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Department of the Treasury Internal Revenue Service

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

01982 08/06/2010 9 44 AM OMB No 1545-0047 2008 Open to Public Inspection

Form 990 (2008)

_	For the 2008	calendar ve	r, or tax year beginning	7/01/08 , and end	ing 6/30	/09			
	Check if applicable		C Name of organization	, and end	iig	705	П	Emple	oyer identification number
	Address change	use IRS		COUNTY RECR	EATTON EN	JDOWMENT	١٢	Lilipid	yer identification number
님	Address change	label or		COUNTY RECK	BRITON BI	DOMPHENT	-	50_	-6452519
Ш	Name change	print or	Doing Business As			1	—+ <u>-</u>		
П	Initial return	type. See	Number and street (or P O box if mail is	· ·		Room/suite	E	•	none number
Ħ	Termination	Specific	100 RIDLEY AVE	·				•	5-883-1610
=		Instruc-	City or town, state or country, and		20240		G	Gross rece	epts \$ 4,950,853
X	Amended return	tions.	LAGRANGE	GA	30240				
\sqcup	Application pendi	_{ng} F Name	and address of principal officer				14(a group return for
							H	affiliati b) Are all	affiliates H
							'	include	ed? Yes No
		127						If "No,	attach a list. (see instructions)
-	Tax-exempt s		501(c) (3) ∢ (insert no) 4947(a)(1) or	527				
	Website: >	- Inal		· .		τ	H(c) Group	exemption number
	Type of organiza			Other >		L Year of formati	on		M State of legal domicile
P	art I	Summai							
<u>></u>	1 -		e organization's mission or mos						
	PL	EASE SI	E SCHEDULE O OF TH	E RETURN FOR A	DESCRIPTION	N OF			
and	TH	E ORGAI	IZATION'S MISSION.						
Ë									
Š	2 Check	k this box	If the organization discor	ntinued its operations or dis	sposed of more th	an 25% of its as	sets		
න්	3 Numb	er of voting	nembers of the governing body	(Part VI, line 1a)				3	5
es	4 Numb	er of indepo	ndent voting members of the go	overning body (Part VI, line	1b)			4	5
Activities & Governance	5 Total	number of e	nployees (Part V, line 2a)					5	0
Act	6 Total	number of v	lunteers (estimate if necessary)				6	
-	7a Total	gross unrel	ed business revenue from Part	VIII, line 12, column (C)				7a	
	b Net u	nrelated bus	ness taxable income from Form	n 990-T, line 34				7b	0
						P	rior Year	-	Current Year
Ф			grants (Part VIII, line 1h)			\			
en.	1		evenue (Part VIII, line 2g)				4.40		604 061
Revenue			e (Part VIII, column (A), lines 3,	·			443,	880	<u>-694,961</u>
_		•	rt VIII, column (A), lines 5, 6d, 8				440	200	504 051
_	1 -		d lines 8 through 11 (must equa		e 12)		443,	880	-694,961
	1		amounts paid (Part IX, column	1 1 1 1 1 1 1 1 1 1 1	IVED			 -∤	
	1		for members (Part IX, column	· //					
ΘS	15 Salan		npensation, employee benefits						
3us	16a Profe		aising fees (Part IX, column (A)		7 2010				
Expenses	b Total	_	xpenses (Part IX, column (D), I	ine 25) ப			404	405	410.000
ш	0		art IX, column (A), lines 11a-1		MIRY		424,		410,299
	1		dd lines 13-17 (must equal Part	~ ~~~		J	424,		410,299
<u>_ a</u>	19 Reve	nue less ex	enses Subtract line 18 from line	e 12		Post	19,	443	-1,105,260 End of Year
Net Assets or	20 Total	consta (Don	V line 16)			<u> </u>	, 965 ,		5,712,828
ASSe Rada	20 Total	assets (Par	۸, اiiie 16) rt X, line 26)				, 303,	370	3,712,020
N S	21 Total	•	•	n lina 20		6	, 965 ,	196	5,712,828
	art II	Signatu	balances Subtract line 21 from	ii iiile 20			, 903 ,	470 _[3,712,020
<u>_</u>	aitii							h - h 4 -	of any branchadae
		and belief, if	serjum I declare thet have ex	the expreparer (other than of	fficer) is based on all	linformation of wh	ch prepare	er has an	y knowledge
Sig	-n		ANG Brille					1 4	81 mlio
He	- 1	Support	of officer	<u> </u>	<u> </u>				
116			PEER BURDETTE		CHI	ARIMAN		Date	
	į		onnt name and title		CIII				
_		, 13pc 01	1		1	T	Charle f		Preparer's identifying number
Pa	id	Preparer's	\triangle		Date	- I	Check if self-	, _	(see instructions)
	eparer's	signature	7-4-	750 ANT -		3/06/10	employed	<u> </u>	P00094627
	e Only	Firm's name	OF VEHILLS	SEPH, CPA, P.	<u>C.</u>			EIN	▶ 58-1445724
	,	ıf self-emplo	**	CH STREET				Phone	BAC 004 BAC
		address, and			/11			no 🕨	706-884-7331
Mar	v the IRS dis	cuss this re	im with the preparer shown abo	ove? (see instructions)					X Yes No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

		ECREATION ENDOWMENT	<u>58-64525</u>	<u> 19 </u>	Page 2
Pa		Service Accomplishments (see i	instructions)		
1	Bnefly describe the organization's mission PLEASE SEE SCHEDULE O		ひだらいひてひがてへい	J OF	
	THE ORGANIZATION'S MIS		DESCRIPTION	·	
-					•
		-	•		· · ·
2	Did the organization undertake any signific	ant program services during the year whic	h were not listed on		
	the prior Form 990 or 990-EZ?		•		Yes X No
	If "Yes," describe these new services on S				
3	Did the organization cease conducting, or services?	make significant changes in now it conduc	ts, any program		Yes X No
	If "Yes," describe these changes on Scheo	dule O			1es <u>ps</u> 140
4		nts for each of the organization's three large	est program services b	y expenses	
	• • •	ions and section 4947(a)(1) trusts are requi			
	allocations to others, the total expenses, a	and revenue, if any, for each program servio	ce reported		
		260 678			
	(Code) (Expenses \$ DISTRIBUTION TO TROUP	369,678 including grants of \$) (Revenue \$)
-	ASSIRIBOTION TO TROOP	COONII, GEORGIA			
					• •
					•
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			•		
		-			
				•	
40	(Code) (Expenses \$	including grants of \$) (Revenue \$)
70) (Expenses 4	madaling grante or •		, (,
	•				
		-			
			-		
			•		
		••			
		•		• • •	
		·			· ·
40	Other program services. (Describe in Sch				
	(Expenses \$	including grants of \$) (Revenue		
46	Total program service expenses	\$ 369,678 (Must equal	Part IX, Line 25, colun	nn (8))	Form 990 (2008)
					FUITI 330 (2008)

	•		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	X	
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		X
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	-	
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			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	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		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
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, 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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		ŀ	
4 =	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	_14b		<u> </u>
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	4.		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	$\neg \uparrow$	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? 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		<u> </u>
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? If "Yes," answer questions		- 1	
	24b–24d and complete Schedule K If "No," go to question 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	g, g, g ,			
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ľ	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	2Ja		
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
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	ļ	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		<u> </u>
				_

Park(W 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.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	!	!	1
	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 .	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		_X_
35	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		X
36	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		X
37	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	L	<u> </u>
			000	

15.9	Statements Regarding Other IRS Filings and Tax Compilance					
_	5				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	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				Х
•	gaming (gambling) winnings to prize winners?	1 1		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	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					
2-	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y		22		X
	this return?			3a	\vdash	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors a financial account or a	-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finance	aaı		40		x
.	account)?			4a		
þ	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 Bar			2.5		- 13
	and Financial Accounts.	ıĸ				en en
E a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	2		5b	-	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	1.*		35		
·	Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		- Ua		
-	gifts were not tax deductible?	01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<i>i</i> .
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	n			6,50	·秦.
_	\$75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onal				
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?)		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	,				
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	on				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	nng				L
	organization, have excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter		1			İ
а	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	L			1
11	Section 501(c)(12) organizations. Enter	, ,	ı			
а	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		· · · · · · ·	12a	<u> </u>	<u> </u>
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	<u> </u>
				Forn	ո 990	(2008)

TROUP COUNTY RECREATION ENDOWMENT 58-6452519

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

must describe in Schedule O the process, if any, the organization uses to review the Form 990 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 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization have a written conflict of interest policy? If "No," go to line 13 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 14 Does the organization have a written whistleblower policy? 15 Dot 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? 15 Does the process in Schedule O. (see instructions) 16 Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement is participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in vest in, contribute assets to, or participate in a joint venture or similar arrangement is the organization of the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in continued in the organization of the organizati	Sec	tion A. Governing Body and Management						
arcumstancas, processes, or changes in Schodulde O. See instructions 1		•			resi		Yes	No
16 Enter the number of voling members of the governing body 17 Enter the number of voling members that are independent 18 Enter the number of voling members that are independent 29 Did any officiar, director, fusities, or key employee have a family relationship or a business relationship with say volter officer, director, fusities, or key employees to a management of voltage of the process of		·						
b. Earth the number of voltage members that are independent 2 Del any officer, director, instace, or key employer was family relationship or a business relationship with any other officer, director, instace, or key employer any other officer, director, instace, or key employers to a management company or other person? 3 LX 4 Del the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 LX 5 Del the organization become aware during the year of a material diversion of the organizations assets? 5 LX 6 Dess the organization have members or stockholders? 6 Does the organization have members, stockholders, 7 Ooss the organization have members, stockholders, 8 Dess the organization have members, stockholders, 9 Does the organization have members, stockholders, 9 Does the organization have members, stockholders, 9 Does the organization have because the meetings held or written actions undertaken during 1 the year by the following 2 The governing body? 7 B AX 7 Dess the organization have because the meetings held or written actions undertaken during 1 the year by the following 2 The governing body? 8 D AX 8 Dess the organization have written policies and procedures governing the activates of such chapters, 2 Dess the organization have written policies and procedures governing the activates of such chapters, 2 Dess the organization have written policies and procedures governing the activates of such chapters, 2 Dess the organization have written policies and procedures governing the activates of such chapters, 2 Dess the organization have written policies and procedures governing the activation of such chapters, 2 Dess the organization have a written organization are consistent with those of the unsurance of the organizations 2 Dess the organization management with the policy? 3 Did the organization management organization with the policy? 4 Did the process of the form		circumstances, processes, or changes in Schedule O. See instructions		_				
2 Did any officer, director, fusatee, or key employee have a family relationship or a business relationship with any other officer, director, fusatee, or key employee? 3 Did the organization disligate control over management dudies customanly performed by or under the direct 3 Did the organization make any significant changes to the organizational documents sense the prior Form 390 was filed? 4 Library of the comment of inflicers, directors or fusatees, or key employees to a management company or other person? 5 Did the organization make any significant changes to the organizational documents sense the prior Form 390 was filed? 6 Does the organization have members a stockholders? 7 Did be the organization have members as otherwises. 7 Did the organization on have members as otherwises. 8 Did the organization nave members as otherwises. 9 Did the organization nave members, stockholders, or other persons who may elect one or more members of the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the prior of the process of the governing body? 9 Did the organization nave local chapters, branches, or affiliates? 9 Did the organization nave local chapters, branches, or affiliates? 9 Did the organization have been been such that preparation series of the organization? 9 Did the organization of the process, if any, the organization uses to review the Form 990 10 Visa a copy of the Form 990 or the Form 99	1a		1a					
any other officer, director, intastice, or key employee? 3	b	Enter the number of voting members that are independent	1b	5				
3 Dut the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or Inteliese, ox few pentityees to an amanagement company or other person? 4 Dut the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dues the organization have members a stockholders? 6 Does the organization have members as stockholders, or other persons who may elect one or more members of the governing body? 7 A X 7 Dues the organization changements and the persons who may elect one or more members of the governing body? 8 Dues the organization changements understance the persons who may elect one or more members of the governing body? 8 Dues the persons of the governing body subject to approval by members, stockholders, or other persons? 7 To X 7 X 7 To Var 8 Dues the organization changement and the meetings held or written actions undertaken during the year by the following 8 To governing body? 9 Does the organization change without the governing body? 9 Does the organization have written policies and procedures governing the activities of such chapters, affisites, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organizations governing body before a way of the Form 990 the Form 990 to the Port 990 to the Form 9	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1					
supervision of officers, directors of trustees, or key employees to a management company or other person? 3		any other officer, director, trustee, or key employee?			<u> </u>	2		<u> </u>
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with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 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 TOD TENTLER 900 DALLIS STREET		Describe the process in Schedule O. (see instructions)						
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the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ GA 18 Section 6104 requires an organization to make its Form 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 ▶ TOD TENTLER 900 DALLIS STREET		with a taxable entity during the year?				6a		X
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ GA 18 Section 6104 requires an organization to make its Form 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 ▶ TOD TENTLER 900 DALLIS STREET		its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegua	rd					}
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ GA 18 Section 6104 requires an organization to make its Form 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 ▶ TOD TENTLER 900 DALLIS STREET		the organization's exempt status with respect to such arrangements?			1	6ь		
Section 6104 requires an organization to make its Form 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▼ TOD TENTLER 900 DALLIS STREET	Sec	tion C. Disclosure			•			
Section 6104 requires an organization to make its Form 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▼ TOD TENTLER 900 DALLIS STREET	17	List the states with which a copy of this Form 990 is required to be filed GA						
available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. TOD TENTLER 900 DALLIS STREET	18		(c)(3)s	s only)				
Own website Another's website Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TOD TENTLER 900 DALLIS STREET			. ,,	.,				
 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TOD TENTLER 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TOD TENTLER 								
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization TOD TENTLER 900 DALLIS STREET	19		t of in	iterest				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TOD TENTLER 900 DALLIS STREET				· •				
organization ► TOD TENTLER 900 DALLIS STREET	20	·	ords 4	of the				
·	-							
	L	· ·			706-	883	-1	670

Parit VIII 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

X Check this box if the or		sate	any o			recto	r, tru		(E)	<i>(</i> E)
(A) Name and Title	(B) Average	Posi	(C) sition (check all that apply)				ply)	(D) Reportable	(E) Reportable	(F) Estimated
Nume and ride	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
H. SPEER BUR	DETTE III					П		· · · · · · · · · · · · · · · · · · ·		
CHAIRMAN		<u> </u>		_		Ш		0	0	0
A. R. RANSOM VICE CHAIRMA								o	o	0
TIM DUFFEY TRUSTEE								0	0	0
CHARLES D. H TRUSTEE	UDSON, JR.							0	0	0
SUSAN K. BLA	CK	-	┝	├-		H		<u> </u>	0	
TRUSTEE								0	0	0
		\vdash								-
		\vdash		<u> </u>						
		-		<u> </u>						
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				<u> </u>						

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	F	٠,	aα	ρ	1	

Pa	成 火川 Section A	L Officers, Directors,	Trustee	s, Ke	y En	nplo	yees,	and	Highest Compensated E	mployees (continued)	
	(A) Name and title	(B) Average	_	sition (checi	C) k all ti	_		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	<u>.</u>										
										-	
	<u> </u>										
		-									
					_						
				_		_					
				-							
				<u> </u>				_			
1b 2	Total Total number of individual organization ▶ 0	viduals (including those	e in 1a) w	/ho re	ceiv	ed m		han	\$100,000 in reportable com	pensation from the	
	Did the organization employee on line 1a' For any individual lis the organization and individual Did any person listed services rendered to tion B. Independent	? If "Yes," complete Sc ted on line 1a, is the su related organizations of d on line 1a receive or a the organization? If "Y Contractors	hedule J um of rep greater th accrue co 'es," com	for s portab nan \$ ompe oplete	uch i le co 150,0 nsat Sch	ndivi ompe 000? ion fi edul	dual ensati If "Ye rom a e J fo	on a es," iny u r su		ch	Yes No 3 X 4 X 5 X
1	Complete this table to compensation from to	he organization		ed inc	depe	nder	t con	trac	tors that received more than	·	
		(A) Name and business addres	s						Descript	(B) oon of services	(C) Compensation
		 									
_			_			_					
2	Total number of inde	ependent contractors (ii	ncluding	those	ın 1) wh	о гес	eive	d more than \$100,000 in		, ,
DAA	compensation from t								·		0 Form 990 (2008)

Pa	rt.V.	Staten	nent of Reven	ue									
		t.					То	(A) otal revenue	Rela exe	B) ted or empt ction	(C) Unrelated business	exclud	(D) evenue led from tax er sections
		·				<u></u>				enue	revenue		513, or 514
tt st	1a	Federated cam	npaigns 1	a									
graf	b	Membership di	ues <u>1</u>	b									
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	rents 1	с				A miles				,	3
gift	d	Related organi	zations 1	d				Marie Carlo					75 5
S,E	е	Government grants ((contributions) 1	е					41		A		
tion	f	All other contribution	ns, gifts, grants,	1			144.1		4				
ibu Sta		and similar amounts	not included above 1	f			200					7 . V	
d tr	g	Noncash contribution	ns included in lines 1a-1f	\$									7
ပိုင်	h	Total. Add line				>							
Je						Busn. Code		SMARK W	學事業	A BOOK	THE PARTY OF	***	1.42.6
ent	2a						1						
Rev	b											_	
<u>ic</u>	c								-				
ēZ	ď												
E					•								
Program Service Revenue	f	All other progra	am service revenu	ie		· · · · · · · · · · · · · · · · · · ·							
Pro		Total. Add line					<u> </u>		4,300 0	7	-		
$\overline{}$	3		ome (including div	udends	ınteresi			- <u>-</u>		_			
		other similar ai		,		.,		186,585					186,585
	4		vestment of tax-e	xempt b	and pro	ceeds							
	5	Royalties		жр. Б	ona pro	•			<u> </u>			<u> </u>	
	_	regames	(ı) Real		(u) P	ersonal	!						
	6a	Gross Rents	(7:11					- 14 A	The win		The profit of the second	- 35 - 4, 5	
	b	Less rental exps					1	x -	-		,		-
	C	Rental inc or (loss)					1	•				,	}
	d	Net rental inco	me or (loss)										
		Gross amount from	(i) Securities		(11)	Other	 						
		sales of assets	4 764	268			1						j
	L	other than inventory	4,104,	200			1						ļ
	D	Less cost or other	5,645,	R14									
	_	basis & sales exps	-881,				1						
		Gain or (loss)		2401			 -	-881,546		881,546			
ĺ	d	Net gain or (los	ss) om fundraising events				 	-881,540		551,540	<u> </u>		
6	8a	(not including \$	om runuraising events	'			ŀ					 	1
'n			reported on line 1c)				ļ						:
906			•				-						
Other Revenue		See Part IV, line		a b			1						}
the		Less. direct ex	-		onto	-							
O			(loss) from fundra	ising eve	EIIIS		 -				-		
	эа		om gaming activities										
	L	See Part IV, line					1					[İ
		Less direct ex	•	d			-						
			(loss) from gamin	y activiti	es			<u> </u>	<u> </u>		 		
	10a		inventory, less				ŀ						!
	_	returns and all	•	a			1						!
		Less: cost of g		_ b[_			 			—			
	С		(loss) from sales	ınvent	ory .	Busn. Code	 						
		Misc	ellaneous Revenue			DUSII. CODE							
	11a						 				 		
	Ь						\vdash				 	-	
	С	A.11											
	d	All other reven	-			Ļ	├	·			ļ	 	
	е	Total. Add line				•			_				
	12		e. Add lines 1h, 2g	g, 3, 4, 5	, 6d, 7d	, 8c,		CO4 05-		001 511	_	1	106 555
	<u> </u>	9c, 10c, and 1	1e				<u>L</u>	-694,961		881,546	0		186,585

PartilX 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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,			建设设施	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, and individuals outside the				A Maria
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			なるのでは、	PARTY NEW YORK
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 salanes and wages			<u> </u>	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		<u></u>	·	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		i		
a	Management				
	Legal Accounting				
	Lobbying		<u> </u>		
e	Professional fundraising services See Part IV, line 17		- 5-		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
					-
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below)	369,678	369,678		
a	DISTRIBUTION TO TROUP COU FEES	40,621	307,078	40,621	
ь		40,021		40,021	
c d	••				
e	• •				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	410,299	369,678	40,621	
<u>25</u> 26	Joint Costs. Check here If following		2057070	10,021	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
					

異に	art)	Balance Sneet				·					
	•			(A) Beginning of year		(B) End of year					
_	1	Cash—non-interest bearing		Dogg or year	1	End of year					
	2	Savings and temporary cash investments		137,486		14,466					
	3	Pledges and grants receivable, net		137,400	3	13,400					
	4	Accounts receivable, net									
	1		t.		4						
	5	Receivables from current and former officers, directors, tr	•		_						
	١.	employees, or other related parties Complete Part II of So	•	DDs. On a Company of the Company	5	Marie a series of the series of the					
	6	Receivables from other disqualified persons (as defined u									
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
	۱_	Part II of Schedule L			6						
ets	7	Notes and loans receivable, net			7						
Assets	8	Inventories for sale or use	•		8						
ď	9	Prepaid expenses and deferred charges	r 1	350 A a 1	9	and a series of all the series of the series					
	1	Land, buildings, and equipment cost basis	10a								
	b	Less: accumulated depreciation Complete	1 1								
	ŀ	Part VI of Schedule D	10b		10c						
	11	Investments—publicly traded securities		6,828,010	11	5,698,362					
	12	Investments—other securities See Part IV, line 11			12						
	13	Investments—program-related See Part IV, line 11			13						
	14	Intangible assets			14						
	15	Other assets See Part IV, line 11			15						
	16_	Total assets. Add lines 1 through 15 (must equal line 34)		6,965,496	16	5,712,828					
	17	Accounts payable and accrued expenses			17						
	18	Grants payable			18						
v	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities			20						
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			21						
Ħ	22	Payables to current and former officers, directors, trustees	s, key		,						
jab		employees, highest compensated employees, and disqual	ified								
_		persons Complete Part II of Schedule L			22						
	23	Secured mortgages and notes payable to unrelated third p	parties		23						
	24	Unsecured notes and loans payable			24						
	25	Other liabilities Complete Part X of Schedule D			25						
	26	Total liabilities. Add lines 17 through 25			26						
ces		Organizations that follow SFAS 117, check here	I and								
Š		complete lines 27 through 29, and lines 33 and 34.									
Balan	27	Unrestricted net assets			27						
ä	28	Temporanly restricted net assets		6,965,496	28	5,712,828					
Fund	29	Permanently restricted net assets			29						
Ī		Organizations that do not follow SFAS 117, check here	e ▶ 🗌								
ō		and complete lines 30 through 34.									
	30	Capital stock or trust principal, or current funds			30						
Assets	31	Paid-in or capital surplus, or land, building, or equipment fi	und		31						
As	32	Retained earnings, endowment, accumulated income, or o	other funds		32						
Net	33	Total net assets or fund balances		6,965,496		5,712,828					
_	34	Total liabilities and net assets/fund balances		6,965,496	34	5,712,828					
P	art)	KI Financial Statements and Reporting									
						Yes No					
1	Ac	counting method used to prepare the Form 990 📗 C	ash X Accrual	Other							
2	a We	ere the organization's financial statements compiled or revie	wed by an independent accoun	tant?		2a X					
ı	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 commit	tee that assumes responsibility	for oversight of							
	the	e audit, review, or compilation of its financial statements and	d selection of an independent a	ccountant?		2c					
3	a 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?				3a					
	o If "	Yes," did the organization undergo the required audit or aud	lits?			3b					

SCHEDULE'A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047 2008 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

TROUP COUNTY RECREATION ENDOWMENT

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The organization is not a private foundation because it is: (Please check only one organization)

Employer identification number 58-6452519

2	П	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
_	\Box	city, and state										
5	Ц	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6	\Box	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general pu											
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	\Box	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	Н	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross										
•	ш	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its										
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
40	П	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)										
10	X	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the										
11		·										
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11b.											
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11											
е [==	a X Type I b Type II c Type III-Functionally Integrated d Type III-Other										
	X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified										
		persons other than foundation managers and other than one or more publicly supported organizations described in section										
		509(a)(1) or section 509(a)(2)										
f		If the organization received a written determination from the IRS that it is a Type II, or Type III supporting										
		organization, check this box										
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the										
		following pers	sons?									
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)									Yes	No	
	and (III) below, the governing body of the supported organization?										11g(i)	$\overline{\mathbf{x}}$
		(ii) A family member of a person described in (i) above?										
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?										
h		Provide the fe	ollowing information about the	e organizations the organization	supports						 	
///	Name									c tho	(vii) Amount of	
(i) Name of supported organization			ted (ii) EIN	(III) Type of organization (described on lines 1–9	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in		organization in col		(vii) Amount of support	
· ·				above or IRC section	governing document?		col. (i) of your		(i) organized in the			
				(see instructions))				oort?	US			
					Yes	No	Yes	No	Yes	No		
TF	OU	P COUNT	Y, GEORGIA	_	1							
			58-6000896	6	<u> </u>		_ X		X		<u> </u>	578
				<u> </u>	<u> </u>							
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					1	 						
Tota	1				<u></u>	L					369,6	<u> 578</u>
For F	rivar	v Act and Pane	erwork Reduction Act Notice.	see the Instructions for Form 990	1.				Sch	redule A	(Form 990 or 990-EZ)	2008

TROUP COUNTY RECREATION ENDOWMENT Schedule A (Form 990 or 990-EZ) 2008 58-6452519 Page 2 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total (d) 2007 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) r 4 14 TOTAL TOTAL STREET, ST 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test-2008. 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 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this b box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008 TROUP COUNTY RECREATION ENDOWMENT

58-6452519

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Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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 (Rublic Inspection

Name of the organization

TROUP COUNTY RECREATION ENDOWMENT

Employer identification number 58-6452519

AMENDED RETURN EXPLANATION

SCHEDULE A PART I - LINE 7 MARKED IN ERROR ON ORIGINALLY FILED RETURN.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE EXCLUSIVE PURPOSE OF THE TROUP COUNTY RECREATION
ENDOWMENT FUND IS TO CONTRIBUTE TO AND SUPPORT THE EXPENSES
OF TROUP COUNTY, GEORGIA (A RELATED PARTY) IN MAINTAINING
PROPOSED RECREATIONAL ADDITIONS AND IMPROVEMENTS. TROUP
COUNTY, GEORGIA HAS RECEIVED A PLEDGE FROM CALLAWAY
FOUNDATION, INC. FOR \$7,000,000, PAYABLE OVER A THREE YEAR
PERIOD SUBJECT TO TROUP COUNTY, GEORGIA CREATING THE TROUP
COUNTY RECREATION ENDOWMENT FUND TO HOLD AND MANAGE THE
FUNDS. FIVE PERCENT OF THE FUND BALANCE WILL BE MADE
AVAILABLE ANNUALLY TO TROUP COUNTY, GEORGIA TO PAY FOR
THE OPERATING EXPENDITURES OF NEW RECREATIONAL FACILITIES
TO BE BUILT.