Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

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Morder Flying Disc. Federation Norther Flying Disc. Federation Norther and advertion in City or form State 2 prode 1-200-C 2 protein 1-20	A	For t	For the 2013 calendar year, or tax year beginning , and ending								
Number changes Multiple and allaset (or P.O. box, if mail is not delivered to street address) Reconscioute E Telephone number Telephone	В	Check	if applicable:	C Name of organization			1900-1905 sertinas (1905-1996)		D	Employer	identification number
Temister States 1/200 - C Temister State 1/200 - C Temister Sta	\sqsubseteq	Addre	ss change	World Flying Disc Federation	on						
Interview Int		Name	change	Number and street (or P.O. box, if	mail is not delivered	d to street address)		Room/suite		8	34-1279041
Terminated Terminated Amended return Amended return Amended return Amended return Amended return Amended return Application pending Method:		Initial r	return	4730 Table Mesa Drive				I-200-C	E		
Application pending Foreign prowincestatescounty Foreign p		Termir	nated	City or town		State	ZIP cod				
Application pending Foreign country name Foreign provincestate/country Foreign postal code F Group Exemption		Amend	ded return	Boulder		co	80305	5		(30	03) 949-7053
G Accounting Method:		Applica	ation pending	Foreign country name	Foreign prov	ince/state/county			F	Group Ex	emption
Website:										Number •	•
Website:	G	Accou	ıntina Method:	Cash X Accrual	Other (sne	orify) ▶			₩ Cha	ok 🏲] if the examination is
Tax-exempt status (check only one)	ĭ				Other (spe	y) -					
K Form of organization: X Corporation Trust Association Other			V		[]501(a) ((1000400)	1047/->/4>				
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	_) (insert no.)	4947(a)(1)	or52/	(, 0,		
Part	K	Form	of organization	on: X Corporation	Trust	Association	O	ther			
Part	L	Add lir	nes 5b, 6c, ai	nd 7b, to line 9 to determine	gross receipts.	. If gross receipts a	re \$200,0	00 or more	or if to	otal asse	ts
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received. Program service revenue including government fees and contracts. Contributions, gifts, grants, and similar amounts received. Program service revenue including government fees and contracts. Contributions, gifts, grants, and similar amounts received. Contributions, gifts, grants, and similar amounts paid (list in Schedule O). Contributions, gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts, grants, and similar amounts paid (list in Schedule O). Contributions gifts grants and similar amounts paid (list in Schedule O). Contributions gifts grants gifts		(Part I	I, column (B)	below) are \$500,000 or mo	re, file Form 99	0 instead of Form	990-EZ .			. ▶ \$	
Check if the organization used Schedule O to respond to any question in this Part I 1	P	art I	Revenu	e, Expenses, and Char	iges in Net A	ssets or Fund I	Balances	s (see the	instru	ctions f	or Part I)
1 Contributions, gifts, grants, and similar amounts received 2 25,000 2 Program service revenue including government fees and contracts 2 80,384 3 Membership dues and assessments 3 60,149 4 Investment income 4 108 5a Gross amount from sale of assets other than inventory 5a			Check if	f the organization used S	chedule O to	respond to any	question	in this Pa	rt I .		
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events b Less: cost of goods sold c Gross sales of inventory, less returns and allowances 7 Ta b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 C O 8 Other revenue (describe in Schedule O) 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 54,311 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O)		1									<u> </u>
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end-of-year figure reported on prior year's return)										XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	22,998
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 295 652	4SE		end-of-year	figure reported on prior vea	r's return)		,, (J. 00 Willi			272 654
21 Net assets or fund balances at end of year. Combine lines 18 through 20	1	20	Other chang	ges in net assets or fund bal	ances (explain	in Schedule O)					212,004
	Ž		Net assets of	or fund balances at end of ye	ear. Combine li	nes 18 through 20			>		295 652

	Check if the organization used Schedule O to re		any question in t	this Part II....				
					(A) Beginning	of year		(B) End of year
22	Cash, savings, and investments				2	73,443	3 22	276,30
23	Land and buildings						23	
24	Other assets (describe in Schedule O)					4,000	24	22,87
25	Total assets				2	77,443	3 25	299,17
26	Total liabilities (describe in Schedule O)					4,789		3,52
27	Net assets or fund balances (line 27 of column (B				2.	72,654	1 27	295,65
16	rt III Statement of Program Service Accomplis Check if the organization used Schedule O t	hments (se	ee the instructio	ns for Part III.)		X	(Re	Expenses quired for section
\\/hc							<u> </u>	(c)(3) and 501(c)(4)
	cribe the organization's program service accomplish		al Sports Federa					anizations and section 7(a)(1) trusts; optional
as n	neasured by expenses. In a clear and concise manner	ar describe	the conject or	argest program ser	vices,			others.)
	ons benefited, and other relevant information for each			ovided, the number	OI			
	Provide a forum for international governance and pr		flying dies				+	
	sports for its member associations. Organizes cham	pionship a	nd international					
	events for flying disc sports.	920002106121						
		t includes f	oreign grants c	heck here		<u> </u>	00-	100 700
29							28a	123,723
	(Grants \$) If this amount	t includes f	oreign grants, c	heck here		- 	00-	
30							29a	
	(Grants \$) If this amount	t includes fo	oreian arants cl	heck here		- 		
	Other program services (describe in Schedule O) .					<u>Ш</u>	30a	
	(Grants \$) If this amount	t includes f	oreian arante al	heck here		·	١	
						ᆜ_	31a	
1021	Total program service expenses. (add lines 28a th	ov Employ	, , , , , , ,		· · · · ·	. •	32	123,723
	Check if the organization used Schodule O to	ey Employ	ees (list each of	ne even ii not compei	nsated – see	the ins	structio	ns for Part IV)
	Check if the organization used Schedule O to	respond to	any question i		· · · · ·			
			Average	(c) Reportable compensation		Ith benefit		(e) Estimated amount of
	(a) Name and title		rs per week ed to position	(Forms W-2/1099-MISC	employee i	utions to penefit pla		other compensation
				(if not paid, enter -0-)	and deferred	compens	sation	·
	ert Rauch	.						
	dent	Hr/WK	20.00		0			
	nas Griesbaum	.]					1	
	etary	Hr/WK	15.00		0			
Sano	lie Hammerly							
Trea	surer	Hr/WK	10.00		0			
	ck van der Valk							
Direc	tor	Hr/WK	5.00		o			
Simo	n Hill							
Direc	tor	Hr/WK	12.00		o			
Steve	e Taylor							
Direc	tor	Hr/WK	3.00		o			
Thom	nas Burvall							
Direc	tor	Hr/WK	3.00		ol		l	
Kevir	Givens				Ť			
Direc	 tor	Hr/WK	3.00		o			
	o Morooka	1	3.50		1		-+	
Direc		Hr/WK	3.00		0			
	Gisel	I II/VVIX	3.00		U		-+	
Direc		Hr/\A/\	3.00					
	ael Hu	Hr/WK	3.00		0	,	-+	
Direc		11	2.00					
		Hr/WK	3.00		9		\dashv	
	r Bernadi utive Director- non voting		40.00	50.50				
	1117/mm 1 111 ml (1/11 m 1)/ 1/1 1// 1/1/1/1	Hr/WK	70.001	En En				

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements i instructions for Part V.) Check if the organization used Schedule O to respond to any question in	in the this Pa		Page
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33		X
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	1 24		
35 a		34		X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_^
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36		Χ
37 a b	O7A		230	230
38 a		37b		X
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-	35.05	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39	Section 501(c)(7) organizations. Enter:	1		
а	1 000			
	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		25.00	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		.,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		<u>X</u>
	organization managers or disqualified persons during the year under sections 4912,	10.00		
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		100 y 100 y	
44	transaction? If "Yes," complete Form 8886-T.	40e	L	Χ
41	List the states with which a copy of this return is filed.			
42 a		(303) 9	49-705	3
	Located at ► 4730 Table Mesa Drive City Boulder ST CO ZIP + 4 ► 8030	05		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		Χ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	2502	Х
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			•
	and enter the amount of tax-exempt interest received or accrued during the tax year			<u> </u>
		T	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			140
	completed instead of Form 990-EZ	44a	CONTROL CONTROL	Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	300 E	Mar.	
	completed instead of Form 990-EZ	44b		Χ
C C	Did the organization receive any payments for indoor tanning services during the year?	44c	and the second second	Χ
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a	Street State Co.	X
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions).	45b		Χ

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service

Name of the organization

World Flying Disc Federation

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

OMB No. 1545-0047

2013

Open to Public

#form990.
Inspection

Employer identification number

144500000000000000000000000000000000000	TO STATE OF THE PARTY OF THE PA	ring Disc Fed									279041	ł	
Par				harity Status (All or						instructio	ns.		
	orgar			ation because it is: (Fo									
1	닏			rches, or association o			d in secti e	on 170(b)	(1)(A)(i).				
2	닏			on 170(b)(1)(A)(ii). (Att		,							
3	님			nospital service organiz									
4	Ш	A medical re hospital's na	esearch organiza ame, city, and sta	ation operated in conjuitate:	nction with	n a hospita	al describe	ed in sect	ion 170(b)(1)(A)(iii)	. Enter	the	
5				r the benefit of a colleg (Complete Part II.)	e or unive	rsity owne	ed or oper	ated by a	governme	ental unit	describe	ed	
6		A federal, st	state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organiza described in	tion that normall section 170(b)	y receives a substantia (1)(A)(vi). (Complete P	al part of it art II.)	s support	from a go	vernment	al unit or f	rom the g	eneral	public	
8		A communit	y trust described	in section 170(b)(1)(A	A)(vi). (Co	mplete Pa	art II.)						
9		An organiza receipts from support from acquired by	tion that normall n activities relate n gross investme the organization	y receives: (1) more the ed to its exempt function ent income and unrelate after June 30, 1975. S	an 33 1/3º ns—subje ed busines See sectio	% of its su ect to certa ss taxable on 509(a)(pport fron in excepti income (I 2). (Comp	ons, and ess section lete Part	(2) no mo on 511 tax III.)	re than 33	3 1/3% d	of its	s
10	Ш	An organiza	tion organized a	nd operated exclusively	y to test fo	or public s	afety. See	section	509(a)(4).				
11 e		purposes of 509(a)(3). C a Type By checking persons other 509(a)(1) or	one or more put heck the box that it is box, I certifyer than foundation section 509(a)(2	y that the organization on managers and other 2).	zations de supportin e III–Func is not con than one	scribed in g organiza tionally int trolled dire or more p	section 5 ation and tegrated ectly or indublicly su	09(a)(1) c complete d	or section in lines 11e Type III–N one or marganization	509(a)(2). through 1 on-functic ore disquans describ	See se 1h. nally in alified bed in se	tegrate	ed
f			zation received a , check this box	written determination			is a Type	I, Type II	or Type I	II supporti	ing		_
g		•	•		 ted anv di		 ibution fro	m any of	 the				<u> </u>
3		following per		0.94	tou uniy gi	01 001111		iii ariy o	uie				
				or indirectly controls, e	ither alone	e or togeth	ner with pe	ersons de	scribed in	(ii)		Yes	No
				erning body of the sup							11g(i)		
				person described in (i)							11g(ii)		
				y of a person described							11g(iii)		
<u>h</u>				tion about the supporte			<u> </u>		1				
(1) [of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. zed in the S.?	(vii) Am	nount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(D)					·								
(E)													

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 1	Sched	dule A (Form 990 or 990-EZ) 2013 World Flying Di	isc Federation				84-127904	1 Page 2
(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 faile to qualify under the tests listed below, please complete Part III.) Section A. Public Support Gifts, grants, contributions, and membership fees raceived. (Do not include any "unusual grants"). Gifts, grants, contributions, and membership fees raceived. (Do not include any "unusual grants"). 35,611 97,613 170,673 56,004 85,149 445,01 170,673 56,004 85,149 445,01 170,673	Pai	t II Support Schedule for Organiza	tions Describ	ed in Section	ns 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	rage Z
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) A good Book Book	PERMANUSCRIPTORIS	(Complete only if you checked the	e box on line 5	5. 7. or 8 of Pa	art I or if the c	rganization f	ailed to qualify	, under
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33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							14	99.76%
and stop here. The organization qualifies as a publicly supported organization . b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Public support percentage from 2012 Schedu	le A, Part II, line	914		[15	99.61%
 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	16a	33 1/3% support test—2013. If the organizat	ion did not chec	k the box on lir	ne 13, and line	14 is 33 1/3% o	r more, check th	nis box
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	_	and stop here. The organization qualifies as	a publicly suppo	orted organizati	on			▶ X
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Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		is 10% or more, and if the organization meets	the "facts-and-	circumstances"	test, check this	box and stop	here. Explain in	
organization. b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		Part IV how the organization meets the "facts-	-and-circumstar	nces" test. The	organization qu	alifies as a pub	licly supported	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization						•
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10%-facts-and-circumstances test—2012.	f the organization	on did not chec	k a box on line	13, 16a, 16b, oi	r 17a, and line	· <u></u>
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		15 is 10% or more, and if the organization me	ets the "facts-ar	nd-circumstanc	es" test, check	this box and st	op here. Explai	in in
supported organization		Part IV how the organization meets the "facts-	-and-circumstar	ces" test. The	organization qu	alifies as a pub	licly	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								▶□
instructions	18							ـــا
modulation in the second secon		instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	macr the teet	noted below	, picase com	octe i ait ii.)		
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees					1 (0) = 0.0	(1) 10101
•	received. (Do not include any "unusual grants.")						,
2	Gross receipts from admissions, merchandise						0
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						О
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
_	its behalf					·	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0	0	0			0
7a	Amounts included on lines 1, 2, and 3	U	U	U	0	0	0
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						0
	from other than disqualified persons that			,			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support		***				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	o	o	0	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources			<u></u>			0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						0
С 11	Add lines 10a and 10b	0	0	. 0	0	0	0
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part IV.)				İ		0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
4	First five years. If the Form 990 is for the organization	ition's first, secon	d, third, fourth, c	or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here				· · · · · · ·		▶ 🔲
<u>Sect</u>	ion C. Computation of Public Support I						
5	Public support percentage for 2013 (line 8, column					15	0.00%
6	Public support percentage from 2012 Schedule A, F	Part III, line 15.	· · · · ·	<u> </u>	<u> </u>	16	0.00%
	ion D. Computation of Investment Inco						
7	Investment income percentage for 2013 (line 10c, c	column (f) divided	by line 13, colur	mn (f))	· · · · ·	17	0.00%
8 9a	Investment income percentage from 2012 Schedule 33 1/3% support tests—2013. If the organization of	; A, Maπ III, line 1	hov on line 44	and line 45 in and	<u>[</u>	18	0.00%
Ja	not more than 33 1/3%, check this box and stop he	uid Hot Check (Ne V re : The organiza	tion qualifies co	and line 15 is mo	rted organization	and line 17 is	<u>, </u>
b	33 1/3% support tests—2012. If the organization of	did not check a h	non qualifies as	a publicly suppo line 10a and line	16 is more than	22 1/20/ 224	🕨 🔲
~	line 18 is not more than 33 1/3%, check this box and	d stop here. The	organization on	ialifies as a nubli	CIV supported org	อง 1/3%, dN0 anization	
	.,	,	Jqu	ab a pabil	, cappoited big	unzation	· · · 🚩 🔲

	990 or 990-EZ) 2013	World Flying	Disc Federation	84-1279041	Page 4
Part IV	Supplemental	Information.	Provide the explanations required by Part II,	line 10; Part II, line 17a oi	r 17b;
	and Part III, line	e 12. Also con	nplete this part for any additional information.	(See instructions).	

Schedule B (Form 990, 990-EZ,

Internal Revenue Service Name of the organization

or 990-PF) Department of the Treasury **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

Employer identification number

World Flying Disc Federation		84-1279041					
Organization type (check on	e):						
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 found	dation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n					
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See					
General Rule							
X For an organization fil property) from any on	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II.	nore (in money or					
Special Rules							
sections 509(a)(1) and	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
the year, total contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution. An organization that	is not covered by the General Rule and/or the Special Rules does not file Sci	hedule 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 2 Name of organization **Employer identification number** World Flying Disc Federation 84-1279041 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution International Olympic Committee ___1 Person Chateau de Vidy Payroll 1007 Lausanne \$ 25,000 Noncash Foreign State or Province: Switzerland (Complete Part II for Foreign Country: Switzerland noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for

Foreign Country:

noncash contributions.)

Name of organizationEmployer identification numberWorld Flying Disc Federation84-1279041

Part II	Noncash Property (see instructions). Use duplicate	e copies of Part II if additional spa	ce 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
		\$	

Name of or	ganization ng Disc Federation			Employer identification number					
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.								
	For organizations completing Part III, enter the contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional specifies are contributed in the contribution of the contributi	Enter this information	eligious, charitable, once. See instruction	etc., ns.) > \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift (d) Description of how gift is held					
	(e) Transfer of gift								
,	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee						
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held					
	<u> </u>	(e) Transfer of	i gift						
	Transferee's name, address, and ZIP	+ 4	Relationship of	transferor to transferee					
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift (c	d) Description of how gift is held					
		(e) Transfer of	gift						
	Transferee's name, address, and ZIP	+ 4	Relationship of	transferor to transferee					
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft (d	l) Description of how gift is held					
-	(e) Transfer of gift								
	Transferee's name, address, and ZIP	+ 4	Relationship of t	ransferor to transferee					
	For Dray								
	For. Prov. Country								

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

World Flying Disc Federation

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

OMB No. 1545-0047

84-1279041

Open to Public Inspection

Employer identification number

Form 990-EZ, Part I, Line 16, Other Expenses: Travel; 36,568 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 931 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone; 19,270 Form 990-EZ, Part I, Line 16, Other Expenses: Development; 5,195 Form 990-EZ, Part I, Line 16, Other Expenses: Development; 5,195 Form 990-EZ, Part I, Line 16, Other Expenses: Dues and memberships; 7,251 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance; 7,340 Form 990-EZ, Part II, Line 16, Other Expenses: Insurance; 7,340 Form 990-EZ, Part II, Line 16, Other Expenses: Drug testing; 6,709 Form 990-EZ, Part II, Line 24, Other Assets: Prepaid expense; Beginning of year: 4,000, End of year: 4,000 Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable; Beginning of year: 0, End of year: 18,870 Form 990-EZ, Part III, Line 26, Liabilities: Accounts payable; Beginning of year: 4,575, End of year: 3,524 Form 990-EZ, Part III, Line 26, Liabilities: Deferred revenue; Beginning of year: 214, End of year: 0 Form 990-EZ, Part III, Line 28. The World Flying Disc Federation 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 international events and developing the Rules of the Game for flying disc sports.	
Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 19.270 Form 990-EZ, Part I, Line 16, Other Expenses: Bank and credit card fees: 1,580 Form 990-EZ, Part I, Line 16, Other Expenses: Development: 5,195 Form 990-EZ, Part I, Line 16, Other Expenses: Dues and memberships: 7,251 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 7,340 Form 990-EZ, Part I, Line 16, Other Expenses: Medals: 3,469 Form 990-EZ, Part II, Line 16, Other Expenses: Drug testing: 6,709 Form 990-EZ, Part II, Line 24, Other Assets: Prepaid expense: Beginning of year: 4,000, End of year: 4,000 Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable: Beginning of year: 0, End of year: 18,870 Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable: Beginning of year: 4,575, End of year: 3,524 Form 990-EZ, Part III, Line 26, Liabilities: Deferred revenue: Beginning of year: 214, End of year: 0 Form 990-EZ, Part III, Line 28. The World Flying Disc Federation 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 international events and developing the Rules of the	Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 36,568
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Game for flying disc sports.	for hosting World Championships, other international events and developing the Rules of the
	Game for flying disc sports.

Schedule O (Form 990 or 990-EZ) (2013)	F	Page 2
Name of the organization	Employer identification number	
World Flying Disc Federation	84-1279041	
	10	