Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For th	ie 2011 calen	dar year, or tax year beginnir	ng	, an	ıd ending	_	
В	1		C Name of organization				D Employer id	dentification number
	Addres	s change	World Flying Disc Federation	nn			8.	4-1279041
	Name o	change		mail is not delivered to street addres	ss)	Room/suite	E Telephone r	
	Initial re	eturn			•			
	Termin	ated	4730 Table Mesa Drive			I-200-C	(30	3) 949-7053
	Amend	ed return	City or town	state or count	ry ZIP + 4	1	F Group Exe	emption
	Applica	ition pending	Boulder	CO	8030	5	Number ▶	•
G	Accou	nting Method:	Cash X Accrual	Other (specify)		н	Check ►	if the organization is
ı	Websi	ite: www.v		· · · · · · · ·				o attach Schedule B
J		mpt status (che		501(c) () ◀ (insert no	o.) 4947(a)(1	or 527	(Form 990, 99	0-EZ, or 990-PF).
		· — `			<u> </u>		• • •	., "
K	Check		organization is not a section 50			-	_	
			00. A Form 990-EZ or Form 9		gh Form 990-N	(e-postcard) m	ay be required	(see instructions). But
_			ooses to file a return, be sure to	· · · · · · · · · · · · · · · · · · ·	#200 000 as see	if t-t- -		
L			7b, to line 9 to determine gros					188,524
D	art I		mn (B) below) are \$500,000 or e, Expenses, and Chang					
	агст		the organization used So					
				· · · · · · · · · · · · · · · · · · ·	· ·			
	1		ns, gifts, grants, and similar					119,666
	2	-	ervice revenue including gov				1	17,520
	4	Investment	p dues and assessments .				. 3	51,007 331
	5a		income				. 4	331
	b		or other basis and sales exp					
	C		ss) from sale of assets other			e 5a)	. 5c	0
	6		d fundraising events	man inventory (Gabadet in		3 00)		
	а	-	me from gaming (attach Sch	nedule G if greater than				
ne	_			_	6a			
ē	b		me from fundraising events		<u> </u>	ntributions		
Revenue			ising events reported on line		ne			
_		sum of suc	n gross income and contribu	utions exceeds \$15,000).	. 6b			
	С	Less: direc	expenses from gaming and	d fundraising events	. 6c			
	d	Net income	or (loss) from gaming and	fundraising events (add line	s 6a and 6b a	and subtract		
		/					6d	0
	7a		s of inventory, less returns a					
	b		of goods sold				_	_
	С		t or (loss) from sales of inve		line 7a)		. 7c	0
	8		nue (describe in Schedule C	,			8	400 504
	9		nue. Add lines 1, 2, 3, 4, 5c					188,524
	10 11		similar amounts paid (list in id to or for members					41,656
S			her compensation, and emp					
Se	13		al fees and other payments					72,196
en Sen	14		, rent, utilities, and maintena					2,500
Expenses	15		blications, postage, and shi					315
_	16		nses (describe in Schedule					104,930
	17		nses. Add lines 10 through					221,597
G	18	Excess or (deficit) for the year (Subtrac	ct line 17 from line 9)			. 18	-33,073
set	19		or fund balances at beginni					·
Ase		end-of-yea	figure reported on prior yea	ar's return)			. 19	293,513
Net Assets	20		ges in net assets or fund ba				20	
Z	21	Net assets	or fund balances at end of	ear. Combine lines 18 thro	uah 20		. ▶ 21	260,440

Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to r		estion in	this Part II..					X
				T		eginning of			(B) End of year
22	Cash, savings, and investments			<u> </u>	(A) DC		3,513	22	255,843
23	Land and buildings					200	3,010	23	200,010
24	Other assets (describe in Schedule O)							24	5,520
25	Total assets			T		293	3,513	25	261,363
26	Total liabilities (describe in Schedule O)			-			,	26	923
27	Net assets or fund balances (line 27 of column (B) must agree wi	ith line 2	<u>?</u> 1) . .		293	3,513	27	260,440
Pa	Int III Statement of Program Service Accomplis								Expenses
	Check if the organization used Schedule O	to respond to any	question	n in this Part III.			X		uired for section
Wha	at is the organization's primary exempt purpose?	nternational Sport	s Feder	ation (see Sch O)			•	c)(3) and 501(c)(4) nizations and section
	cribe the organization's program service accomplish					ces.			(a)(1) trusts; optional
	neasured by expenses. In a clear and concise mann							for ot	hers.)
	ons benefited, and other relevant information for each			,					
	Provide a forum for international governance and pr		disc						
	sports for its member associations. Organizes chan	npionship and inte							
	events for flying disc sports.								
		includes foreign						28a	75,427
29	Participates in organizing international Ultimate Pea	ace flying disc spo	rting						
	events.								
	(Grants \$) If this amount	includes foreign	grants, c	check here		. •		29a	119,999
30									
	(Grants \$) If this amount	includes foreign	grants, d	check here		. ▶		30a	
31	Other program services (describe in Schedule O) .								
	(Grants \$) If this amount	includes foreign	grants, c	check here		. ▶		31a	
20									
32	Total program service expenses. (add lines 28a t	hrough 31a)					. •	32	195,426
	rt IV List of Officers, Directors, Trustees, and I								
		Key Employees.	List each	one even if not co	npensa	ated. (see	the ir	structi	ions for Part IV.)
	rt IV List of Officers, Directors, Trustees, and I	Key Employees. It is respond to any of	List each question	one even if not con in this Part IV .	npensa	ated. (see	e the ir	nstructi 	ions for Part IV.)
	Check if the organization used Schedule O to	Key Employees.	List each question erage	one even if not con in this Part IV . (c) Reportable compensation	mpensa 	ated. (see (d) Healt contribu	the ir h benefit	structi 	(e) Estimated amount of
	rt IV List of Officers, Directors, Trustees, and I	Key Employees. It is respond to any (b) Title and ave	List each question erage ek	one even if not con in this Part IV .	npensa 	ated. (see	the ir h benefit utions to enefit pla	s ins,	ions for Part IV.)
Pa	Check if the organization used Schedule O to (a) Name and address	(b) Title and avenues per week	List each question erage ek	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M	npensa 	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob	Check if the organization used Schedule O to (a) Name and address	(b) Title and ave devoted to posi	List each question erage ek	one even if not connin this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter -	npensa 	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY	(b) Title and aved devoted to positive President	List each question erage ek ition 20.00	one even if not connin this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter -	SC)	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate	Check if the organization used Schedule O to (a) Name and address ert Rauch	(b) Title and ave devoted to posit	List each question erage ek ition 20.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC)	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron	(b) Title and average devoted to positive President Hr/WK Title Treasurer Hr/WK	List each question erage ek tition 20.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) 0) a	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron Gatos CA die Hammerly	(b) Title and average devoted to positive President Hr/WK Title Treasurer	List each question erage ek (tion 20.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) 0) a	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San Sup	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron Gatos CA die Hammerly erior CO	(b) Title and ave devoted to posi Title President Hr/WK Title Treasurer Hr/WK Title Secretary	List each question erage ek tition 20.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San Sup Jacl	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron Gatos CA die Hammerly	(b) Title and ave devoted to posi Title President Hr/WK Title Treasurer Hr/WK Title Secretary Hr/WK	List each question erage ek ition 20.00 15.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter .	SC) a 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Robb Cha Kate Los San Sup Jack	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron Gatos CA die Hammerly erior CO C Cooksey	(b) Title and average devoted to positive President Hr/WK Title Treasurer Hr/WK Title Secretary Hr/WK Title Director	List each question erage ek (tion 20.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter .	SC) a a 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San Sup Jacl Rich Bria	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Bergeron Gatos CA die Hammerly erior CO C Cooksey mmond VA	(b) Title and average devoted to positive President Hr/WK Title Treasurer Hr/WK Title Secretary Hr/WK Title Director Hr/WK	List each question erage ek ition 20.00 15.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a a 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
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Rob Cha Kate Los San Sup Jacl Rich Bria Van Sim	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY e Bergeron Gatos CA die Hammerly erior CO a Cooksey mond VA n Gisel couver BC Canada on Hill	(b) Title and average devoted to positive President Hr/WK Title Treasurer Hr/WK Title Secretary Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director	20.00 10.00 15.00 3.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
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Rob Cha Kate Los San Sup Jack Bria Van Sim Lon Mick	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY Begreeron Gatos CA die Hammerly erior CO Cooksey mond VA n Gisel couver BC Canada on Hill don United Kingdom (England, Northern Ireland, Sco	(b) Title and average devoted to positive to the president of the presiden	20.00 10.00 15.00 3.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
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Rob Cha Kate Los San Jacl Rich Bria Van Sim Lon Micl Taic Ven Fun Tok	Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY e Bergeron Gatos CA die Hammerly erior CO c Cooksey mond VA n Gisel couver BC Canada on Hill don United Kingdom (England, Northern Ireland, Sconael Hu thung City Chinese Taipei Taiwan us Loreto ezuela nio Morooka	(b) Title and average hours per weed devoted to posite the President Hr/WK Title President Hr/WK Title Treasurer Hr/WK Title Director Hr/WK	List each question 20.00 10.00 15.00 3.00 12.00 3.00 3.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San Sup Jacl Bria Sim Lon Micl Taic Jesi Ven Fum Tok Rya	Check if the organization used Schedule O to Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY e Bergeron Gatos CA die Hammerly erior CO c Cooksey mond VA n Gisel couver BC Canada on Hill don United Kingdom (England, Northern Ireland, Sconael Hu thung City Chinese Taipei Taiwan us Loreto ezuela nio Morooka yo Japan	(b) Title and average devoted to positive President Hr/WK Title President Hr/WK Title Treasurer Hr/WK Title Director	List each question 20.00 10.00 15.00 3.00 12.00 3.00 3.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter series)	SC) a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
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Rob Cha Kate Los San Sup Jacl Rich Bria Van Sim Lon Jesi Ven Fum Tok Rya Lan Patr	Check if the organization used Schedule O to Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY e Bergeron Gatos CA die Hammerly erior CO c Cooksey mond VA n Gisel couver BC Canada on Hill don United Kingdom (England, Northern Ireland, Scothael Hu thung City Chinese Taipei Taiwan us Loreto ezuela nio Morooka yo Japan n Scott sing MI	(b) Title and average devoted to positive President Hr/WK Title President Hr/WK Title Secretary Hr/WK Title Director Hr/WK	List each question 20.00 10.00 15.00 3.00 12.00 3.00 3.00 3.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter -	SC) a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of
Rob Cha Kate Los San Sup Jacl Bria Van Sim Lon Micl Jesi Ven Fum Tok Rya Lan Patr San	Check if the organization used Schedule O to Check if the organization used Schedule O to (a) Name and address ert Rauch ppaqua NY e Bergeron Gatos CA die Hammerly erior CO c Cooksey mond VA n Gisel couver BC Canada on Hill don United Kingdom (England, Northern Ireland, Scotnael Hu thung City Chinese Taipei Taiwan us Loreto ezuela nio Morooka yo Japan n Scott sing MI ick van der Valk	(b) Title and average devoted to positive president (b) Title and average devoted to positive president (c) Title President (d) Title President (e) Titl	List each question 20.00 10.00 15.00 3.00 3.00 3.00 3.00 3.00 5.00	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M (if not paid, enter	SC) a 0 0 0 0 0 0 0 0 0 0	(d) Healt contributemployee b	the ir h benefit utions to enefit pla	s ins,	(e) Estimated amount of

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa		
	Didd a constant and a constant at a constant		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		^
0-1	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	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		Χ
С	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	26		~
37 a	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.10		7,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
h	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	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	40b		Х
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	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	40-		~
41	transaction? If "Yes," complete Form 8886-T	40e		Χ
	···	(202) (40.70	F 2
42 a			49-703	33
	Located at ► 4730 Table Mesa Drive City Boulder ST CO ZIP + 4 ► 803			NI -
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No X
	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		
	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		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			
	·		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ.	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	154		
	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		Х

nexem	pt charitable trusts must attach a completed	Schedule A			X Yes No		
	erjury, I declare that I have examined this return, includin mplete. Declaration of preparer (other than officer) is bas			f my knowledge and b	pelief, it is		
	Signature of officer			Date			
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
or	Jon Blomberg CPA	Jon Blomberg CPA	5/10/2012		P00188093		
er	Firm's name ▶				Firm's EIN ▶		
nly	Firm's address ► 1630 30th Street #308, Boulder, CO 80302				Phone no. 303 443 8490		
IRS dis	scuss this return with the preparer shown ab	ove? See instructions			Yes X No		
					Form 990-EZ (2011)		

Paid Prepar Use On May the

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ►See separate instructions. Employer identification number

	_	ing Disc Fede	eration							84-12	279041		
Pa				arity Status (All org						struction	ıs.		
The	o <u>rga</u> r		•	ation because it is: (Fo		-		-					
1	\blacksquare			ches, or association o			ed in sec	tion 170(b)(1)(A)(i	i).			
2	Ш	A school des	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)							
3	Ш	A hospital or	a cooperative h	ospital service organiz	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
5				the benefit of a colleg (Complete Part II.)	ge or univ	ersity own	ned or ope	erated by	a governr	mental un	it descr	ibed	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	_		y receives a substantia (1)(A)(vi). (Complete F	-	its suppor	t from a g	overnme	ntal unit o	r from the	genera	al publi	С
8		A community	trust described	in section 170(b)(1)((A)(vi) . (C	Complete F	Part II.)						
9		An organizat receipts from support from	tion that normall n activities relate n gross investme	y receives: (1) more the d to its exempt function on the income and unrelated after June 30, 1975.	nan 33 1/3 ons—subj ed busine	3% of its s ect to cert ess taxable	upport fro tain excer e income	otions, and (less sec	d (2) no m tion 511 t	nore than	33 1/39	% of its	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4).			
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
e f g		persons other 509(a)(1) or If the organiz organization Since Augus	er than foundation section 509(a)(2) section received a control that the c	a written determination	r than one from the	e or more	publicly s	e I, Type	organizat	tions desc	cribed in		on
		following per (i) A pers		or indirectly controls, e	either alou	ne or tode	ther with	nersons o	lescribed	in (ii)		Yes	No
				erning body of the sup							11g(i)	103	140
		•	,	person described in (i)		•					11g(ii)		
				y of a person describe							11g(iii)		
<u>h</u>		Provide the f	following informa	ation about the suppor	ted organ	nization(s)	i		ı		1		
(i		e of supported anization	(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. ized in the S.?) Amount support	t of
					Yes	No	Yes	No	Yes	No			
(A)													
/B\													0
(B)							0						
(C)													0
(D)													0
(E)													0
Tota													٥

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.)

	ion A. Public Support	<u>.</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	31,952	29,817	35,611	97,613	170,673	365.666
2	Tax revenues levied for the organization's	31,332	23,017	33,011	37,013	170,073	303,000
_	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	31,952	29,817	35,611	97,613	170,673	365,666
5	The portion of total contributions by each	2.,522		23,211	2.,2.2	,,,,,,,	
-	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)						
6	Public support. Subtract line 5 from line 4.						365,666
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	31,952	29,817	35,611	97,613	170,673	365,666
8	Gross income from interest, dividends,	31,932	29,017	33,011	91,013	170,073	303,000
O	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,550	565	87	346	331	2,879
9	Net income from unrelated business	1,550	505	07	340	331	2,019
9	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						368,545
12	Gross receipts from related activities, etc. (se	ee instructions)				12	300,343
13	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here						
04							
	ion C. Computation of Public Support			(f))	1	44	00.000/
14	Public support percentage for 2011 (line 6, c	olumn (t) alviae	ea by line 11, c	column (T))		14	99.22%
15	Public support percentage from 2010 Sched						98.69%
16a	33 1/3% support test—2011. If the organization qualifies and						
L	and stop here. The organization qualifies as		•				
b	33 1/3% support test—2010. If the organization qualifier						
	box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2011.						
	is 10% or more, and if the organization meet						
	Part IV how the organization meets the "fact			•	•		
	organization						
b	10%-facts-and-circumstances test—2010.	-					
	15 is 10% or more, and if the organization m						xplain in
	Part IV how the organization meets the "fact			•	•	•	
	supported organization	· · · · · ·					>
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check this	s box and see	
	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	tion A. Public Support		,	<u> </u>	,		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
С	amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)	- C	O	J	0	U	0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	0	0	0	0	0	0
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less						0
	section 511 taxes) from businesses acquired after June 30, 1975						0
11	Add lines 10a and 10b	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	(f) divided by line	e 13, column (f)))		15	0.00%
16	Public support percentage from 2010 Schedule A,			<u></u>		16	0.00%
	tion D. Computation of Investment Inco						
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedul	le A, Part III, line	17			17 18	0.00%
19a b	33 1/3% support tests—2011. If the organization on the more than 33 1/3%, check this box and stop he 33 1/3% support tests—2010. If the organization of	ere. The organiza	ation qualifies as	s a publicly suppo	orted organizatio	n	>
	line 18 is not more than 33 1/3%, check this box ar	-	-			-	▶ 📙
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	cneck this box a	na see instructio	ns	🏲 🔼

	1990 or 990-EZ) 2011 World Flying Disc Federation	84-1279041	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	I by Part II, line 10);
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additiona		
			•
	instructions).		
			

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization **Schedule of Contributors**

OMB No. 1545-0047

►Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

World Flying Disc Federation	1	84-1279041
Organization type (check or		
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 foun	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(instructions. General Rule	7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tend 170(b)(1)(A)(vi) and received from any one contributor, during the year, 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lin	a contribution of the greater
the year, total contrib	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a putions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, so, or the prevention of cruelty to children or animals. Complete Parts I, II, a	cientific, literary, or
the year, contribution total to more than \$1 year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from an strain for use <i>exclusively</i> for religious, charitable, etc., purposes, but these co ,000. If this box is checked, enter here the total contributions that were receiver religious, charitable, etc., purpose. Do not complete any of the parts un ization because it received nonexclusively religious, charitable, etc., contributions to the parts un ization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious, charitable, etc., contributions to the parts under the parts of the parts	ontributions did not beived during the less the General Rule butions of \$5,000 or more
Caution. An organization tha	at is not covered by the General Rule and/or the Special Rules does not file	e 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Name of organizationEmployer identification numberWorld Flying Disc Federation84-1279041

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Pinon Street Foundation 101 Montgomery Street 22nd floor San Francisco CA 94104 Foreign State or Province: Foreign Country:	\$ 25,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	Samuel D Regnier Charitable Fund 1055 Broadway Suite 130 Kansas City MO 64105 Foreign State or Province: Foreign Country:	\$5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
3	Barbara Wilson 151 Greenwood Way Mill Valley CA 94941 Foreign State or Province:	\$5,000	Person X Payroll Noncash (Complete Part II if there is

5	151 Greenwood Way Mill Valley CA 94941 Foreign State or Province: Foreign Country:	\$5,000	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organizationEmployer identification numberWorld Flying Disc Federation84-1279041

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
		\$ <u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Name of org	=				Employer identification number	
	ng Disc Federation		4.9. 0 4 0.	504 (.)	84-1279041	
Part III	Exclusively religious, charitable, etc., in					
	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 total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$					
				mstructi	ons.) ▶ \$0	
(a) No.	Use duplicate copies of Part III if additiona	space is nee	ded.			
from	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held	
Part I				`		
	(e) Transfer of gift					
	(e) Hanslet 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 gift	(d) Description of how gift is held	
- uiti						
	(e) Transfer of gift					
	Transferee's name, address, and 2	Relation	Relationship of transferor to transferee			
	For Prov. Country					
(a) No.	For. Prov. Country					
from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held	
Part I						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No.	For. Prov. Country			1		
from	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held	
Part I	()			`	,	
	(e) Transfer of gift					
	(o) Hallotol of gift					
	Transferee's name, address, and 2	<u>'IP + 4</u>	Relation	ship of	transferor to transferee	
	Transieree's fiame, address, and ZIP + 4			Relationship of transferor to transferee		
	For. Prov. Country					

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047
2011

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection
Employer identification number

84-1279041 World Flying Disc Federation Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Charitable, Grantee: Ultimate Peace 78 Crittenden Road Shelburne Falls MA 01370, Cash Grant: 41,656, Relationship: Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 58,334 Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 2,229 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 10,485 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 6,650 Form 990-EZ, Part I, Line 16, Other Expenses: Bank and credit card fees: 2,363 Form 990-EZ, Part I, Line 16, Other Expenses: Dues and memberships: 8,390 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 2,950 Form 990-EZ, Part I, Line 16, Other Expenses: Marketing: 1,860 Form 990-EZ, Part I, Line 16, Other Expenses: Medals: 3,446 Form 990-EZ, Part I, Line 16, Other Expenses: Professional services: 4,674 Form 990-EZ, Part I, Line 16, Other Expenses: Testing: 3,549 Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable: Beginning of year: 0, End of year: 5,520 Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year: 0, End of year: 923 Form 990-EZ Part III 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 disk sports.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
World Flying Disc Federation	84-1279041

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received 0 Grant 25,000 8 9 9 10 10 11 Total 11 119,666 Part I, Line 4 (990-EZ) - Investment Income 331 331