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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		, 2009, and ending	
B Check if applicable:		C Name of organization	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions. HARRY PURLEY IN THE MORNING GOLFOPEN	
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
		216 GUNPOWDER ROAD	
		City or town, state or country, and ZIP + 4	
		EGG HARBOR TOWNSHIP NJ 08234	
		D Employer identification number	
		27-0861608	
		E Telephone number	
		609.9273734	
		F Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ►**J** Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 66,898

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Revenue	1 Contributions, gifts, grants, and similar amounts received	1 66,844
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4 54	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe) ►	8	
	9 Total revenue. Add lines 1 through 8 ► RECEIVED 5/24/2010	9 66,898	
	10 Grants and similar amounts paid (attach schedule) SEE PART III	10 52,400	
	11 Benefits paid to or for members SEE PART III	11	
	12 Salaries, other compensation, and employee benefits SEE PART III	12	
	13 Professional fees and other payments to independent contractors SEE PART III	13 1,288	
	14 Occupancy, rent, utilities, and maintenance SEE PART III	14	
	15 Printing, publications, postage, and shipping SEE PART III	15	
	16 Other expenses (describe) ► RYDORASING (GOLFOPEN) EXPENSES	16 9,449	
	17 Total expenses. Add lines 10 through 16 ►	17 63,137	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) SEE STATEMENT 1	18 3,761	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) SEE STATEMENT 1	19 17,077	
	20 Other changes in net assets or fund balances (attach explanation) ►	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 20,838	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,077	22 20,838
23 Land and buildings		23
24 Other assets (describe) ►		24
25 Total assets	17,077	25 20,838
26 Total liabilities (describe) ►		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) ►	17,077	27 20,838

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? CONTRIBUTIONS TO OTHER TAX EXEMPTS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<i>SEE STATEMENT 2</i>			
<hr/>				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>			28a
29	<hr/>			
<hr/>				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>			29a
30	<hr/>			
<hr/>				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>			30a
31	Other program services (attach schedule)			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>			31a
32	Total program service expenses (add lines 28a through 31a) <i>SEE STATEMENT 2</i> ►			32
<i>SEE STATEMENT 2</i>				<i>\$2,400</i>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
HARRY HURLEY 216 GUNPOWDER ROAD	DIRECTOR	- 0 -	- 0 -	- 0 -
EGG HARBOR TWP. NJ	41 HOURS AVG	PER WEEK		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a *NONE*

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► *0* ; section 4912 ► *0* ; section 4955 ► *0*

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► *HALEY HURLEY* Telephone no. ► *609 927 3734*
Located at ► *216 GUNPOWDER ROAD E66 PARSON NJ* ZIP + 4 ► *08234*

b 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)?

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33		✗
34		✗
35a		✗
35b		
36		✗
37b		
38a		✗
38b		
39a		
39b		
40b		✗
40e		

	Yes	No
42b		✗
42c		✗

	Yes	No
44		✗
45		✗

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

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

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

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	
	► Harry Hurley	15-17-10	
	► Harry Hurley, Director		Date
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's identifying number (See instructions)
	► JAMES P. SWEENEY	01/17/10	140-44-7384
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed	EIN
	► 200 ATLANTIC AVE AC NJ 08401	<input checked="" type="checkbox"/>	► 140-44-7384
		Phone no.	► 917-941-1259
May the IRS discuss this return with the preparer shown above? See instructions			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Public Charity Status and Public Support

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

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

2009

Open to Public
Inspection

Name of the organization

Barry Hayley IN THE MORNING GOLF OPEN

Employer identification number

27 0861608

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described 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).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 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 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 public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other
-----------------------------------	------------------------------------	---	---
- e 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 I, 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 persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- h Provide the following information about the supported organization(s).

<input type="checkbox"/> 11g(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 11g(ii)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 11g(iii)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
					Yes	No	
Total							

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				44,175	66,844	111,019
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3				44,175	66,844	111,019
5 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)						40,000
6 Public support. Subtract line 5 from line 4.						71,019

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				44,175	66,844	111,019
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					146	54
9 Net income from unrelated business activities, whether or not the business is regularly carried on						200
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						111,219
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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"/>	
18 Private foundation. 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"/>	

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 through 5						
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests—2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **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)

HURLEY IN THE MORNING
GOLF OPEN

STATEMENT 1

FEB 27-0861608

IN ORDER TO RECEIVE A DETERMINATION
LETTER OF TAX EXEMPT STATUS,

HURLEY IN THE MORNING GOLF OPEN LLC,

FEIN 74-3257377 WAS CONVERTED TO

A "C CORPORATION" ON SEPTEMBER 3, 2009.

A NEW FEIN 27-0861608 WAS ISSUED TO
THE "C CORPORATION.

ALL REVENUE AND EXPENSES FOR THE
ENTIRE TWELVE (12) MONTH CALENDAR YEAR
ARE REPORTED ON FORM 990-EZ FOR
2009.

HURLEY IN THE
MORNING GOLF OPEN

STATEMENT 2

Form 990-EZ/ PART III

27-0861608

GRANTS

KNIGHTS OF COLUMBUS
P.O. BOX 971
ABSECON, NJ 08201

\$500

ATLANTIC COUNTY
TOYS FOR KIDS
P.O. BOX 556
SOMERS POINT, NJ 08244

\$1000

AMERICAN LEGION POST 352
P.O. BOX 155
SOMERS POINT, NJ 08244

\$1000

SHORE MEMORIAL HEALTH FOUND
1 EAST NEW YORK AVE
SOMERS POINT, NJ 08244

ENSIGN JOHN R. EMMOT
HERO CAMPAIGN
P.O. BOX 700
SOMERS POINT NJ 08244

\$11,000

Hurley

STATEMENT 2

PART III CONTINUED

27-0861608

G LARRY JAMES LEGACY FUND. \$11,000
to STOCKTON COLLEGE OF NJ
POMONA NJ 08240

FACES AUTISM SUPPORT NETWORK \$11,000
P.O. Box 2341
VENTNOR NJ 08406

DEAN RANDAZZO CANCER \$11,000
FOUNDATION
P.O. Box 149
SOMERS POINT, NJ 08244

ATLANTIC CITY FIREFIGHTERS \$1,000
SAND PIPERS
1100 JORENE DRIVE
EGG HARBOR TWP 08234

HURLEY

27-0861608

STATEMENT 2 PART II CONTINUED

GILDA'S CLUB SOUTH JERSEY \$500.
700 NEW ROAD
LAWNTWOOD NJ 08221

THE CLAUDIA FUND \$100
P.O. BOX 634
PLEASANTVILLE, NJ 08232

MAIN STREET ATLANTIC CITY \$100
GARAGE IN GORDON'S ALLEY
ATLANTIC CITY NJ 08401

DANTE HALL THEATER
OF THE ARTS \$200
10 N. MISSISSIPPI AVE
ATLANTIC CITY, NJ 08401

WEST CAPE MAY
VOLUNTEER FIRE COMPANY \$1000
415 BREAKWATER ROAD
CAPE MAY, NJ 08204

1900

HURLEY

27-0861608

STATEMENT 2 PART III CONTINUED

DEBORAH HOSPITAL FOUND \$1000
200 TRENTON ROAD
BROWN MILLS, NJ 08015

AC HISTORIC WATER FRONT \$1000
800 N NEW HAMPSHIRE AVE
ATLANTIC CITY, NJ 08401

TOTAL GRANTS \$52,400

TO Form 990 Et PART III, LINE 32

2000