** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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.

6 Inspection

OMB No. 1545-0047

A	ror tri	e 2016 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chan	ge Doing business as		84-1	279041
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
Г	Final returr	5825 DELMONTCO DRIVE CHITTE 350			872-4384
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	451,941.
Г	Amer	Ided COLORADO CORTINGO CO 90010		H(a) Is this a group re	
F	∏Appli			for subordinates	
_	tion pend	SAME AS C ABOVE		H(b) Are all subordinates in	—
$\overline{}$	T		or 527	7 ' '	
		tempt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) cite: $WWW \cdot WFDF \cdot ORG$	01 321	∃ ′	list. (see instructions)
			1. 1/2-2-1	H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1994 I	M State of legal domicile: CO
•	_		TDE 3	EODIM EOD	
ø	1	Briefly describe the organization's mission or most significant activities: PROVIDED NAMED AND PROMOBILITY OF THE PROPERTY OF			DMG FOD
an	١.	INTERNATIONAL GOVERNANCE AND PROMOTION FO			
ern	2	Check this box if the organization discontinued its operations or dispos			
Š	3			3	13
დ დ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
ξ	6	Total number of volunteers (estimate if necessary)			430
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
ø				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		111,354.	219,976.
Ž	9	Program service revenue (Part VIII, line 2g)		63,300.	151,316.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60.	48.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,925.	31,928.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		180,639.	403,268.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	11,258.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		52,500.	59,167.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. Ы	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		153,484.	339,578.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		205,984.	410,003.
	19	Revenue less expenses. Subtract line 18 from line 12		-25,345.	-6,735.
		Trovando roco experiedo. Gabridor inte de mentrano de		eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		330,215.	343,481.
ASS	21	Total liabilities (Part X, line 26)		29,119.	48,176.
let/	22	Net assets or fund balances. Subtract line 21 from line 20		301,096.	295,305.
P	art II	Signature Block		301,0300	233,303.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ents, and to the hest of my	/ knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			r Knowledge and belief, it is
truc	, 00110	ti, and complete. Declaration of preparer (other than officer) is based on an information of win	non proparoi	nas any knowicage.	
C:~	_	Signature of officer		Date	
Sig He		KATHLEEN A. BERGERON, TREASURER			
пе	е	Type or print name and title			
_			Т	Date Check C	PTIN
Da!	4	Print/Type preparer's name LANE MCMILLEN, CPA Preparer's signature		if	
Pai				self-employ	20-1766527
	parer	Firm's name WAUGH & GOODWIN, LLP	5.0	Firm's EIN ▶	70-1100371
use	Only	Firm's address 1365 GARDEN OF THE GODS, SUITE 1	.50	Diam / 7	10\ 500 0777
_		COLORADO SPRINGS, CO 80907		Phone no. (/	19) 590-9777
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO SUPPORT AND PROMOTE THE GLOBAL ADVANCEMENT OF DISC SPORTS AND
	SPIRIT OF THE GAME.
	DITATI OF THE GAME.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$342,839. including grants of \$) (Revenue \$151,316.
	WFDF EVENTS - THE WORLD FLYING DISC FEREDATION (WFDF) ORGANIZES
	CHAMPIONSHIP AND INTERNATIONAL EVENTS FOR FLYING DISC SPORTS.
41	11 250
4b	(Code:) (Expenses \$11,258. including grants of \$11,258.) (Revenue \$) DEVELOPMENT GRANTS - DEVELOPMENT GRANTS ARE INITIATIVES OF A SMALLL
	FINANCIAL AMOUNT THAT ARE DISTRIBUTED TO LOCAL GROUPS TO SUPPORT THE
	EXPANSION AND DEVELOPMENT OF DISC SPORTS. THEY RANGE IN AMOUNTS FROM
	\$500 TO \$1,500 AND ARE APPLIED FOR ON AN ANNUAL BASIS.
	7500 10 \$1,500 AND ARE ATTELED FOR ON AN ANNOAE DADID:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 354,097.

Form 990 (2016) WORLD FLYING DISC FEDERATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
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		X
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, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	in 100, complete conceans 2,			,,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			, .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		 ₩
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete concare 2,1 art x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
L	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a	Х	 *
	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,	 1 1		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		_ -	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u></u>
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		x
	· · · · · · · · · · · · · · · · · · ·	_		_

Form 990 (2016) WORLD FLYING DISC FEDERATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 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		Х
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		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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) WORLD FLYING DISC FEDERATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1	С	X	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2	b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	la		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3	b		
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)?	4	а		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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ia		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				l
	any contributions that were not tax deductible as charitable contributions?	6	ia		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6	b		
7	Organizations that may receive deductible contributions under section 170(c).				
	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?		'a	X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_	.		v
	to file Form 8282?	7	'C		X
	If "Yes," indicate the number of Forms 8282 filed during the year	+-			v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		e .		X
f	3 , 3 , 1 , 1		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		'g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-	'n		
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?		В		
9	Sponsoring organizations maintaining donor advised funds.	-			
	Did the conversion and in the control of the control of the little than and an artist 40000	۵	а		
h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13	3a		
	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				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	4a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	4b		
		_		$\alpha \alpha \cap$	(0040)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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, 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	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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	37
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	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
_	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process 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	10-		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		l
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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) as	railable		
10	for public inspection. Indicate how you made these available. Check all that apply.	anable	•	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
13	statements available to the public during the tax year.	iai io	ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 719-748-5119			
	5825 DELMONTCO DR STE 350 COLORADO SPRINGS CO 80919			

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.

(A) Name and Title	(B) Average hours per	١		Pos	:4:~~	_		(D)	(E)	(F)
	hours per			(C) Position t check more than one				Reportable	Reportable	Estimated
	I Hours her	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week	-	Cer ar	ia a a	recio	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2, 1000 111100)		and related
	below	idual	tution	ъ	Key employee	est co	Je.			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) ROBERT RAUCH	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) KATHLEEN A. BERGERON	10.00									
TREASURER		Х		Х				0.	0.	0.
(3) BRIAN GISEL	15.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(4) THOMAS GRIESBAUM	10.00									
SECRETARY		Х		Х		<u> </u>		0.	0.	0.
(5) TOMAS BURVALL	5.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(6) STEVE TAYLOR	5.00									
DIRECTOR		Х						0.	0.	0.
(7) JOSE PIRES	5.00								_	_
DIRECTOR		Х				_		0.	0.	0.
(8) KEVIN GIVENS	5.00								_	_
DIRECTOR		Х				_		0.	0.	0.
(9) CHARLES MEAD	10.00									
DIRECTOR		Х						0.	0.	0.
(10) FUMIO MOROOKA	10.00									_
DIRECTOR		Х						0.	0.	0.
(11) CAROLINE MALONE	10.00	l								
DIRECTOR		Х				_		0.	0.	0.
(12) MICHAEL HU	5.00	l							•	
DIRECTOR		Х						0.	0.	0.
(13) JAMIE NUWER	5.00	l							•	•
DIRECTOR		Х				_		0.	0.	0.
(14) RYAN PURCELL	5.00								•	•
NON-VOTING ATHLETE'S COMMISSION CHAI	40.00	Х				├		0.	0.	0.
(15) VOLKER BERNARDI	40.00	-		,,				FF 000	_	_
EXECUTIVE DIRECTOR		1	_	Х		-		55,000.	0.	0.
		-								
	+	1	-			-				
	1	1	ı	i .	i .	1	l	i	i	

632007 11-11-16 Form **990** (2016)

Form 990 (2016) WORLD FLY	ING DIS	C	FE	DE	RA	ΙT	ON	Ī	84-1	279	041	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	box, offic	not c , unle:	Posi heck r ss per nd a di	ition more son i	than s bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	an	(F) Estimated amount of other compensate	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS			om th anizat d relat	e ion ed
1b Sub-total							>	55,000.		0.			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							<u> </u>	55,000.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue comper	nsatio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors	Dicto Concaun	<i>30 K</i>	<i>51</i> 50	1011 <u>t</u>	<i></i>	<i></i>							
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	· ·								· · · · · · · · · · · · · · · · · · ·	oensat	tion fro	om	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(Compe		n
Total number of independent contractors (ir \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos (ted	above) who received me	ore than				
								·	-		_	200	

84-1279041

		Check if Schedule O conta	ains a response	or note to any line	e 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
တ္ တ	1 a	Federated campaigns	1a					3.2 3.1
ant		Membership dues		76,011.				
ي ق		Fundraising events	·····	,				
ifts Ir A		Related organizations						
nila nila		Government grants (contributi						
Sir		All other contributions, gifts, grant						
her it	-	similar amounts not included abov		143,965.				
풀	q	Noncash contributions included in lines 1		,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		>	219,976.			
				Business Code				
o o	2 a	EVENTS		711300	151,316.	151,316.		
Ş	b							
Program Service Revenue	С							
am eve	d							
Ba	е							
P.	f	All other program service reve	nue					
		Total. Add lines 2a-2f			151,316.			
	3	Investment income (including		I				
		other similar amounts)		>	48.			48.
	4	Income from investment of tax						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$	•					
Other Reven		contributions reported on line						
Ř		Part IV, line 18	a					
t Pe	b	Less: direct expenses						
0	С	Net income or (loss) from fund	raising events					
		Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses		1				
	С	Net income or (loss) from gam	ing activities	. <u></u>				
	10 a	Gross sales of inventory, less						
		and allowances		80,601.				
	b	Less: cost of goods sold	b	48,673.				
	С	Net income or (loss) from sales	s of inventory	>	31,928.	31,928.		
		Miscellaneous Revenue	е	Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		▶	403,268.	183,244.	0.	48.

Form 990 (2016) WORLD FLYING DISC FEDERATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX											
	Do not include amounts vanested on lines Ch (A) (B) (C)										
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	1,058.	1,058.								
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	10,200.	10,200.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	59,167.	50,884.	8,283.							
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):										
а	Management	27,993. 79.	27,993.								
b	Legal	79.		79.							
С	Accounting	9,805.		9,805.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	, ,	20 607	20 502	2 024							
	column (A) amount, list line 11g expenses on Sch O.)	30,607.	28,583.	2,024.							
12	Advertising and promotion	9,862.		9,862.							
13	Office expenses	9,002.		9,002.							
14	Information technology										
15 16	Royalties										
17	Occupancy Travel	55,773.	32,724.	23,049.							
18	Payments of travel or entertainment expenses	3377731	3277210	23,0131							
.0	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	2,329.		2,329.							
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 0.)	1 = 1	1 = 1								
а	SPORT DEVELOPMENT	152,953.	152,953.								
b	MARKETING	23,750.	23,750.								
С	DRUG TESTING	9,206.	9,206.								
d	DUES & SUBSCRIPTIONS	8,017.	8,017.	475							
	All other expenses	9,204.	8,729.	475.							
25	Total functional expenses. Add lines 1 through 24e	410,003.	354,097.	55,906.	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 if following SOP 98-2 (ASC 958-720)										
	Check here if following SOP 98-2 (ASC 958-720)				5 QQQ (2012)						

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		55,934.	1	117,854.
	2	Savings and temporary cash investments		200,149.	2	150,157.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		66,735.	4	74,970.
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquality				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
s		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net	T T		7	
As	8	Inventories for sale or use			8	
	9			7,397.	9	500.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal		330,215.	16	343,481.
	17	Accounts payable and accrued expenses		29,119.	17	48,176.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
abil		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		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		29,119.	26	48,176.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g		complete lines 27 through 29, and lines 33 an	d 34.			
nce	27	Unrestricted net assets		296,653.	27	291,735.
ala	28	Temporarily restricted net assets		4,443.	28	3,570.
B	29	Permanently restricted net assets			29	
Ë		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
ō		and complete lines 30 through 34.				
sts	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	_		32	
Ž	33	Total net assets or fund balances		301,096.	33	295,305.
	34	Total liabilities and net assets/fund balances		330,215.	34	343,481.

Form **990** (2016)

Pa	TXI 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		3,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,0				
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	1,0	<u>96.</u>			
5	5 Net unrealized gains (losses) on investments 5							
6	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 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	29	5,3	<u>05.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
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	Х				
	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:							
	X 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2016)			

632012 11-11-16

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

(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.

► 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.

OMB No. 1545-0047

Open to Public

Inspection Name of the organization **Employer identification number**

				ISC FEDERATION				34-12/9041
P	art I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
The	organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)		
	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describ	ed in
_		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)	
	X		•				• •	nublic described in
•		section 170(b)(1)(A)(vi). (C		Titial part of its support if	om a gove	on in Critary	unit of from the general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Bar	F II \			
9	=	An agricultural research org				nd in conju	unction with a land grant	collogo
9	ш	-				-	-	-
		or university or a non-land-g	grant college or agric	ulture (see iristructions).	Enter the i	name, city	, and state of the college	e 01
40		university:	Illy received (1) mare	than 22 1/20/ of its supp	a aut france	ontributio	no momborobin foco or	ad areas ressints from
10	ш	An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the organization a	arter June 30, 1975.
		See section 509(a)(2). (Con	•	to a book a decad day, no della casa			20(-)(4)	
11	=	An organization organized a	•	•	•			
12	Ш	An organization organized a	=		-		•	
		more publicly supported or						Check the box in
		lines 12a through 12d that	* *					
•	a <u></u>		· · · · · · · · · · · · · · · · · · ·		•	-		
		the supported organization			majority o	of the direc	tors or trustees of the s	upporting
		organization. You must o						
- 1	b		•					-
		control or management o			ame perso	ns that co	ntrol or manage the sup	ported
	_	organization(s). You mus						
•	c						• •	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.	
•	d		/ integrated. A supp	oorting organization oper	ated in co	nnection w	rith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	cation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
•	e	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or						
	f Ente	er the number of supported o	organizations					
		vide the following information			(iu) le the erge	anization listed		T (D)
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	56,004.	85,149.	95,284.	111,354.	219,976.	567,767.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	56,004.	85,149.	95,284.	111,354.	219,976.	567,767.
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)						39,770.
	Public support. Subtract line 5 from line 4.						527,997.
Sec	ction B. Total Support	·	· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	56,004.	85,149.	95,284.	111,354.	219,976.	567,767.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	199.	108.	60.	60.	48.	475.
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.)						560 040
11	Total support. Add lines 7 through 10						568,242.
12	Gross receipts from related activities,	•	,			12	231,917.
13	First five years. If the Form 990 is for	•			•	. , . ,	
Sac	organization, check this box and storection C. Computation of Publi	o here Der	centage				P
	•			olumn (f\)		14	92.92 %
	11 1 3 (14	22 25
15	Public support percentage from 2015					15	
10a	33 1/3% support test - 2016. If the c						
h	stop here. The organization qualifies33 1/3% support test - 2015. If the organization						
b	and stop here. The organization qual						. \Box
172							
114		ū					·
	_				•	-	
h							
J		_					
	,		•		• •		,
18	Private foundation. If the organization			•	,		
	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						

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

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

Se	ction A. Public Support	Blow, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
C	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					 	
	Public support percentage for 2016 (li					15	%
	Public support percentage from 2015 ction D. Computation of Inves					16	%
	•			10 1 (0)		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 32 1/3% and line 1	% 7 is not
198	a 33 1/3% support tests - 2016. If the						r is fiot
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the						nd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
3b		
3c		
4-		
4a		
4b		
1.2		
4c		
F -		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
401-		
990 or 90	10-F7\	2016

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

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	C	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ctions A through E.	
Sect	ion A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net sh	ort-term capital gain	1		
2	Recove	eries of prior-year distributions	2		
3	Other o	gross income (see instructions)	3		
4	Add lin	nes 1 through 3	4		
5	Depred	ciation and depletion	5		
6	Portior	n of operating expenses paid or incurred for production or			
	collect	tion of gross income or for management, conservation, or			
	mainte	enance of property held for production of income (see instructions)	6		
7	Other 6	expenses (see instructions)	7		
8	Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - I	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggreo	gate fair market value of all non-exempt-use assets (see			
	instruc	ctions for short tax year or assets held for part of year):			
а	Averag	ge monthly value of securities	1a		
b	Averag	ge monthly cash balances	1b		
С	Fair ma	arket value of other non-exempt-use assets	1c		
d	Total ((add lines 1a, 1b, and 1c)	1d		
е	Discou	unt claimed for blockage or other			
	factors	s (explain in detail in Part VI):			
2	Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3	Subtra	act line 2 from line 1d	3		
4	Cash c	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ins	structions)	4		
5	Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multipl	ly line 5 by .035	6		
7	Recove	eries of prior-year distributions	7		
8	Minim	um Asset Amount (add line 7 to line 6)	8		
Sect	ion C -	Distributable Amount			Current Year
1	Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 8	85% of line 1	2		
3	Minimu	um asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter o	greater of line 2 or line 3	4		
5	Income	e tax imposed in prior year	5		
6	Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
	emerge	ency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functionall	y integrate	ed Type III supporting orga	anization (see
	i	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nnizations (continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	<u> </u>	
	(provide details in Part VI). See instructions	3		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	and a amount arrada by anno a arroant	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)	Execus Bloanbadelle	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	Exocoo distributions carryover, ir arry, to 2016.			
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
;	Carryover from 2011 not applied (see instructions)			
- :				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 WORLD	FLYING DISC	FEDERATION		34-1279041	Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	b, 4c, 5a, 6, 9a, 9b, 9c, 1 3; Part IV, Section E, lines	1a, 11b, and 11c; Part IV, 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 an art V, line 1; Part V, S	ld 2; Part IV, Section ection B, line 1e; Par	C, t V,
	(See Instructions.)					

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

WORLD FLYING DISC FEDERATION

84-1279041

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

WORLD FLYING DISC FEDERATION

84-1279041

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$6,250.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

WORLD FLYING DISC FEDERATION

84-1279041

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			

ORLD	FLYING DISC FEDERATION Exclusively religious, charitable, etc., contr	ihutione to organizatione described i	n section 501(c)(7) (8) or	84-1279041			
rait iii	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow	Ning line entry. For organization	าร			
(a) No.	Use duplicate copies of Part III if additiona						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gift					
		(e) Transier of gill	•				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I	.,	., .		· · · · · · · · · · · · · · · · · · ·			
			_				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No.							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
			<u> </u>				
		(e) Transfer of gift	L				
	Transfersa's name address are	A 710 . 4	Relationship of transferor to transferee				
	Transferee's name, address, ar	10 ZIP + 4	Relationship of tra	nsteror to transferee			
			1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
- Circi							
—							
-		(a) Towns (a)					
		(e) Transfer of gif	sfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLD FLYING DISC FEDERATION

Employer identification number 84-1279041

	organization answered "Yes" on Form 990, Part IV, line 6	(a) Donor advised funds		a) Eurodo	and other see	ounte
	Table words and a force	(a) Donor advised funds	(runds	and other acco	วนกเธ
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	Provide at the control body to the control of	6	_		
5	Did the organization inform all donors and donor advisors in wri	_				
_	are the organization's property, subject to the organization's ex				Yes	∟ No
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or d			•	Yes	
Par		nization answered "Ves" on Form 900			Tes	No
1	Purpose(s) of conservation easements held by the organization		raitiv,	iii le 7.		
•	Preservation of land for public use (e.g., recreation or edu		storically	importar	nt land area	
	Protection of natural habitat	Preservation of a ce	-	-		
	Preservation of open space	Freservation of a ce	rtinea m	Storic Str	ucture	
2	Complete lines 2a through 2d if the organization held a qualified	t conservation contribution in the form	of a cor	servatio	n essement on	the last
_	day of the tax year.	d conservation contribution in the form	01 a coi		eld at the End of	
а				2a "	ciu at the Lilu of	tiic iax ica
b				2b		
C	Number of conservation easements on a certified historic struct	ture included in (a)		2c		
d	Number of conservation easements included in (c) acquired after			20		
u	listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, relea				ring the tay	
٠	year	sed, extinguished, or terminated by the	c organiz	ation du	ing the tax	
4	Number of states where property subject to conservation easer	nent is located				
5	Does the organization have a written policy regarding the period		-			
•	violations, and enforcement of the conservation easements it he				Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					
•	>	gg			g	,
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserva	ation eas	ements	during the year	
	▶ \$	g or moraneme, and emercing content			aag , ca.	
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170)(h)(4)(B)()		
	and section 170(h)(4)(B)(ii)?	-			Yes	□ No
9	In Part XIII, describe how the organization reports conservation		e stateme	ent. and		
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	easements in its revenue and expense			•	
9	in Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	easements in its revenue and expense			•	
	include, if applicable, the text of the footnote to the organization	easements in its revenue and expense n's financial statements that describes	the orga	nization	's accounting fo	
	include, if applicable, the text of the footnote to the organization conservation easements.	easements in its revenue and expense n's financial statements that describes art, Historical Treasures, or O	the orga	nization	's accounting fo	
Paı	include, if applicable, the text of the footnote to the organization conservation easements. rt III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98	easements in its revenue and expense n's financial statements that describes art, Historical Treasures, or O 00, Part IV, line 8.	the orga	milar /	's accounting fo	or
Paı	include, if applicable, the text of the footnote to the organization conservation easements. rt III Organizations Maintaining Collections of A	easements in its revenue and expense n's financial statements that describes art, Historical Treasures, or O 20, Part IV, line 8. 958), not to report in its revenue state	the organical ther Si	milar /	's accounting for Assets. e sheet works of	or of art,
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC	easements in its revenue and expense n's financial statements that describes art, Historical Treasures, or Oo, Part IV, line 8. 958), not to report in its revenue states ition, education, or research in furthers.	the organical ther Si	milar /	's accounting for Assets. e sheet works of	or of art,
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibitions.	easements in its revenue and expense of stranding statements that describes out, Historical Treasures, or Open Part IV, line 8. 958), not to report in its revenue states ition, education, or research in further as these items.	the orga ther Si ment and	milar /	Assets. e sheet works or rvice, provide, in	or of art, on Part XIII,
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe	easements in its revenue and expense of stranding statements that describes out, Historical Treasures, or Opologo, Part IV, line 8. 958), not to report in its revenue state ition, education, or research in further as these items.	the orgather Siment and ance of put and ba	milar / d balance ublic ser	Assets. e sheet works of arteet works of arte	or f art, n Part XIII, t, historical
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC	easements in its revenue and expense of stranding statements that describes out, Historical Treasures, or Opologo, Part IV, line 8. 958), not to report in its revenue state ition, education, or research in further as these items.	the orgather Siment and ance of put and ba	milar / d balance ublic ser	Assets. e sheet works of arteet works of arte	or f art, n Part XIII, t, historical
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items:	easements in its revenue and expense of stranding statements that describes art, Historical Treasures, or Opposite to provide the state of the state	the orgation the organization that the organ	milar / balance ublic ser lance shice, provi	Assets. e sheet works or rvice, provide, in eet works of and vide the following	of art, n Part XIII, i, historical ng amounts
Pai	include, if applicable, the text of the footnote to the organization conservation easements. THE Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	easements in its revenue and expense of stranding statements that describes on the statements are described on the statement of the statement	the organized the side of part and baublic serv	milar / balance ublic ser	Assets. e sheet works or rvice, provide, in eet works of and vide the following accounting to the control of t	or of art, on Part XIII, is, historical ong amounts
Pai	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98. If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educing to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	easements in its revenue and expense n's financial statements that describes art, Historical Treasures, or O 20, Part IV, line 8. 958), not to report in its revenue state ition, education, or research in further as these items. 958), to report in its revenue statement cation, or research in furtherance of put	the orgation the organic the	milar / balance ublic ser ance shice, prov	Assets. e sheet works or rvice, provide, in eet works of and vide the following	or of art, on Part XIII, or, historical org amounts
Par 1a	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	easements in its revenue and expense o's financial statements that describes out, Historical Treasures, or O 20, Part IV, line 8. 958), not to report in its revenue state ition, education, or research in further is these items. 958), to report in its revenue statement cation, or research in furtherance of put	the orgation the organic the	milar / balance ublic ser ance shice, prov	Assets. e sheet works or rvice, provide, in eet works of and vide the following the second s	or of art, on Part XIII, or, historical org amounts
Par 1a	include, if applicable, the text of the footnote to the organization conservation easements. It III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 98. If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educing to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	easements in its revenue and expense o's financial statements that describes out, Historical Treasures, or O 20, Part IV, line 8. 958), not to report in its revenue state ition, education, or research in further is these items. 958), to report in its revenue statement cation, or research in furtherance of put	the organized the residual that the the residual that the residual	milar / I balance ublic sel lance shice, prov	Assets. e sheet works or rvice, provide, in eet works of and vide the following the second s	or of art, on Part XIII, or, historical og amounts

Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	t are a sig	nificant u	se of its o	ollection it	tems
	(check all that apply):									
а	Public exhibition	C	t	Loan or exc	hange progr	ams				
b	Scholarly research	6		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizati	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or co	ustodial acco	ount liabilit	y?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if								T	
	-	(a) Current year	(b) F	rior year	(c) Two yea	ars back (d) Three y	ears back	(e) Four y	/ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c shou	· · · · · · · · · · · · · · · · · · ·								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administe	red for the	organiza	ation		
	by:									<u> Yes No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organizate								3b	
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment f	unds.						
Fai			D - 4 N	/ Parada - 6) F 00/	. D+.V. I				
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investr			t or other	, ,	cumulate reciation	ed	(d) Book	value
	Land	<u> </u>	nent)	มสอเร	(other)	uep	- COIALIUI I			
	Land									
	Buildings					1				
	Leasehold improvements	I				+				
	Equipment	I				+		-		
	Other		V'	nn /D\	00.1					0.
iola	. Add iii lee Ta ii ii dagir Te. (COJUMN (a) MUST e(iuai roiiii 990. Part	∧. coiun	iii (b). Iine T	UC.J					•

Concadic D	(1 01111 000) 2010	
Part VII	Investments	- Other Se

Complete if the organization answered "Yes" (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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	,	4	▶
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		▶ ne 25.
(8) (9) Fotal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, li b) Book value	> ne 25.
(8) (9) Fotal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1		> ne 25.
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line 1		> ne 25.
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line 1		> ne 25.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line 1		> ne 25.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line 1		> ne 25.
(8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line 1		▶ ne 25.
(8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1		ne 25.
(8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line 1		> ne 25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

NORLD FLYING DI				84-127904	
			side the United States. Comple		
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
SUROPE (INCLUDING CELAND & GREENLAND)	1	2		PROGRAM AND ADMINISTRATIVE MANAGEMENT	85,000.
3 a Sub-total	1	2			85,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	2			85,000.

Part II	Grants and Othe	er Assistance to Org	ganizations or Entities (Outside the United States. C	omplete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
	recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Na	me of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
SCHEDULE F, PAGE 1, LINE 3
THE FEDERATION HAS TWO MANAGEMENT CONTRACTORS WHO LIVE AND WORK IN
GERMANY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 8.4 - 1.279041

84-1279041 WORLD FLYING DISC FEDERATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE WORLD FLYING DISC FEREDATION (WFDF) ITS MEMBER ASSOCIATIONS. ORGANIZES CHAMPIONSHIP AND INTERNATIONAL EVENTS FOR FLYING DISC SPORTS. WFDF IS MADE UP OF THE NATIONAL ORGANIZATIONS AND FEDERATIONS THAT GOVERN THEIR RESPECTIVE DISC SPORTS. THESE MEMBERS GUIDE THE ADMINISTRATION OF WFDF THROUGH A BOARD OF DIRECTORS AND AN EXECUTIVE WFDF IS RESPONSIBLE FOR HOSTING WORLD CHAMPIONSHIPS, OTHER DIRECTOR. INTERNATIONAL EVENTS, AND DEVELOPING THE RULES OF THE GAME FOR FLYING DISC SPORTS. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS THREE CLASSES OF MEMBERS: NATIONAL MEMBER, DISC GAME ORGANIZATIONAL MEMBER, AND PROVISIONAL MEMBER

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY MEMBER NATIONS. EACH
DIRECTOR SERVES A TWO-YEAR TERM WITH HALF OF THE BOARD ROTATING EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL NATIONAL AND DISC GAME ORGANIZATIONAL MEMBERS IN GOOD STANDING (VOTING MEMBERS) SHALL BE ENTITLED TO VOTE ON ALL MATTERS COMING BEFORE THE CONGRESS, INCLUDING THE SELECTION OF BOARD MEMBERS AND OTHER OFFICERS,

FISCAL MATTERS OF THE FEDERATION, AND ON PLAY-RELATED MATTERS. PROVISIONAL MEMBERS ARE NOT ENTITLED TO ANY VOTE.

Name of the organization WORLD FLYING DISC FEDERATION	Employer identification number 84-1279041
THE WFDF TREASURER REVIEWS THE FORM 990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE EXECUTIVE DIRECTOR MAINTAINS THE FORMS THAT ARE SUBMIT	TED AND REVIEWS
THEM ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S CONTRACT IS REVIEWED BY THE PRESI	DENT AND THE
EXECUTIVE COMMITTEE BEFORE BEING PRESENTED TO THE FULL BOA	RD FOR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FEDERATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUME	NTS ARE AVAILABLE
ON THEIR WEBSITE. THE CONFLICT OF INTEREST POLICIES ARE AV	AILABLE UPON
REQUEST BY MAIL OR EMAIL.	