

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2013
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)
 ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DRAGONFLIGHT	D Employer identification number 91-1183405
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 776	E Telephone number (206) 370-9106
	City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 981110776	F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

I Website: www.dragonflight.org

J Tax-exempt status (check only one) 501(c)(3) 501(c)(7) (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If 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. **\$ 28,411**

Part I 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								0			
	2	Program service revenue including government fees and contracts																								12,436			
	3	Membership dues and assessments																								12,754			
	4	Investment income																								0			
	5a	Gross amount from sale of assets other than inventory												0															
	5b	Less cost or other basis and sales expenses												0															
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								0			
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)												0															
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)												0															
6c	Less direct expenses from gaming and fundraising events																								0				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								0				
7a	Gross sales of inventory, less returns and allowances												3,221																
7b	Less cost of goods sold												2,182																
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								1,039				
8	Other revenue (describe in Schedule O)																								0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								26,229				
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								0			
	11	Benefits paid to or for members																								2,748			
	12	Salaries, other compensation, and employee benefits																								0			
	13	Professional fees and other payments to independent contractors																								906			
	14	Occupancy, rent, utilities, and maintenance																								17,259			
	15	Printing, publications, postage, and shipping																								2,206			
	16	Other expenses (describe in Schedule O)																								2,924			
17	Total expenses. Add lines 10 through 16																								26,043				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								186			
	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)																								17,594			
	20	Other changes in net assets or fund balances (explain in Schedule O)																								0			
	21	Total net assets or fund balances at end of year. Combine lines 18 through 20																								17,780			

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	17,594	22	17,780
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	17,594	25	17,780
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,594	27	17,780

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? The promotion of game-playing of non-gambling games to enrich the lives of members through social interaction and intellectual stimulus Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28 Maintained a clubhouse (rented space) for member usage on a daily basis throughout the year (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 12,464
29 Ran a three-day convention for the membership (Grants \$ 0) -- If this amount includes foreign grants, check here <input type="checkbox"/>	29a 13,692
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 26,156

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes fields for Yes/No and numerical amounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer).

Sign Here

Signature of officer

Stephen Graham Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions.

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 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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
DRAGONFLIGHT

Employer identification number

91-1183405

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Insurance 424 Taxes 1468 Miscellaneous 1032

Additional Data

Software ID: 13000241
Software Version: v1.00
EIN: 91-1183405
Name: DRAGONFLIGHT

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Tim Borders President	5	0	0	0
Stephen Graham Secretary/Treasurer	5	0	0	
Amy Gembala Vice President	5	0	0	
Scot McConnachie Vice President	5	0	0	
Michael Snively Chairman	2	0	0	