written actions undertaken during			
	•	by the following:	_	3.5	
а	•	erning body?	8a	X	
b		mmittee with authority to act on behalf of the governing body?	8b	X	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			\ _V
500		nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion b.	Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	Γ
100	Did tho	organization have local chapters, branches, or affiliates?	10a	Yes	No X
10a b		did the organization have written policies and procedures governing the activities of such chapters,	IUa		- 22
D		and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	\vdash
b		e in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	21	
12a		organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b		icers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C		organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·		in Schedule O how this was done	12c	X	
13		organization have a written whistleblower policy?	13		X
14		organization have a written document retention and destruction policy?	14		X
15		process for determining compensation of the following persons include a review and approval by			
		dent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		anization's CEO, Executive Director, or top management official	15a		Х
b	_	icers or key employees of the organization	15b		Х
	If "Yes"	o line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the	organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a ta	xable entity during the year?	16a		Х
b	If "Yes,"	did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participa	tion in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organiza	tion's exempt status with respect to such arrangements?	16b		
Sec	tion C.	Disclosure			
17	List the	states with which a copy of this Form 990 is required to be filed			
18	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available	for public inspection. Indicate how you made these available. Check all that apply.			
	X Ow	n website			
19	Describe	in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial	statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records:

Bob Hammerschmidt (417)837-5258, PO Box 2817, Springfield, MO 65801

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related	organization c	ompen	sate	ed an	y cu	irrent o	ffice	r, director, or truste	ee.	Γ
					(C)					
(A) Name and Title	(B) Average hours per week (list any	box	, unle	eck n	rson	han one is both a r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ronald Ponds President	2.00_	Х		Х					0 0	0
(2) Andy Hosmer Vice President	2.00_	Х		X					0 0	0
(3) Bob Hammerschmidt Treasurer	2.00	Х		Х					0 0	0
(4) Raylene Appleby Director	2.00_	Х							0	0
(5) Bill Deal Director	2.00_	Х							0 0	0
(6) Steve Visio Director	2.00_	Х							0 0	0
(7) Lance Smith Secretary	2.00_	Х		Х					0 0	0
(8) John Rush Director	2.00	Х							0 0	0
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										

Form **990** (2014)

	00 (2014) Greene County 100 Clu	ıb								20-57532	237	Р	age 8
Part '	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box,	unless er and	a dir	tion ore the	nan one both an (trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated imount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensati from the ganization nd relate ganization	on d
<u>(15)</u>													
<u>(16)</u> _													
<u>(17)</u> _													
<u>(18)</u> _													
<u>(19)</u> _													
<u>(20) </u>													
<u>(21) </u>													
<u>(22)</u> _													
<u>(23) </u>													
<u>(24) </u>													
(25)		<u> </u>											
С	Sub-total	on A						* •					
d 2	Total (add lines 1b and 1c)								n \$100 000 of	0			0
_	reportable compensation from the organization	o u loco notoa	abovo	,			a more	5 1110	\$ 100,000 01	0			
												Yes	No
3	Did the organization list any former officer, directo		•	mplo	yee,	or h	nighes	t cor	mpensated				
	employee on line 1a? If "Yes," complete Schedule J fo										3		X
4	For any individual listed on line 1a, is the sum of reportangements of reportangements of the sum of t	-											
	individual										4		Х
5	Did any person listed on line 1a receive or accrue cor	npensation fro	om any	/ unre	elate	d or	ganiza	tion	or individual				
	for services rendered to the organization? If "Yes," co	mplete Sched	dule J f	or su	ich p	ersc	n				5		X
	on B. Independent Contractors	l indonendani	t oontr		o +b o	+ ===			a than \$100,000 of				
1	Complete this table for your five highest compensated compensation from the organization. Report compens year.												
	(A) Name and business address								(B) Description of	services		(C) pensatio	n
2	Total number of independent contractors (including by	ut not limited t	to thos	e liste	ed al	bove	e) who		1				

received more than \$100,000 of compensation from the organization

Form 990 (2014) Greene County 100 Club 20-5753237 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (D) (B) Related or exempt Unrelated business Revenue excluded from tax Total revenue function revenue under sections 512-514 revenue Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 16,350 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 16,350 **Business Code** Program Service Revenue 2a f All other program service revenue 3 Investment income (including dividends, interest, 1,686 1,686 Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents **b** Less: rental expenses **c** Rental income or (loss) . . . (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses **c** Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b

c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold b **c** Net income or (loss) from sales of inventory . . . Miscellaneous Revenue **Business Code**

c Net income or (loss) from fundraising events **9a** Gross income from gaming activities.

See Part IV, line 19 a **b** Less: direct expenses b

11a b С **d** All other revenue

18,036

1,686

Form 990 (2014) 4) Greene County 100 Club Statement of Functional Expenses

	otatement of i unctional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colun	nns. All other organizati			
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
_	Legal				
b	Accounting	770		770	
d	Lobbying	770		770	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	01.5		01.5	
12	Advertising and promotion	817		817	
13	Office expenses				
14	Information technology	297		297	
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance	1,000		1,000	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ANNUAL REGISTRATION	20		20	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	2,904	0	2,904	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	221,881	1	237,013
	2	Savings and temporary cash investments	•	2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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 34)	221,881	16	237,013
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
က္က	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
=	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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	221,881	27	237,013
ala	28	Temporarily restricted net assets	<u> </u>	28	<u> </u>
В В	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here			
o l		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	221,881	33	237,013
	34	Total liabilities and net assets/fund balances	221,881	34	237,013

1 Accounting method used to prepare the Form 990: Cash	Form	990 (2014) Greene County 100 Club	0-5753237		Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 3 Revenue less expenses. Subtract line 2 from line 1 4 Revenue less expenses. Subtract line 2 from line 1 5 Net unrealized gains (losses) on investments 5 Revenue less expenses. Subtract line 2 from line 3	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 15,132 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7 Investment (B)		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u>. 🗆 </u>
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,	036
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Carry Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements addited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 1 Fives," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an aud	2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	904
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 7 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11	3	Revenue less expenses. Subtract line 2 from line 1	3		15,	132
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		221,	881
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 237,013 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Trivity Financial Statements and Reporting	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 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 C 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 X If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 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 C 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 X If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X		33, column (B))	10		237,	013
Check if Schedule O contains a response or note to any line in this Part XII Yes Note of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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 X If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	Par					
1 Accounting method used to prepare the Form 990: Cash						\Box
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Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X	1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
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 □ 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: □ Separate basis □ ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis □ □ c 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 X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Sa As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
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 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 c 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X		Schedule O.				
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: X Separate basis Consolidated basis Both consolidated and separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
reviewed on a separate basis, consolidated basis, or both: X 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		reviewed on a separate basis, consolidated basis, or both:				
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133? 3a X						
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If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?				2c	Х	
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 Single Audit Act and OMB Circular A-133?		·	, .			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
the Single Audit Act and OMB Circular A-133?	3a					
<u> </u>				3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form 990 (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

Gree	ene	County 100 Club					20-575323	7				
Par	τl	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	S.				
The c	orgar	nization is not a private foundation becau	use it is: (For lines 1	through 11, check only or	ne box.)							
1	Ш	A church, convention of churches, or	association of chu	ırches described in sect i	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E.)								
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in secti	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the benefit	it of a college or uni	versity owned or operated	by a gove	rnmental u	nit described in					
		section 170(b)(1)(A)(iv). (Complete	Part II.)									
6		A federal, state, or local government	or governmental u	init described in section	170(b)(1)((A)(v).						
7	X	An organization that normally receives	a substantial part of	f its support from a govern	mental uni	t or from th	e general public					
		described in section 170(b)(1)(A)(vi)). (Complete Part I	l.)								
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)								
9		An organization that normally receives:			ntributions,	membersh	nip fees, and gross					
		receipts from activities related to its exe	empt functions - sub	ject to certain exceptions,	and (2) no	more than	33 1/3% of its					
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after Jun	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)						
10		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).						
11		An organization organized and operate	ed exclusively for the	e benefit of, to perform the	functions of	of, or to car	ry out the purposes of					
		one or more publicly supported organ	nizations described	d in section 509(a)(1) or	section 5	09(a)(2) . S	See section 509(a)(3)). Check				
		the box in lines 11a through 11d that de	escribes the type of	supporting organization a	nd complet	te lines 11e	e, 11f, and 11g.					
	а	Type I. A supporting organization	n operated, superv	ised, or controlled by its	supported	organizati	on(s), typically by giv	ing				
		the supported organization(s) the p	ower to regularly ap	ppoint or elect a majority of	of the direct	ors or trust	ees of the supporting					
		organization. You must complet	te Part IV, Sectior	ns A and B.								
	b	Type II. A supporting organizatio	n supervised or co	entrolled in connection wi	th its supp	orted orga	nization(s), by having	9				
		control or management of the supp	oorting organization	vested in the same perso	ns that con	trol or man	age the supported					
		organization(s). You must comp	lete Part IV, Sect	ions A and C.								
	С	Type III functionally integrated	. A supporting orga	anization operated in cor	nection wi	ith, and fur	nctionally integrated v	vith,				
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	s A, D, an	d E.					
	d	Type III non-functionally integr	ated. A supporting	g organization operated i	n connecti	on with its	supported organizati	on(s)				
		that is not functionally integrated. T	he organization ger	nerally must satisfy a distri	bution requ	uirement ar	nd an attentiveness					
		requirement (see instructions). Ye	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.						
	е	Check this box if the organization re	eceived a written de	etermination from the IRS	that it is a T	Гуре І, Тур	e II, Type III					
		functionally integrated, or Type III n	non-functionally inte	grated supporting organiz	ation.			_				
	f	Enter the number of supported organization	ations					[
	g	Provide the following information about	the supported orga	nization(s).								
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amour				
				(described on lines 1-9 above or IRC section	listed in you docum	ur governing nent?	support (see instructions)	other suppo instruction				
				(see instructions))		1	,		,			
					Yes	No						
(A)												
(/·)												
(B)												
(C)												
(D)												
(E)												
_												

Schedule A (Form 990 or 990-EZ) 2014 Greene County 100 Club Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,132	21,250	15,731	23,729	16,350	110,192
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	33,132	21,250	15,731	23,729	16,350	110,192
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
$\frac{6}{200}$	Public support. Subtract line 5 from line 4 tion B. Total Support						110,192
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	33,132	21,250	15,731	23,729		110,192
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		-				
	sources	2,378	1,700	1,286	1,577	1,686	8,627
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10					10
11	Total support. Add lines 7 through 10 .						118,829
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
	tion C. Computation of Public Su	•					
14	Public support percentage for 2014 (line 6, co	•	ne 11, column (f))			14	92.73 %
15 10-	Public support percentage from 2013 Schedu				'	15	92.00 %
16a	33 1/3% support test - 2014. If the organization qualifies						▶ 🏻
L	box and stop here. The organization qualif						
D	33 1/3% support test - 2013. If the organize check this box and stop here. The organize						▶ □
17a	10%-facts-and-circumstances test - 2014	•		•			,
174	10% or more, and if the organization meets	•					
	Part VI how the organization meets the "facts-						
	organization		=				▶ □
b	10%-facts-and-circumstances test - 2013						· ·
-	15 is 10% or more, and if the organization is	•				-	
	Explain in Part VI how the organization meets				-		
				-			▶ □
18	Private foundation. If the organization did						_
	instructions	<u> </u>	<u> </u>				🕨 🗌

Part III Sup

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

(Complete only if you checked the box on line 9 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.)

Sed	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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						
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.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Sup	pport Percent	tage				
15	Public support percentage for 2014 (line 8, colu						%
16	Public support percentage from 2013 Schedule					16	%
	ction D. Computation of Investmen			. (0)		T 4= 1	0.4
17	Investment income percentage for 2014 (line		-				%
18	Investment income percentage from 2013 So	·					%
	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	alifies as a publicl	y supported organ	ization	▶ □
b	33 1/3% support tests - 2013. If the organiz line 18 is not more than 33 1/3%, check this			·		rganization	. =
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or 19	9b, check this box	and see instruction	ns	▶ 🗍