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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)

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2008 calend	lar year, o	or tax year beg	inning May 1	, 2008	, and endin	g Apr			, 20		
	Check if a		<u> </u>	C Name of orga					D Employe	er Iden	tification	on Number	
	Addre	ess change	Please use IRS label	NATIONAL	GOLF COURSE	OWNERS ASSO	CIATION	1	36-2	916	462		
	Name	e change	or print or type.		street (or P O box if mail				E Telephor	ne num	nber		
	Initia	l return	See specific	291 SEVE	N FARMS DRIV	E, 2ND FLOOP	Ł		(843) E	881-	9956	
		ination	Instruc- tions	City, town or			ZIP code + 4						
	<u>†</u> 1	nded return		CHARLEST	ON	sc	29492		G Gross re	ceipts	\$ 4,	745,203.	
	一	cation pending	F Name a	and address of prin				H(a) is this	a group return				No
				-	even farms dr., 2n C	HARLESTON S	C 29492		affiliates inclu			Yes	No
ı	Tax-e	xempt statu) ◀ (insert no)	4947(a)(1) or	527	If No	attach a list	(see in	istructio	ms)	
J	Webs		COA.OF		/	II. ;\		H(c) Group	exemption nui	mber ^l	▶		
ĸ	Type of	organization	X Corpora		Association O	ther ► L	Year of Format	tion 1979	9 M s	tate of	legal d	omicile SC	
_	ırt İ	Summa		1 1		· · ·							
				anization's m	ssion or most signif	icant activities A	DVANCEM	ENT OF	THE G	OLF	IN	DUSTRY	
Ð	_								. .				
Governance	_					. 							
Ē	_										- -	_ 	
šov					ition discontinued its		osed of mor	e than 25	% of its as		١٨		
ಷ	3 N				verning body (Part \		16)		}	<u>3</u>	0		
63	4 N			-	ers of the governing	body (Part VI, line	10)		-	5	<u> </u>		
₹,	5 T			yees (Part V, eers (estimate					ŀ	6	0		
Activities & C	5 7a T			*	ue from Part VIII, Iir	ne 12 column (C)			Ì	7 a		650,51	2.
C) b N				ne from Form 990-T					7 b	+	-749,06	
-		or annonator		, tancolo il lock		,		Р	rior Year			Current Year	
€	8 0	ontributions	and gran	its (Part VIII, I	no 1h)			-	884,1	31.	+	779,67	70.
REPRESENTED IN	19 P		-	ue (Part VIII, I	•			1	,546,5		1	1,379,52	
5≦	10 ir				/(A), lines 3, 4, and	1.7d)			193,6			-189,20	
å	11 C	ther revenu	e (Part.VI	u column (A)	Thes 5, 6d, Bc, 9c,	10c. and 11e)		2	,278,8			1,441,88	
Ų	12 T				11 (must len ual Part		ne 12)		,903,1			3,411,86	
-	13 (RELIXO COLUMN (A), III								
2	T-2				t IX, column (A), lin						1	46,42	26.
Ç	15 S				yee benefits (Part I)		5-10)	1	,932,0	23.		1,781,76	
9	16 - 5				Column (A), line 1		U . U ,	_	, , -				
Expense	100			_	· - 			- 					
찣	b		-		column (D), line 25)					10		1 007 51	
	17 C				, lines 11a-11d, 11f-				805,0			1,887,51	
	1				st equal Part IX, col	lumn (A), line 25)		4	,737,0			3,715,71	
	+	Revenue less	expense	s Subtract lin	e 18 from line 12				166,1		1	-303,84	12.
500									nning of Y			End of Year	
S a a	20 T	otal assets	-	-					,368,9			3,826,79	
Net Assets or Fund Balances	21 T	otal liabilitie	s (Part X	, line 26)				1	,901,3	09.	+	1,662,98	
	1 22				t line 21 from line 2	.0		2	2,467,6	<u>55.</u>	<u>. </u>	2,163,81	<u>13.</u>
Pa	art II	Signat	ure Blo	ck									
		Under penalti	es of perjury	, I declare that I ha	ve examined this return, in eparer (other than officer)	ncluding accompanying so	hedules and sta	atements, and	d to the best o	of my l	knowled	lge and belief, it is	
		true, correct,	and complete	Decipration of pr	eparer (other than officer)	- Is cased on an imormatic	ii oi milicii piop	1	/ 2 -				
Sig			nh	125/	ugh			∀	7 -	7 -	10		
He	ere	Signature	of officer	,				Da	ate				
			AEL HU		V								
		Type or p	rint name ar	nd title									
					1		Date		heck if elf	;	Prepare (see ins	r s identifying numl structions)	ber
Pa		Preparer's	ON	Ca. 11. A	Ma.		1 10		mployed >	الـــ'	00	a gul a	1dac
Pr	_	signature	► '/\	utti.	Lile		1-d0	10	 		d D	1-07-1	\underline{w}
pa Us	rer's	Firm's name	or WII	LIAMS, G	EE & COMPANY	, PA				1	001	4017	
	se nly	yours if self employed),). BOX 23				E	. _{IN} ►5	1-	<u>18V</u>	8062	
J1		address, and ZIP + 4		UMBIA		SC 292	02	Р	hone no	(80)3)	252-2728	
Ma	y the IR				rer shown above? (s						X		No
_					on Act Notice, see t		tions.		TEEA0101	04/2	23/09	Form 990 (2	(800



Form 990 (2	2008) NATIONAL GOLF COURSE OWNERS ASSOCIATION	36-2	916462	F	⊃age 2
Part III	Statement of Program Service Accomplishments (see instructions)				
	y describe the organization's mission				
	NATURNA OF MER COLF TURNAMNI				
<u> </u>	ANCEMENT OF THE GOLF INDUSTRY				
					· -
2 Did th	e organization undertake any significant program services during the year which were not listed on	the prior			
Form	990 or 990-EZ?		Yes	X	No
	s,' describe these new services on Schedule O			<u></u>	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X	No
	e organization cease conducting, or make significant changes in how it conducts, any program services in the conducts of the conduct of the conducts of the conduct of the conduct of the conducts of the conduct of the cond	vices,		• 🔼	NO
	s,' describe these changes on Schedule O				
4 Descr	ibe the exempt purpose achievements for each of the organization's three largest program services 01(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expens	es Section 5	01(c)(3)
and s	or(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and issess, and revenue, if any, for each program service reported	anocations	s to others, ti	ie totai	
CAPC	ises, and revenue, if any, for each program service reported				
_					
4a (Code	e) (Expenses \$ including grants of \$)	(Revenue	\$)
	INARS AND TRADESHOWS WERE HELD AROUND THE COUNTRY.				
554	CAMICONAL NAMEDIAL CHEER PURITICIES AND MADE AVAILABLE				· -
	CATIONAL MATERIALS WERE PUBLISHED AND MADE AVAILABLE				·
TO	MEMBERS. GROWTH OF THE INDUSTRY WAS PROMOTED.				
			_		
				=	
					·
					·
					. – – –
					-
4b (Code	e) (Expenses \$ including grants of \$)	(Revenue	\$)
					. – – –
4c (Code	e) (Expenses \$ including grants of \$)	(Revenue	\$)
					-
		 .			-
					-
4d Other	program services (Describe in Schedule O)				
(Expe	enses \$ including grants of \$) (Revenue	\$)	
	program service expenses ► \$ (Must equal Part IX, Line 25, column (<u> </u>	
	(most equal t art in a line 25, continu				

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			. T	
			Yes	_No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	_	х
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule'D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>
21	, , , , , , , , , , , , , , , , , , ,	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	x	
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		X
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
1	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 28 a X b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete 28b X Schedule L, Part IV **c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV* 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M X 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 X

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Form 990 (2008)

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2a Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	_		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a	x	
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		:	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			-23%4
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	ł		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		<u> </u>
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		j	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	.		
11 Section 501(c)(12) organizations. Enter	, [
a Gross income from other members or shareholders	,	ļ	1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
BAA	Form	990 ((2008)

Form 990 (2008) NATIONAL GOLF COURSE OWNERS ASSOCIATION 36-2916462 Page (Part VI)

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management							
		'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O See instructions	escribe the circumstances,		Yes	No			
1 a	Enter the	number of voting members of the governing body	1a 0						
b	Enter the	number of voting members that are independent	1b 0						
2	Did any officer, di	fficer, director, trustee, or key employee have a family relationship or a business related to the first rector, trustee or key employee?	ationship with any other	2		x			
3	Did the o	ganization delegate control over management duties customarily performed by or un , directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		х			
4	Did the o	ganization make any significant changes to its organizational documents		4		<u> </u>			
	since the	prior Form 990 was filed?							
5	Did the o	ganization become aware during the year of a material diversion of the organization	's assets?	5		<u>X</u>			
6	Does the	organization have members or stockholders?		6	X				
	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O								
b	Are any	ecisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b ⊮`		X			
8			taken during the year by	**		7			
	•	•		8a	<u> </u>				
				8b	<u> </u>				
9 a	Does the	organization have local chapters, branches, or affiliates?		9a	Х				
b	If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of the characteristics of the organization?	such chapters, affiliates,	9 b	х				
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	X				
			not be reached at the	11		x			
Sec	tion B.	Policies	<u> </u>						
10	5 11			10-	Yes	No			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X			
t	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests t is?	hat could give rise	12b					
	Schedule	organization regularly and consistently monitor and enforce compliance with the poli ${\it O}$ how this is done	cy? If 'Yes,' describe in	12c					
13		organization have a written whistleblower policy?		13		X			
14		organization have a written document retention and destruction policy?		14		X			
15	persons,	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent ision		**				
		nization's CEO, Executive Director, or top management official?		15a	<u> </u>				
k		cers of key employees of the organization?		15b	Х	 .			
	Describe	the process in Schedule O (see instructions)		*	,				
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar a ing the year? ;	arrangement with a taxable	16a		Х			
t	in joint v	as the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	to evaluate its participation the organization's exempt	16b					
Sec		Disclosures							
	_	tates with which a copy of this Form 990 is required to be filed South Caro	lina						
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	ıblıc			
	Own	website Another's website X Upon request							
19		in Schedule O whether (and if so, how) the organization makes its governing docume ts available to the public	ents, conflict of interest polic	y, and	fınanı	cial			
		name, physical address, and telephone number of the person who possesses the board of the person who person the person of th	· · · · · · · · · · · · · · · · · · ·	ization		9956			
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Form 990 (2008)

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

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

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

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

Check this box if the organization did not		ate ar	ıy of	fficei	<u>, dı</u>	rector,	tru			
(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours per week					hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frustee or director	urshluhoa el trustee	Offi 🖦	Key employee	High est connocisated employee	r(J√∏€)	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization
		et An	T S	_	ıldı.	st cr	Ţ.			and related organizations
		trus	1 12		уye) j				organizations
		2	1			Z,				
		-				Ł		-		
HENRY DELOZIER						l			•	0
PRESIDENT	0.00	X	H					0.	0.	0.
CHARLIE BIRNEY										0.
VICE PRES.	0.00	_X	<u> </u>					0.		<u> </u>
BILL ARAGONA		v							0.	0.
SECRETARY NEDIAM LEAVE	0.00	X						0.		<u> </u>
MERIAM_LEAKE TREASURER	0.00	X						0.	0.	0.
MICHAEL HUGHES	0.00	Λ		-		<u> </u>		0.	<u> </u>	<u> </u>
CEO	40.00				х			381,365.	0.	0.
JOE RICE	40.00				^			361,303.		
MAGAZINE EDITOR	40.00				x			133,678.	0.	0.
MICHAEL TINKEY	40.00							133,070.	<u> </u>	
MARKETING DIR.	40.00				х			167,768.	0.	0.
MARCHING DIK.	40.00			-	-			107,700.		<u> </u>
			L	L						
					<u> </u>					
	I	i	1	1	l	1	ı	I		

TEEA0107 04/24/09

Individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services
rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(A)

Name and business address

Description of Services

Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

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Form 990 (2008)

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Par	t VIII	Statement of Re	evenue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9,0	1a Fed	lerated campaigns	1	a	T				
ANT		mbership dues	1	+					
8 5		ndraising events	1		1				
R A		ated organizations	1		\neg	!	,		·
اٍ≧ٍق	e Government grants (contributions)				-	· .	ļ		, ,
SS		-							,
	f All o	other contributions, gifts, g lar amounts not included a	rants, and above 1	f 6,617					
₩		cash contribns included in		\$	•	,		ъ ж	,
S N	•	al. Add lines 1a-1f	1115 14-11	Ψ	▶	779,670.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		ai. Add filles Ta-TI		Business Code	*	* ***	,		
EN	2a CO	NFERENCES & TH	WORS RUAS		┪	1,350,583.	1,350,583.	0.	0.
Ĕ		HER REVENUE	CEDE DECI	900099	+	28,940.	28,940.	0.	0.
핑	0.01			300033	╅	20/3401	20/5101		
2	۵				+				
M SE	u			-	+				
¥ A	£	other program service		-	+				
8		t al. Add lines 2a-2f	e revenue	<u> </u>	▶	1,379,523.		44	
-					+	1,3/3,323.			
1		estment income (incl er similar amounts)	luding dividen	ds, interest and	▶	38,949.	38,949.	0.	0.
		ome from investment	t of tax-exemi	nt bond proceeds	▶				_
		yalties	COT LEAR CACITY	pr bona process	▶	735,000.	735,000.	0.	0.
	• 1.0	, 4.1.00	(ı) Real	(ii) Personal		.00,000			*
	6a Gro	ss Rents	157,54	7.	\neg			,	
		ss rental expenses	59,00		_	yri 👫 s	#	~ §*	*
	4	tal income or (loss)	98,54		− `				
		t rental income or (lo			▶	98,546.	0.	98,546.	0.
		`	(i) Securities	s (ii) Other	\top				
		ss amount from sales of ets other than inventory	1,046,17	8.	7				1
		,			_	•	***		* !
		s cost or other basis sales expenses	1,274,33	4.					
		ın or (loss)	-228,15			. *	*	A supplied to the supplied to	1
		t gain or (loss)			\blacksquare	-228,156.	-228,156.	0.	0.
ļ		oss income from fund	draiging avant			4	· ·	%	* .
ᆲ		ot including \$	raising event	5					
Z E	of o	contributions reported	d on line 1c)	_		**			
OTHER REVE		e Part IV, line 18	ŕ	a	ľ	*			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
불		ss direct expenses		b					
ò	c Net	t income or (loss) fro	m fundraising	events	•				
	9a Gro	oss income from gam							
		e Part IV, line 19	-	a		1			
		ss direct expenses		b	_ -				
	c Ne	t income or (loss) fro	m gaming ac	tivities					
	10 a Gro	oss sales of inventory diallowances	y, less returns	56 370					
			_1	a 56,370					
		ss cost of goods sold			<u>} .</u>	EC 224	E 6 370		
ŀ	c ive	t income or (loss) fro Miscellaneous Rever		Ventory Business Code	_	56,370.	56,370.	0.	0.
	11 a M?	AGAZINE INCOM		541800	┩	250,930.	0.	250,930.	0.
		ARKETING FEES		541900	+	297,827.	0.	297,827.	
	n kr	TOTAL TEED		241300	-+	491,041.		231,021	
ļ	ر ۱۱۸ ام	other revenue		-	\dashv	3,209.	0.	3,209.	0.
		other revenue tal. Add lines 11a-11i	d			551,966.		3,209.	
					- -	331,300.			
	12 To	tal Revenue. Add line	es 1h, 2g, 3, 4	1, 5, 6d, 7d, 8c, 9c,		2 411 060	1 001 606	650 512	_

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must com	piete column (A) But are			
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		-	×	-
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16				,
4		46,426.			
5	Compensation of current officers, directors, trustees, and key employees	606,280.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	889,007.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,884.			
9	Other employee benefits	157,773.			
10	Payroll taxes	96,822.			
11	Fees for services (non-employees)				
	a Management	38,566.			
1	ɔ Legal	12,593.			
•	c Accounting	15,600.			
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17			<u> </u>	
	Investment management fees	10,867.			
	Other				
	Advertising and promotion	226,336.			
13	Office expenses	53,455.		 	
14	Information technology	56,988.			
15	Royalties	114 717			
16	Occupancy	114,717. 110,777.			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	110,777.			
19	Conferences, conventions, and meetings	467,164.			
20	Interest	42,367.			
21	Payments to affiliates	473,914.			
22	Depreciation, depletion, and amortization	128,607.			
23		29,018.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	•		* 4	
	a CONTRIBUTIONS	71,808.			
	b BANK FEES	23,541.			
	c BAD DEBTS	7,158.			
	d DEFERRED INCOME TAX	-3,210.			
	e DUES & PUBLICATIONS	7,252.			
	f All other expenses			<u> -</u>	
	Total functional expenses Add lines 1 through 24f	3,715,710.			
26	Joint Costs. Check here ► If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

Pa	<u>rt X</u>	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	745,972.	1	664,560.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	202,181.	4	87,894.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	and the second s
A	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use	7,791.	8	7,483.
Ī	9	Prepaid expenses and deferred charges	27,937.	9	16,553.
_	10a	Land, buildings, and equipment cost basis 10a 2,260,983.	*		
	l	Less accumulated depreciation Complete Part VI of	* ^ * >	4	
	1	Schedule D 10b 639,464.	1,749,325.	10 c	1,621,519.
	11	Investments — publicly-traded securities	1,587,668.	11	1,371,157.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	9,541.
	15	Other assets See Part IV, line 11	48,090.	15	48,090.
	16	Total assets Add lines 1 through 15 (must equal line 34)	4,368,964.	16	3,826,797.
	17	Accounts payable and accrued expenses	115,259.	17	24,927.
	18	Grants payable		18	
	19	Deferred revenue		19	
LIABILIT	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			A
- 1		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties	1,197,589.	23	1,148,775.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	588,461.	25	489,282.
	26	Total liabilities. Add lines 17 through 25	1,901,309.	26	1,662,984.
N E T		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines		,	,
_		27 through 29 and lines 33 and 34.	· ×		
A SSE	27	Unrestricted net assets		27	
Ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here X and complete	* *		* , * .
FUZD		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	 	30	
BALAZCES	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	2,467,655.	32	2,163,813.
Ë	33	Total net assets or fund balances.	2,467,655.	33	2,163,813.
	34	Total liabilities and net assets/fund balances	4,368,964.	34	3,826,797.
Pa	art X	Financial Statements and Reporting			
1	Ace	counting method used to prepare the Form 990 Cash X Accrual	Other		Yes No
		re the organization's financial statements compiled or reviewed by an independent a			2a X
		re the organization's financial statements audited by an independent accountant?			2b X
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibility lew, or compilation of its financial statements and selection of an independent accounts.	/ for oversight of the aud untant?	lit,	2c X
3	a As Au	a result of a federal award, was the organization required to undergo an audit or audit Act and OMB Circular A-133?	dits as set forth in the Si	ngle	3a X
		Yes,' did the organization undergo the required audit or audits?			3 b
BA	Α				Form 990 (2008)

\$CHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

_	IONAL GOLF COURSE OWNERS ASSO		36-2916462
Par	t 🕒 Organizations Maintaining Donoi	Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	•	
4	Aggregate value at end of year	;	
5	Did the organization inform all donors and don funds are the organization's property, subject t	or advisors in writing that the assets held in doi o the organization's exclusive legal control?	nor advised Yes No
6	impermissible private benefit??	ne benefit of the donor or donor advisor or othe	Yes No
Par	t II* Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year	qualified conservation contribution in the form	
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easen		2b
	Number of conservation easements on a certif		2c
	Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or terminate	ed by the organization during the taxable
4	year ► Number of states where property subject to co	accounting accoment is located >	
4			_
5	Does the organization have a written policy req enforcement of the conservation easement it h	olds?	☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the y	year► \$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^7$	line 2(d) above satisfy the requirements of sec	tion Yes No
9	conservation easements	o the organization's financial statements that de	escribes the organization's accounting for
Par	Till: Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	ic exhibition, education, or research in furtherar	ent and balance sheet works of art, historical noce of public service, provide, in Part XIV,
ŀ	amounts relating to these items:	ic exhibition, education, or research in furtherar	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$ >\$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of ar amounts required to be reported under SFAS 1	116 relating to these items	or financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	- \$
ŧ	Assets included in Form 990, Part X		*\$ *\$

Part III Organizations Maintai				Other Similar Ass		Page Z
•						
3 Using the organization's accession that apply)	n and other records			nificant use of its collect	ion items (ch	эск ан
a Public exhibition			r exchange programs			
b Scholarly research		e 💹 Other				
c Preservation for future genera						
4 Provide a description of the organ Part XIV		•			ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ther than to be mai	ntained as part of	the organization's colle	ction?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrange an amount on F	ments Comple orm 990, Part	ete if organization a X, line 21	answered 'Yes' to F	orm 990, F	oart
1a is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or ot	ther intermediary fo	or contributions or other	assets not	Yes	No
b If 'Yes,' explain the arrangement	n Part XIV and com	nplete the following	g table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an ai	nount on Form 990	Part X. line 21?		<u> </u>	Yes	No
b If 'Yes,' explain the arrangement		, r are x, iii.o 2 :		'		
Part V Endowment Funds Con		zation answere	ed 'Yes' to Form 99	0 Part IV line 10		
Tart 14 Endownion Clarids	(a) Current year	(b) Prior year			(e) Four year	ars back
1 a Beginning of year balance	(a) Current year	(b) Thor year	(C) (WO)cars back	(u) Thice years back	(c) rour jet	210 0001
· · · · · · · · · · · · · · · · · · ·						
b Contributions					 	
c Investment earnings or losses			*		 	
d Grants or scholarships			-	<u> </u>	<u> </u>	<u> </u>
e Other expenditures for facilities and programs		<u> </u>			,	
f Administrative expenses						
g End of year balance					<u> </u>	
2 Provide the estimated percentage	of the year end bal	lance held as				
a Board designated or quasi-endow	ment •	8				
b Permanent endowment	%					
c Term endowment ►	*					
3a Are there endowment funds not in	the possession of	the organization th	nat are held and adminu	stered for the		.,
organization by	r the possession of	aro organization a			Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations listed a	as required on Sch	edule R?		3b	
4 Describe in Part XIV the intended	uses of the organiz	zation's endowmen	nt funds			
Part VI Investments-Land, B				, line 10.		
Description of investment	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book \	√alue
1 a Land			238,500.	y	238	B,500.
b Buildings		786,023.	750,954.	263,496.		3,481.
c Leasehold improvements						
d Equipment	-		485,506.	375,968.	100	9,538.
e Other			-55,500	2,3,500		. ,
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 000	Part X column (R) line 10(c))		1 62	1,519.
RAA	uiu equai roiiii 990	, rait A, coluinii (i	ω), mie τυ(c) /	Sobor	dule D (Form 9	

	rm 990) 2008 NATIONAL GOLF Covestments—Other Securities Securities			Page 3
	Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
	atives and other financial products			
Closely-held eq	juity interests			
Other				
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)	-	A STATE OF THE STA	
	vestments–Program Related (Se		13)	
	a) Description of investment type	(b) Book value	(c) Method of valuation	
`	, , , , , , , , , , , , , , , , , , , ,	``	Cost or end-of-year market value	
		<u> </u>		
Total Column (b)	(should equal Form 990, Part X, Col (B) line 13)	•	*	
	ther Assets (See Form 990, Part		*	
) Description	(b) Book v	alue
DEPOSITS				,500
	EDERAL INCOME TAX			692
CAPITALIZ	ED COSTS OF FUTURE CONSTI	RUCTION	15	,898
	(b) Total (should equal Form 990, Part X,		48	,090
Part X O	ther Liabilities (See Form 990, P			
	(a) Description of Liability	(b) Amount		
Federal Incom		274 127		
	DUES INCOME	374,137.		
	TAX LIABILITY (GAAP)	5,132.		
	LIABILITIES PAYABLE	100,066.		
	RRENT LIABILITIES DER DEPOSITS	9,926.		
TENSEROLL	AR DEFORITE	9,320.		
				
			•	
			•	
		-	•	
Total Column (h)	Total (should equal Form 990, Part X, col (B) line 2.	5) ▶ 489,282.	•	
			at reports the organization's liability for uncertain t	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	70-2710402 Fage 4
	3,411,868.
1 Total revenue (Form 990, Part VIII,column (A), line 12)	3,715,710.
2 Total expenses (Form 990, Part IX, column (A), line 25)	-303,842.
3 Excess or (deficit) for the year Subtract line 2 from line 1	-303,842.
Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4-8	303 043
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-303,842.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	_
b Donated services and use of facilities 2b	_
c Recoveries of prior year grants	_
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	_
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV) 4b	—
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	, lines 1b and 2b, Part V,

TEEA3304 12/23/08

Schedule **D** (Form 990) 2008

BAA

Part XIV	Form 990) 2008 NATIONAL GOLF COURSE OWNERS ASSOCIATION Supplemental Information (continued)	36-2916462	Page 5
•			
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-			
•			
·			
			-
			-
			
-			
- 			_ _
			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL GOLF COURSE OWNERS ASSOCIATION

Employer identification number

36-2916462

	ons Regarding Compensation			Yes	No
	propriate box(es) if the organization provided A, line 1a Complete Part III to provide any rel	I any of the following to or for a person listed in Form 990, Part levant information regarding these items			
First-clas	s or charter travel	Housing allowance or residence for personal use			
Travel fo	r companions	Payments for business use of personal residence			
Tax inde	mnification and gross-up payments	Health or social club dues or initiation fees		*	İ
Discretio	nary spending account	Personal services (e g , maid, chauffeur, chef)			
b If line 1a is c	hecked, did the organization follow a written	policy regarding payment or reimbursement or provision of all			
	ses described above? If 'No,' complete Part II		1b	-	<u> </u>
2 Did the organ trustees, and	nization require substantiation prior to reimbut the CEO/Executive Director, regarding the ite	rsing or allowing expenses incurred by all officers, directors, ems checked in line 1a?	2	x	
3 Indicate which CEO/Execution	h, if any, of the following organization uses to ve Director Check all that apply	o establish the compensation of the organization's			
X Compens	sation committee	X Written employment contract			ľ
=	dent compensation consultant	Compensation survey or study		1	
_	of other organizations	X Approval by the board or compensation committee	ľ		
	7 of other organizations	Approvar by the board of compensation committee		5	
4 During the ye	ear, did any person listed in Form 990, Part V	/II, Section A, line 1a			
	verance payment or change of control payme		4a		X
b Participate in	n, or receive payment from, a supplemental n	onqualified retirement plan?	4b		X
•	n, or receive payment from, an equity-based of	·	4c		X
If 'Yes' to an	y of 4a-c, list the persons and provide the app	plicable amounts for each item in Part III	4 4 9		
Only 501(c)(3) and 501(c)(4) organizations must complete	e lines 5-8.			,
5 For persons contingent or	listed in Form 990, Part VII, Section A, line 1and the revenues of	a, did the organization pay or accrue any compensation			
a The organiza	ition?		5 a		
b Any related of	organization?		5 b	<u> </u>	
If 'Yes' to line	e 5a or 5b, describe in Part III				
	listed in Form 990, Part VII, Section A, line 1and the net earnings of	a, did the organization pay or accrue any compensation	-t		*,
a The organiza	ition?		6a		
b Any related of			6 b		
If 'Yes' to lin	e 6a or 6b, describe in Part III				-
7 For person la described in	sted in Form 990, Part VII, Section A, line 1a lines 5 and 6? If 'Yes,' describe in Part III	, did the organization provide any non-fixed payments not	7		
8 Were any an	nounts reported in Form 990, Part VII, paid or	r accrued pursuant to a contract that was subject to the initial	8		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	-	(ı) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(d)·(l)(a)	Form 990 or Form 990 or Form 990-EZ
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	Θ	130,083.	20,000.	17,685.	0	0	$-\frac{167}{4}$	0
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	ε	128,678.	2,000.	0	0	0	133,678.	0-
JOE RICE	€	l I	0	0	0	0.	0.	0.
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ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, nal information.	4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete
ВАА	Schedule J (Form 990) 2008