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# SCANNED JUL 0 2 2010

Department of the Treasury

Internal Revenue Service

Short Form
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 frust 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.

▶ 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	ror ti	ne 2009 calend	ar year,	, or tax y	ear beginnin	·g		,	2009, and	a enaing				, 20	
В	Check						D Empl	Employer identification number							
		ss change	change use IRS label or Community Golf, Inc.				41-1695396								
님		change	print or	Number	and street (or I	PO box, if mail is	not delivered t	o street add	dress) Ro	oom/suite	e E Telephone number				
H	Initial r		type See	PO Box	c 130				ļ			320-346-2677			
Ħ		ded return	Specific Instruc-	City or to	own, state or co	ountry, and ZIP +	4				F Grou	roup Exemption			
崮		ation pending	tions.	Broote	n, MN 56316	;					Num	mber ▶			
	• Se	ection 501(c)(3)	organiz	zations a	nd 4947(a)(1	) nonexempt cl	haritable tru	sts must	attach	G Accou	inting Me	ethod	<b>7</b>	Cash	
			_			, (Form 990 or 99				1	(specify)	<b>▶</b>			
_	H Check ► 🗹								< ▶ 🗸	ıf the d	organ	nization is not			
1 1											lule B (Form 990,				
	Tax-exempt status (check only one) —									,					
	Checl					509(a)(3) suppor			is aross re	ceipts are r	normally	not m	ore ti	han \$25,000. A	
			_			out if the organiz			_	-					
						receipts, if \$500,0				····	<del></del>	. \$			
	art					nges in Net						ction	s foi	r Part I.)	
	1					lar amounts re						1		2313	
	2		_	_		overnment fee		acts .				2	-	126796	
	3	=			sessments							3			
	4		•									4		108	
	5				of assets oth	her than invent	tory		5a	•	, ,				
						xpenses	•		5b						
						er than invento				5a)		5c			
ë	6	•	•			ble parts of Sched	• .			•		-			
Revenue	_									,	_				
ě	'		Gross revenue (not including \$ of contributions reported on line 1)							2467					
Œ		•		,					6b						
					s other than fundraising expenses							6c		2467	
	7									53546	- 00				
	J .	b Less: cost		•	iess returns	and anowand	es	•	7b		27228				
	1		-			ontoni (Subtr	ot line 7h f	rom lino '			27220	7c		26318	
	8					ventory (Subtra	act line 75 i		<i>ια</i> ,	· · ·		8		4294	
	9	Other revenue (describe Miscellaneous income  Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							9		162296				
	10							-	<del></del>	IAFIO	-0	10		.02230	
	11	Grants and similar amounts paid (attach schedule)								11					
S	12	Benefits paid to or for members  Salaries, other compensation, and employee benefits  MAY 1 7 2010							[0]	12		75794			
Se	13		Professional face and other nayments to independent contractors								13		400		
ĕ	14									_ો∝ી	14		46065		
Expenses	15		-	tions, postage, and shipping						1	15		496		
	16	0.1		(describe ► See statement							16		31539		
	17	•	•			jh 16	,			<del></del>	— <u>′</u>	17		154294	
	40					act line 17 fror				<del></del> .		18		8002	
ets	19												-		
SS	"		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)						19		267466				
Net Assets	20								20						
ž	21		Net assets or fund balances at end of year. Combine lines 18 through 20							21		275468			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in									ad of						
	(See the instructions for Part II.)  (A) Beginning									(B) End of year					
2	2	Cash, savinos	· · · · · · · · · · · · · · · · · · ·							2387	22	12178			
2		Land and build									352583			360494	
2		Other assets (	_							)	3	34400	24	35512	
2												9370	_	408184	
	T-a-1 N-1-Nation /d-a-sub a N Constatement						13	31904	26	132716					
· · · · · · · · · · · · · · · · · · ·								7466	27	275468					

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

Form 990-EZ (2009)

Cat No 10642I

Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses			
What	is the organization's primary exempt purpose?	See statement		(Required for section					
Desc	ribe what was achieved in carrying out the org	ganization's exempt purpos		501(c)(3) and 501(c)(4) organizations and section					
manr	describe the convergence provided the number of namena banefited, and other relevant information for								
each program title.									
28	Course expenditures made to enhance the enjoyme	nt of its members and the gen	eral public.						
	,								
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	▶ 🗆	28a	145566			
29						<u> </u>			
		includes foreign grants, che			29a				
30	Januaria Time amount								
00	1								
	••••••••••••								
	(Grants \$ ) If this amount	includes foreign grants, che	ack hore	▶ □	30a				
24	Other program services (attach schedule)				000				
31		includes foreign grants, che			31a				
32	Total program service expenses (add lines 28a				32	145566			
Par									
	2.50.00.00.00,	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances			
Mart	y Gjerde	govered to position	<u> </u>						
	ten, MN	Course Manager, 40	38977		0	0			
	Ryan	<del></del>	50077	-		<u>_</u>			
	ten, MN	President	o		0	0			
	Gossen					<u>_</u>			
	ten, MN	Vice President	o		0	0			
	hieschafer	<del> </del>							
	London, MN	Treasurer	0		0	0			
	"Butch" Dean			<del>- ,</del>					
		Secretary	0		0	0			
	n DeRoo		ļ <del>-</del>						
	rade, MN	Board Member	o	"	0	0			
	h Hagen	<del>                                     </del>			Ť				
	ten, MN	Board Member	0		0	0			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		<u>✓</u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			ļ
а	Initiation fees and capital contributions included on line 9			i
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 ▶			!
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	40b		<b>✓</b>
c d	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			
e	reimbursed by the organization			1
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed.   Minnesota  The appropriation is the basic and the copy of this return is filed.   The appropriation is the basic and the copy of this return is filed.	20.00	E 007	<del></del>
42a	The organization o books are in our of a		6-267	
L	Located at ► Brooten, MN ZIP + 4 ►	500	316	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No
	·	420		
	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: ▶	42c	l	<b>✓</b>
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			
	·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<b>✓</b>
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	45	-	

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 401(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.  By an accomplete the tables for lines 50 and 51.  By an accomplete the tables for lines 50 and 51.  Vas No and complete the tables for lines 50 and 51.  Vas No and complete the tables for lines 50 and 51.  Vas No and complete the tables for lines 50 and 51.  By an accomplete Schedule C. Part I.  By the organization as cando as described in section 1700(1/A)(i)? If "Yes," complete Schedule E.  By the organization as cando as described in section 1700(1/A)(i)? If "Yes," complete Schedule E.  By the organization as cando as secretary in the organization?  By the organization as cando S2? organization?  By the second secretary in the organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, furusties and key employees) who each received more than 510,000 of completes the table for the organization is account in the organization. If there is none, enter "None."  (a) Name and address of each employees paid over \$100,000 .  (b) Name and address of each employees paid over \$100,000 .  (c) Name and address of each employees paid over \$100,000 .  (d) Name and address of each employees paid over \$100,000 .  (e) Name and address of each mapping the organization. If there is none, enter "None."  (f) Ormpension  (g) Name and address of each independent contractors each receiving over \$100,000 .  (g) Name and address of each mapping the developed part of the part of the part of the best of my knowledge and belief, it is thus, correctly spit origination. If there is none, enter "None."  (g) Name and address of sech independent contractors each receiving over \$100,000 .  Under penalties of penulty, I decise that I have examined the rutum, including accompanying schedules and statements, and to the best of my knowle	• Form 990	EZ (2009)							Р	age 4			
candidates for public office? If "Yes," complete Schedule C, Part II 46   47   48   18   49   47   48   18   49   49   49   49   49   49   49   4	Part \	501(c)(3) organizations	s and section 4947	7(a)(1) nonexemp	nonexen t charitabl	n <b>pt charita</b> le trusts mi	able trusts only. A ust answer question	II sec ons 46	tion ⊢49t	)			
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   48   15 the organization a school as described in section 170(b)(1)/A(i)(r) If "Yes," complete Schedule E   48   49   24   49   24   49   24   49   24   49   24   49   24   24						n behalf of	or in opposition to		Yes	No			
18 Is the organization a school as described in section 170(b)(1)(b)(1)/6) If Yes," complete Schedule E		•	•					<del></del>					
Did the organization make any transfers to an exempt non-chartable related organization?  By B   H*Yes, "was the related organization as section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, under None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractors who seems than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of organization from the organization. If there is none, enter "None."  (b) Type of service (d) Compensation from the organization from the organization. If there is none, enter "None."  (a) Name and address of each independent contractors are none, enter "None."  (b) Type of service (d) Compensation from the organization from the organization of the properties and the properties of the properties of the properties of the best of my knowledge and belef, it is not, correct, springly complete than officially and best of the best of my knowledge and belef, it is not, correct, springly complete bediensten digrapaser (where the information of which peptier has any incolledge and belef, it is not, correct, springly complete bediensten digrapaser (where the information of which peptier has a springly peptier from the organization of the peptier has a springly peptier from the organization of the peptier has a springly peptier from the organization of the peptier has a springly personal p				·				<del></del>					
b If "Yas," was the related organization a section 527 organization?  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."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Title and sweepe (b) Compensation delered compensation of the property of the position		•						1					
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(a) Name and address of each employee paid more hours per week devoted to position   (c) Compensation   (d) Compensation   (e) Expense account and otherwise health plants   (e) Expense account and devoted to position   (e) Expense and address of each molecular position   (e) Expense account and devoted to position   (e) Expense account and the account an	50	Complete this table for the organization's five highest compensated employees (other than officers, dire											
\$100,000 of compensation from 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		a) Name and address of each employ		(b) Title and avera hours per week	ge (c)		n (d) Contributions to employee benefit plans 8	(e)	Expen	se ind			
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\$100,000 of compensation from 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													
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    Sign		100,000 of compensation from	om the organization	. If there is none, e	nter "None	."	···						
Paid Preparer's Signature of offider		Under penalties of periury. I de	clare that I have examined	d this return, including a	ccompanying	schedules and	statements, and to the be	st of my any kno	knowl	edge			
Paid signature   Self-employed ► □    Preparer's Use Only   Self-employed   S	Here	Course Manager											
Use Only   Firm s name (or your st self-employed), address, and ZiP + 4   Phone no   May the IRS discuss this return with the preparer shown above? See instructions		signature	·		Date	[ self-	Preparer's identifying nu	mber (Se	e instruc	tions)			
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No	•	yours if self-employed),				-							
	May th		the preparer shown	above? See instru	ctions .		▶ [						

# Community Golf, Inc. Supplement to Form 990-EZ 41-1695396

Part I - Expenses	2009				
Other Expenses					
Advertising	1,465				
Course Dues/Permits	986				
Supplies	4,523				
Fertilizer/Chemicals	3,200				
Cart/Club Rentals	13,037				
Miscellaneous Expense	8,328				
To Part I, line 16	31,539				
Part II - Balance Sheet	2009	2008			
Other Assets					
Inventory	3,869	2,757			
Capitalized First Year Costs	31,643	31,643			
To Part II, line 24	35,512	34,400			
Total Liabilities					
Mortgage Payable	125,963	127,846			
Sales Tax	74	99			
Prepaid Memberships	6,520	3,902			
Gift Certificates Payable	159	57			
To Part II, line 26	132,716	131,904			
·		<del>=</del>			

## Part III - Primary Exempt Purpose

Golf services to enhance the enjoyment of its members and the general public.