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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)**

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

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

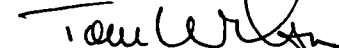

A For the 2008 calendar year, or tax year beginning **MAY 1, 2008** and ending **APR 30, 2009**

<b>B</b> Check if applicable  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>CENTURY CLUB OF SAN DIEGO</b>		<b>D</b> Employer identification number <b>95-2145967</b>	
		Doing Business As		<b>E</b> Telephone number <b>858-886-4653</b>	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>13,381,407.</b>	
		6155 CORNERSTONE CT E		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		City or town, state or country, and ZIP + 4 <b>SAN DIEGO, CA 92121</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>F</b> Name and address of principal officer <b>BRONSON JACOWAY JR.</b> <b>SAME AS C ABOVE</b>				<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>L</b> Year of formation: <b>1961</b>	
<b>J</b> Website: ▶ <b>WWW.CENTURYCLUBOFSANDIEGO.ORG</b>				<b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

## Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities <b>TO SUPPORT CHARITIES IN THE SAN DIEGO AREA WHICH OPERATE FOR THE BENEFIT OF CHILDREN &amp; TEENAGERS.</b>							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3	15				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	15				
5 Total number of employees (Part V, line 2a)		5	31				
6 Total number of volunteers (estimate if necessary)		6	1000				
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.				
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year		
8 Contributions and grants (Part VIII, line 1h)				7,534,860.	6,604,210.		
9 Program service revenue (Part VIII, line 2g)				5,966,926.	5,224,738.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				50,533.	6,799.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				609,729.	763,097.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				14,162,048.	12,598,844.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)					1,140,883.		
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				616,232.	730,242.		
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25)							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				13,384,733.	10,630,559.		
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)				14,000,965.	12,501,684.		
19 Revenue less expenses - Subtract line 18 from line 12				161,083.	97,160.		
				Beginning of Year	End of Year		
20 Total assets (Part X, line 16)				1,031,220.	759,531.		
21 Total liabilities (Part X, line 26)				989,142.	620,293.		
22 Net assets or fund balances - Subtract line 21 from line 20				42,078.	139,238.		

<b>Part II</b>	<b>Signature Block</b>
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Sign Here	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 officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date 12-14-09		
	TOM WILSON, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4 A K T LLP 5946 PRIESTLY DR STE 200 CARLSBAD, CA 92008	12/10/09	<input type="checkbox"/>	EIN <input type="checkbox"/> Phone no. 760-431-8440

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JAN 07 2010

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**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

**THE SPECIFIC PURPOSE OF THIS ORGANIZATION IS TO SUPPORT AND FUND CHARITIES IN THE GREATER SAN DIEGO AREA WHICH OPERATE FOR THE BENEFIT OF CHILDREN AND TEENAGERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 11,253,499. including grants of \$ ) (Revenue \$ )  
**THE ORGANIZATION ADMINISTERS A PGA SANCTIONED GOLF TOURNAMENT. OVER 50 HIGH SCHOOLS BENEFIT FROM THE SALE OF ADMISSION TICKETS AS WELL AS NUMEROUS OTHER LOCAL CHARITIES INCLUDING THE BOYS AND GIRLS ORGANIZATIONS.**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 11,253,499. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
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.? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
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? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<b>X</b>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<b>X</b>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	21	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	31	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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

**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	15	
1b	Enter the number of voting members that are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
9b			
10	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	X	
11	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		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
**MELINDA CRANDALL - 858-886-4653**  
**6155 CORNERSTONE CT E, SAN DIEGO, CA 92121**

**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) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRONSON JACOWAY JR. PRESIDENT	1.00	X		X				0.	0.	0.
TOM WORNHAM EXECUTIVE VICE PRESIDENT	1.00	X		X				0.	0.	0.
JIM HORTON FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
TOM MONSON SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
JEFF BAGLIO SECRETARY	1.00	X		X				0.	0.	0.
JEFF BYROADS IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
JULIE DILLON DIRECTOR	1.00	X						0.	0.	0.
DAVID HAHN DIRECTOR	1.00	X						0.	0.	0.
DEAN KNUTH DIRECTOR	1.00	X						0.	0.	0.
SCOTT MORSE DIRECTOR	1.00	X						0.	0.	0.
JIM POPE JR. DIRECTOR	1.00	X						0.	0.	0.
TOM REMENSPERGER DIRECTOR	1.00	X						0.	0.	0.
TED ROSSIN DIRECTOR	1.00	X						0.	0.	0.
RON TAYLOR DIRECTOR	1.00	X						0.	0.	0.
CHUCK YASH DIRECTOR	1.00	X						0.	0.	0.
TOM WILSON EXECUTIVE DIRECTOR	40.00			X	X			141,643.	0.	7,800.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>								<b>141,643.</b>	<b>0.</b>	<b>7,800.</b>

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

1

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 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

Yes No

3 X

4 X

5 X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	70,000.			
	c	Fundraising events	1c	706,993.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	582,721.7.			
	g	Noncash contributions included in lines 1a-1f \$		203,403.			
	h	<b>Total.</b> Add lines 1a-1f		6,604,210.			
Program Service Revenue				Business Code			
	2 a	ENTRY FEES		2,426,695.	2,426,695.		
	b	TICKET SALES		2,397,685.	2,397,685.		
	c	OTHER INCOME		225,208.	225,208.		
	d	PROGRAM INCOME		175,150.	175,150.		
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		5,224,738.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,799.			6,799.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less. rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 706,993. of contributions reported on line 1c). See Part IV, line 18	a	154,566.0.			
	b	Less direct expenses	b	782,563.			
	c	Net income or (loss) from fundraising events		763,097.	763,097.		
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		12,598,844.	5,987,835.	0.	6,799.	

**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).

Do not include amounts reported on lines 6b, 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	1,140,883.	1,140,883.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	141,643.		141,643.	
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	457,132.	76,639.	380,493.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	82,225.		82,225.	
10 Payroll taxes	49,242.	8,126.	41,116.	
11 Fees for services (non-employees)				
a Management				
b Legal	16,000.		16,000.	
c Accounting	29,000.		29,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	26,951.		26,951.	
12 Advertising and promotion	1,472,382.	1,472,382.		
13 Office expenses	141,066.	41,508.	99,558.	
14 Information technology				
15 Royalties				
16 Occupancy	74,206.	4,924.	69,282.	
17 Travel	1,179.		1,179.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,963.		133,963.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,717.		43,717.	
23 Insurance	60,745.	60,745.		
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.)				
a <b>PGA PURSE</b>	5,300,000.	5,300,000.		
b <b>SEE SCH. O FOR DETAIL</b>	2,305,291.	2,122,233.	183,058.	
c <b>EQUIPMENT RENTAL</b>	441,200.	441,200.		
d <b>WEDNESDAY PRO-AM</b>	419,646.	419,646.		
e <b>PROGRAM PAIRINGS</b>	165,213.	165,213.		
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	12,501,684.	11,253,499.	1,248,185.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	176,606.	1	235,294.
	2 Savings and temporary cash investments	32,148.	2	17,634.
	3 Pledges and grants receivable, net	175,000.	3	175,000.
	4 Accounts receivable, net	370,945.	4	157,395.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,462.	8	28,050.
	9 Prepaid expenses and deferred charges	179,124.	9	92,474.
	10a Land, buildings, and equipment: cost basis	10a 274,782.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 226,957.	75,542.	10c 47,825.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	534.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,859.	15	5,859.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,031,220.	16	759,531.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	956,142.	17	610,293.
	18 Grants payable		18	
	19 Deferred revenue	33,000.	19	10,000.
	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 of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	989,142.	26	620,293.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	42,078.	27	139,238.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	42,078.	33	139,238.
	34 <b>Total liabilities and net assets/fund balances</b>	1,031,220.	34	759,531.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	335,000.	23,400.	25,000.	7534860.	6604210.	14522470.
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	6179936.	7593266.	11481842.	7195734.	6770398.	39221176.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	6514936.	7616666.	11506842.	14730594.	13374608.	53743646.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						53743646.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	6514936.	7616666.	11506842.	14730594.	13374608.	53743646.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,134.	12,484.	34,166.	50,533.	6,799.	110,116.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,134.	12,484.	34,166.	50,533.	6,799.	110,116.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						53853762.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.80 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.81 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.20 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.19 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

CENTURY CLUB OF SAN DIEGO

Employer identification number

95-2145967

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete 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)

<input type="checkbox"/> Preservation of land for public use (e g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		19,173.	19,173.	0.
d Equipment		102,928.	78,213.	24,715.
e Other		152,681.	129,571.	23,110.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>47,825.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,598,844.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,501,684.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	97,160.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	97,160.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	13,381,563.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	782,719.
e	Add lines 2a through 2d	2e	782,719.
3	Subtract line 2e from line 1	3	12,598,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,598,844.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	13,286,198.
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	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	784,514.
e	Add lines 2a through 2d	2e	784,514.
3	Subtract line 2e from line 1	3	12,501,684.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,501,684.

**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, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**REVENUES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP**

**STATEMENTS: 156.**

**SPECIAL EVENT EXPENSES NETTED WITH RELATED REVENUE: 782563.**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**EXPENSES FROM RELATED ORGANIZATION PER CONSOLIDATED GAAP**

**Part XIV** Supplemental Information *(continued)*

STATEMENTS: 1951.

SPECIAL EVENT EXPENSES NETTED WITH RELATED REVENUE: 782563.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**Open To Public Inspection**

Name of the organization

CENTURY CLUB OF SAN DIEGO

Employer identification number

95-2145967

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17
---------------	--

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2008

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col. (c))	
		GALA (event type)	SAVE OUR SCHOOLS (event type)	1 (total number)		
Revenue	1	Gross receipts	830,928.	534,921.	886,804.	2,252,653.
	2	Less Charitable contributions	252,803.	7,200.	446,990.	706,993.
	3	Gross revenue (line 1 minus line 2)	578,125.	527,721.	439,814.	1,545,660.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	192,231.			192,231.
	6	Rent/facility costs				
	7	Other direct expenses	393,901.	13,073.	183,358.	590,332.
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				( 782,563.)
	9	Net income summary Combine lines 3 and 8 in column (d) ▶				763,097.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary: Add lines 2 through 5 in column (d)			
	8	Net gaming income summary: Combine lines 1 and 7 in column (d)			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

**Part I** General Information on Grants and Assistance

Employer identification number  
**95-2145967**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTED THROUGH KIDS 254 E. GRAND AVE. ESCONDIDO, CA 92025	57-1237802	501(C)(3)	15,210.	0.			GENERAL SUPPORT
THE SCGA FOUNDATION 3740 CAHUENGA BLVD. STUDIO CITY, CA 91604	95-3858373	501(C)(3)	9,990.	0.			GENERAL SUPPORT
ALISO NIGUEL HIGH SCHOOL 28000 WOLVERINE WAY ALISO VIEJO, CA 92656	51-0616864	170(C)(1)	8,775.	0.			GENERAL SUPPORT
SAN DIEGO JUNIOR GOLF FOUNDATION 3333 CAMINO DEL RIO SOUTH #110 SAN DIEGO, CA 92108	22-3857223	501(C)(3)	71,779.	0.			GENERAL SUPPORT
PROJECT HEALING WATERS PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	10,000.	0.			GENERAL SUPPORT
INJURED MARINE SEMPER FI FUND WOUNDED WARRIOR CENTER BOX 555193 CAMP PENDLETON, CA 92055	26-0086305	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

► 46.  
► 0.

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

Schedule I (Form 990) 2008





**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
**2008**  
**Open to Public**  
**Inspection**

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVAL SPECIAL WARFARE FOUNDATION 1221 PINEHURTS ROAD CHULA VISTA, CA 91915	31-1728910	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY. #100 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAN DIEGO FISHER HOUSE 34800 BOB WILSON DRIVE FISHER HOUSE, BLDG. 46 - SAN DIEGO, CA 92134	95-1645429	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HOMES FOR OUR TROOPS, INC. 37 MAIN STREET TAUNTON, MA 02780	54-2143612	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FAMILY LITERACY FOUNDATION 11555 SORRENTO VALLEY ROAD, #203 SAN DIEGO, CA 92121	33-0373000	501(C)(3)	7,000.	0.			GENERAL SUPPORT
USO COUNCIL OF SAN DIEGO 303 A STREET SAN DIEGO, CA 92101	95-1644030	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ARMED SERVICES YMCA 3293 SANTO RD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	14,000.	0.			GENERAL SUPPORT
PRO KIDS GOLF ACADEMY 4085 52ND STREET SAN DIEGO, CA 92105	33-0617741	501(C)(3)	50,400.	0.			GENERAL SUPPORT
<b>2</b> Enter total number of Section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHO BERNARDO HIGH SCHOOL FOUNDATION - 13010 PASEO LUCIDO - SAN DIEGO, CA 92128	33-0427423	501(C)(3)	28,605.	0.			GENERAL SUPPORT
MATER DEI CATHOLIC HIGH SCHOOL - ROMAN CATHOLIC BISHOP OF SAN DIEGO - 1615 MATER DEI DRIVE - CHULA VISTA, CA 91913	95-1644613	501(C)(3)	18,000.	0.			GENERAL SUPPORT
TESORO HIGH SCHOOL LACROSSE BOOSTER CLUB - 27632 SONCILLO - MISSION VIEJO, CA 92691	95-3766911	501(C)(3)	27,765.	0.			GENERAL SUPPORT
WESTVIEW FOUNDATION 13500 CAMINO DEL SUR SAN DIEGO, CA 92129	03-0462131	501(C)(3)	17,580.	0.			GENERAL SUPPORT
MADISON HIGH SCHOOL 4833 DOLIVA DRIVE SAN DIEGO, CA 92117	95-6002781	170(C)(1)	5,820.	0.			GENERAL SUPPORT
VISTA MURRIETA HIGH SCHOOL 28251 CLINTON KEITH ROAD MURRIETA, CA 92563	33-0666881	170(C)(1)	15,540.	0.			GENERAL SUPPORT
POWAY HIGH SCHOOL 15500 ESPOLA ROAD POWAY, CA 92064	95-6002452	170(C)(1)	27,210.	0.			GENERAL SUPPORT
SANTANA HIGH SCHOOL 9915 MAGNOLIA AVENUE SANTEE, CA 92071	95-6001517	170(C)(1)	5,910.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGUITO ACADEMY 2826 SANTA FE VISTA CT. ENCINITAS, CA 92024	33-0629427	170(C)(1)	5,445.	0.			GENERAL SUPPORT
CATHEDRAL CATHOLIC HIGH SCHOOL 5555 DEL MAR HEIGHTS ROAD SAN DIEGO, CA 92130	51-0464013	501(C)(3)	93,165.	0.			GENERAL SUPPORT
SAN MARCOS HIGH SCHOOL ATHLETIC BOOSTERS - 1615 SAN MARCOS BLVD - SAN MARCOS, CA 92078	23-7351632	501(C)(3)	8,340.	0.			GENERAL SUPPORT
MT. CARMEL HIGH SCHOOL ATHLETIC FOUNDATION - 9440 CARMEL MOUNTAIN ROAD - SAN DIEGO, CA 92129	33-0142788	501(C)(3)	27,630.	0.			GENERAL SUPPORT
LEWIS MIDDLE SCHOOL 5170 GREENBRIER AVE SAN DIEGO, CA 92109	95-6002781	170(C)(1)	5,115.	0.			GENERAL SUPPORT
ST. AUGUSTINE HIGH SCHOOL 3266 NUTMEG STREET SAN DIEGO, CA 92104	95-1792281	501(C)(3)	12,660.	0.			GENERAL SUPPORT
GROSSMONT HIGH SCHOOL 1100 MURRAY DRIVE EL CAJON, CA 92020	95-6001517	170(C)(1)	12,840.	0.			GENERAL SUPPORT
CANYON CREST ACADEMY 5951 VILLAGE CENTER LOOP ROAD SAN DIEGO, CA 92130	95-6002787	170(C)(1)	12,870.	0.			GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
**2008**  
**Open to Public**  
**Inspection**

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CENTER HIGH 31322 COLE GRADE ROAD VALLEY CENTER, CA 92082	33-0808681	170(C)(1)	6,275.	0.			GENERAL SUPPORT
HOOVER HIGH SCHOOL 4474 EL CAJON BLVD. SAN DIEGO, CA 92115	95-6002781	170(C)(1)	5,055.	0.			GENERAL SUPPORT
SCRIPPS RANCH HIGH SCHOOL 10410 TREENA STREET SAN DIEGO, CA 92131	95-6002781	170(C)(1)	9,840.	0.			GENERAL SUPPORT
UNIVERSITY CITY HIGH 6949 GENESEE AVENUE SAN DIEGO, CA 92122	95-6002781	170(C)(1)	9,765.	0.			GENERAL SUPPORT
GRANITE HILLS HIGH SCHOOL 1719 E. MADISON AVENUE EL CAJON, CA 92019	95-6001517	170(C)(1)	5,610.	0.			GENERAL SUPPORT
TORREY PINES HIGH SCHOOL FOUNDATION - PO BOX 2489 - DEL MAR, CA 92014	33-0580018	501(C)(3)	21,390.	0.			GENERAL SUPPORT
LA COSTA CANYON HIGH SCHOOL ONE MAVERICK WAY CARLSBAD, CA 92009	33-0708190	170(C)(1)	6,690.	0.			GENERAL SUPPORT
CARLSBAD HIGH SCHOOL 3557 LANCER WAY CARLSBAD, CA 92008	95-2681074	170(C)(1)	11,250.	0.			GENERAL SUPPORT
<b>2</b> Enter total number of Section 501(c)(3) and government organizations							
<b>3</b> Enter total number of other organizations							

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRA MESA HIGH SCHOOL 10510 REAGAN ROAD SAN DIEGO, CA 92126	95-6002781	170(C)(1)	9,105.	0.			GENERAL SUPPORT
FOUNDATION OF LA JOLLA HIGH SCHOOL, INC - 750 NAUTILUS STREET - LA JOLLA, CA 92037	95-3837026	501(C)(3)	8,160.	0.			GENERAL SUPPORT
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92131	95-3492461	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LA MESA FIRST UNITED METHODIST CHURCH - 4690 PALM AVE. - LA MESA, CA 91941	95-1660357	501(C)(3)	28,000.	0.			GENERAL SUPPORT
GROSSMONT HOSPITAL FOUNDATION PO BOX 158 LA MESA, CA 91944	33-0124488	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SAN DIEGO JUNIOR GOLF ASSOCIATION 3333 CAMINO DEL RIO SOUTH #110 SAN DIEGO, CA 92108	95-6095411	501(C)(3)	11,100.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF EL CAJON 2160 VALLEY BLVD. EL CAJON, CA 92019	95-2088013	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY - ATHLETIC DEP 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	5,000.	0.			GENERAL SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTURY CLUB OF SAN DIEGO

Employer identification number  
95-2145967

FORM 990, PART VI, SECTION A, LINE 10: THE EXECUTIVE DIRECTOR REVIEWS AND ENSURES THAT THE FORM 990 IS ACCURATE. IN ADDITION THE AUDIT/FINANCIAL COMMITTEE REVIEWS AND APPROVES THE FORM 990 ANNUAL PRIOR TO ITS SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY YEAR EACH BOARD MEMBER IS REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY. IN THE EVENT A BOARD MEMBER HAS A CONFLICT OF INTEREST ON A MATTER, THAT BOARD MEMBER WILL BE EXCLUDED FOR ALL DISCUSSION AND ANY VOTE ON THAT PARTICULAR SUBJECT.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES OTHER COMPARABLE NONPROFIT ORGANIZATIONS IN THE AREA AS BENCHMARKS FOR EMPLOYEE COMPENSATION. IN ADDITION THE ORGANIZATION USES PUBLISHED SALARY SURVEYS TO HELP DETERMINE APPRIOPATE COMPENSATION. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND RECOMMENDS ANY CHANGES TO EMPLOYEE COMPENSATION AS NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: CONSISTENT WITH THE REQUIREMENTS OF 6104(D) OF THE INTERNAL REVENUE CODE AND THE REGULATIONS THERE UNDER, COPIES OF THE ORGANIZATION'S FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND WITHOUT CHARGE OR SUBJECT TO THE CHARGES PERMITTED BY LAW TO ANY INDIVIDUALS WHO REQUEST IT.

FORM 990, PART XI, LINE 2C

NO CHANGE FROM PREVIOUS YEAR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**CENTURY CLUB OF SAN DIEGO**

Employer identification number  
**95-2145967**

**FORM 990, PART IX, LINE 24B**

**OTHER FUNCTIONAL EXPENSES**

	<b>PROGRAM SERVICE</b>	<b>MANAGEMENT &amp; GENERAL</b>
<b>MISC. EXPENSES</b>	37,839	89,352
<b>MEDIA SERVICES</b>	105,944	
<b>MONDAY PRO-AM</b>	121,258	
<b>SPONSOR EXPENSE</b>	56,123	
<b>ADVANCE TICKET SALES</b>	63,684	
<b>SATURDAY PRO-AM</b>	82,009	
<b>CREDIT CARD FEES</b>		52,128
<b>BAD DEBTS</b>	1,850	
<b>DUES &amp; SUBSCRIPTIONS</b>		6,514
<b>WEBSITE</b>		12,499
<b>AUTOMOBILE EXPENSE</b>		9,881
<b>BANK CHARGES</b>		2,842
<b>TAXES</b>		600
<b>SUPPLIES</b>	80,957	9,242
<b>COURSE RENTAL</b>	226,202	
<b>SECURITY</b>	338,108	
<b>PARKING SERVICES</b>	287,328	
<b>PLAYER SERVICES</b>	140,132	
<b>MEDICAL SERVICES</b>	75,667	
<b>OTHER OPERATION EXPENSE</b>	213,874	
<b>VOLUNTEER EXPENSE</b>	144,758	
<b>BLEACHERS</b>	146,500	



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CENTURY CLUB OF SAN DIEGO

Employer identification number  
95-2145967

**TOTAL**

\$2,122,233

\$183,058

Name of the organization

CENTURY CLUB OF SAN DIEGO

**Employer identification number**  
**95-2145967**

## Part I Identification of Disregarded Entities

[illegible]

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CENTURY CLUB CHARITIES - 33-0885751	SUPPORT OF SAN DIEGO				CENTURY CLUB OF SAN
6155 CORNERSTONE CT	CHARITIES THAT BENEFIT		501(C)(3)	170(B)(1)(A)(V)DIEGO	
SAN DIEGO, CA 92121	CHILDREN AND TEENAGERS	CALIFORNIA			

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

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations**

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV	<b>Yes</b>	<b>No</b>
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Sale of assets to other organization(s)		
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

