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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2009

Department of the Treasury

Inter	nai Revei	nue Service	<u> </u>	► The organ	ization	may have to us	e a copy	of this return to s	satisty state repo	rung requi	rements	O	en to i abno mapeca	Oil
	For the	e 2009 calendar	year, c	or tax year b	egin	ning		, 20	009, and endi	ng		_		
В	Check if	applicable		С							D Empl	oyer ider	ntification Number	
Address change Name change Nam											-275	4798		
	Nan	ne change o	r print	3030 LB	J F	REEWAY #	400							_
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	\vdash	Ir	pecific struc-								- 21	3 23.	J 0171	—
	\vdash	1	tions.										C00 F2C	
	H	ended return	l							1	G Gross			
	App	,		nd address of p		l officer ER.	IC A	FFELDT		1	his a group ret			
				S C ABO	VE						all affiliates in lo,' attach a lis			No
<u> </u>	Tax-	exempt status	X 501	(c) (3	_)◀	(insert no)	L_	4947(a)(1) or	r <u></u> 527]		•	•	
J	Web	site: ► N/A								H(c) Gro	up exemption	number	-	
K	Form o	of organization X	Corpora	tion Trust		Association	Other	-	L Year of Forma	ation 19	98 M	State of	legal domicile TX	
Pa	rt I	Summary	,			-								_
	1 E	Briefly describe	the org	anization's	mıssı	on or most s	ignifica	ant activities	PROVIDE	GRAN'	rs to c	HARI	TABLE	_
an l		<u>ORGANIZATI</u>										-=-		_
Ľ	_													_
rna	_			_				· -						_
2 Check this box If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total gross unrelated business revenue from Part VIII, column (C), line 12												ds	_	
Ğ		Number of voting										3	Ĭ	4
စ		Number of indep							line 1b).			4		0
iţi.	5 7	Total number of	employ	ees (Part V	, line	e 2a)						5		0
Ę	6 7	Total number of	volunte	eers (estima	ite if	necessary)						6		0
ď	7a 1	Total gross unre	lated b	usiness reve	enue	from Part VI	II, colu	ımn (C), lıne 1	12			7 a).
	b۱	Net unrelated bu	ısıness	taxable inco	ome	from Form 99	90-T, I	ine 34				7 b	0).
											Prior Yea	r	Current Year	
	8 (Contributions an	d grant	s (Part VIII,	line	1h)					963,		608,526	<u>.</u>
흩		argeram service												_
238 Revenu	104	nvestment lace	ne (Pa	t VIII, colur	nn (A	A), lines 3, 4,	and 7	'd)						_
Tage	11 (Other revenue (F									220,	691.		
18	ה, 12	Total revenue A), line 12)		1,184,		608,526	<u>.</u>
- }	13 ^ਦ	Grants and simil									742,	988.	509,175	
W		Benefits paidite:	3 1-2-								<u> </u>			
1		alanes other							nes 5-10)		-		<u> </u>	
S		Professional fun	- ~ ~ ~===	£.										—
Expenses				•		• •		•	06 150					\neg
ᄶ	1	Total fundraising							86,150.	-			* 4	
_	i e	Other expenses									257,		98,359	
	18 ⊺	Total expenses.	Add Iin	es 13-17 (n	nust (equal Part IX	, colur	nn (A), line 25	5)		1,000,	800.	607,534	<u>l.</u>
	19 F	Revenue less ex	penses	Subtract li	ne 1	8 from line 1	2				183,	570.	992	2.
90										Be	ginning of	Year	End of Year	
Net Assets or Fund Balancos	20 7	Total assets (Pa	rt X. lır	ne 16)							304,		483,610)
88		Total liabilities (•	•							303,		482,133	
N S	}	Net assets or fu		-	oot lu	no 21 from li	20.20					485.	1,477	
H	22 N	Signature			act II	116 71 11011111	116 20					1 0J.	1,4//	÷
<u> </u>	1111													—
		Under penalties of true, correct, and	perjury 1	declare that I h Declaration of p	ave ex prepare	amined this returer (other than offi	rn, includ cer) is ba	ling accompanying ased on all informa	schedules and station of which prep	itements, a arer has a	and to the best iny knowledge	of my kr	nowledge and belief, it is	
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Sig					<u>_</u>			· · · · · · · · · · · · · · · · · · ·			0/2	0/		
He	re	Signature of or	fficer		1/		11	<u>-</u>			Date			
		> Jtva	rt.	1/1/5~	10		lane	an & _)inentur	al.	Tax			
		Type or print r	name and	title '										
									Date		Check rf	F	Preparer's identifying number see instructions)	-
Pai	id	Brancrar's	^	_							self- employed	- □□	, , , , , , , , , , , , , , , , , , , ,	
Pre		Preparer's signature	6.0	.	7			-	16-22-	-10		_ I	200022043	
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		RS discuss this r											X Yes No	
BA	A Forl	Privacy Act and	Paper	work Reduc	tion	ACT NOTICE, S	see the	separate inst	tructions.		TEE,A011	3 L 12/2	9/99 - Form 990 (2 00	<i>)</i> 9)

Forn	1990 (2009) CLUBCORP CHARITIES, INC.	75-27	<u>54798</u>		Page 2
Pai	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission. PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS				
•		- 			
2	Did the organization undertake any significant program services during the year which were not listed on	the prior			
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O		Ye	s X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Y	es X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expense allocations	es. Sections to others	n 501(c)(3) tal
4 a	(Code) (Expenses \$ 509,175. including grants of \$) (F ALLOWS CLUBCORP CLUBS AND SOCIETIES TO RAISE FUNDS AND DONATE TO CHOICE.			THEIR)
		- -	. – – –		
		. 			
4 b	(Code	Revenue \$	>)
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		·	· -		
40	: (Code. 🖟 👻) (Expenses \$ including grants of \$) (F	Revenue \$		•	
			- -		- -
		. 			
		. – – – –			-
		. 			
		. -	_ _	 -	
					
	Other program services (Describe in Schedule O)	 			
~0	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 509, 175.				

	·		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		х
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part Y	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable.	11		Х
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	**		,
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	**	;\$	~
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	,	Ÿ,	14
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	. 3		
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Y		~	
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	·	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b	Is the organization 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	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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		X
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		Χ_
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule Q	38		X
DAA			000	CONNCY

BAA

Page 5

aı	LV	Statements regarding other into runings and tax compliance				
	_		l I F		Yes	No
1 a	Enter th Informa	e number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. tion Returns. Enter -0- if not applicable	1a 0		,	
b	Enter th	e number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the (gambling)	organization comply with backup withholding rules for reportable payments to vendong) winnings to prize winners?	rs and reportable gaming	1 c		
2 a	Enter the calendar v	number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the ear ending with or within the year covered by this return	2a 0			
2b	•	st one is reported on line 2a, did the organization file all required federal employmen	nt tax returns?	2b		
	Note. If	the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	urn (see instructions)			
3 a	Did the this retu	organization have unrelated business gross income of \$1,000 or more during the yearn?	ar covered by	3a	<u> </u>	х
b	If 'Yes' I	has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3b		
4 a	At any t financia	ime during the calendar year, did the organization have an interest in, or a signature I account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х
b		enter the name of the foreign country ▶		<u>\$</u> .	3.	
	See the Financia	instructions for exceptions and filing requirements for Form TD F 90-22 ${ m 1}$, Report of all Accounts	Foreign Bank and	3		~
		organization a party to a prohibited tax shelter transaction at any time during the ta	· ·	5 a		X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b	\sqcup	_X
c	If 'Yes,' Tax She	to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er liter Transaction?	ntity Regarding Prohibited	5 c		
6a	Does the	e organization have annual gross receipts that are normally greater than \$100,000, any contributions that were not tax deductible?	and did the organization	6a		Х
b	If 'Yes,' deductib	did the organization include with every solicitation an express statement that such cole?	ontributions or gifts were not	6b		
7	Organiz	ations that may receive deductible contributions under section 170(c).		,		
а	Did the provided	organization receive a payment in excess of \$75 made partly as a contribution and p d to the payor?	partly for goods and services	7a		X
b	If 'Yes,'	did the organization notify the donor of the value of the goods or services provided?	·	7b		
c	Did the Form 82	organization sell, exchange, or otherwise dispose of tangible personal property for w 82?	hich it was required to file	7c		х
		indicate the number of Forms 8282 filed during the year	7d		ļ	ļ
е	Did the benefit	organization, during the year, receive any funds, directly or indirectly, to pay premiul contract?	ms on a personal	7e		Х
f	Did the	organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		Х
g	For all o	contributions of qualified intellectual property, did the organization file Form 8899 as	required?	7g		
		tributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h		
8	Sponso	ring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, b	ng organizations. Did the			
	holdings	s at any time during the year?	iavo execco paemieco	8	 	X
	-	ring organizations maintaining donor advised funds.				
		organization make any taxable distributions under section 4966?		9a		
b	Did the	organization make any distribution to a donor, donor advisor, or related person?		9b	 	
		501(c)(7) organizations. Enter	1 1			1
		n fees and capital contributions included on Part VIII, line 12	10a			
		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
		501(c)(12) organizations. Enter	امدا			
		ncome from other members or shareholders	11a			
	amount	ncome from other sources (Do not net amounts due or paid to other sources against s due or received from them.)	[116]	10.		
		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	L	<u> </u>
b	it 'Yes,'	enter the amount of tax-exempt interest received or accrued during the year	12b			

Form 990 (2009) BAA

Section A.

Governing Body and Management

Yes No

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a	Enter the number of voting members of the governing body	1a 4					
ł	Enter the number of voting members that are independent	1 b]				
2	Did any officer, director, trustee, or key employee have a family relationship or a business ruofficer, director, trustee or key employee?	elationship with any other	2		X		
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company.	under the direct supervision					
	Did the organization make any significant changes to its organizational documents	on	3		$\frac{X}{X}$		
	since the prior Form 990 was filed?		-				
5	Did the organization become aware during the year of a material diversion of the organization	nn's assets?	5		Х		
6	Does the organization have members or stockholders?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		X		
	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the					
t	and governing body? Are any decisions of the governing body subject to approval by members, stockholders, or c	ther persons?	7a 7b		$\frac{X}{X}$		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by							
	the following						
	The governing body?		8a		<u>X</u> _		
	Each committee with authority to act on behalf of the governing body?		8b		X		
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		X		
-	tion B. Policies (This Section B requests information about policies not	required by the Internal	'				
Reve	nue Code)	······································		Vaa			
10-	Does the organization have local chapters, branches, or affiliates?		10a	Yes	No X		
	· · · · · · · · · · · · · · · · · · ·		jua				
t	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b				
	Has the organization provided a copy of this Form 990 to all members of its governing body	•	11	i	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 99	SEE SCHEDULE O	***				
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>		
t	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b				
c	Does the organization regularly and consistently monitor and enforce compliance with the poschedule O how this is done	olicy? If 'Yes,' describe in	12 c				
	Does the organization have a written whistleblower policy?		13		X		
14	Does the organization have a written document retention and destruction policy?		14		X		
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?					
а	The organization's CEO, Executive Director, or top management official		15a		X		
	Other officers of key employees of the organization		15 b		X		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)						
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X		
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation					
	status with respect to such arrangements?	i die organization's exempt	16b				
Sec	tion C. Disclosures						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) a	va ılabl	e for p	oublic		
Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public	ments, conflict of interest pol	ıcy, ar	nd fina	ncıal		
	State the name, physical address, and telephone number of the person who possesses the CLUBCORP FINANCIAL MGMT 3030 LBJ FREEWAY, STE 400 DALLAS						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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 organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average hours		Position (check all tha			hat app		Reportable	Reportable	Estimated		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
						ed						
ERIC AFFELDT												
PRESIDENT	1			Х				0.	0.	0.		
CURT MCCLELLAN									i			
TREASURER	1			X				0.	0.	0.		
INGRID KEISER												
SECRETARY	1			Х		_		0.	0.	0.		
DAVID_WOODYARD												
VICE PRESIDENT	1			Х				0.	0.	0.		
		•										
										 -		
			-									
	<u>-</u>											
					-			*		 		

Part VII Section A. Officers, Directors, Trust	tees, K	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Emp	loyee	s (cont.)
· (A)				(6				(D)	(E)		(F)
				check				Reportable compensation from	Reportable compensation from		stimated unt of other
	hours per week	or di	Institutional trustee	Officer	Key	Highest con	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	corr	pensation om the
		idual recto	ution	<u> </u>	뺼	est c	Ē	,	,	ar	anization id related
		trus	nal tri		employee	omp				org	anizations ,
		tee	ustee			mpensat				•	
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										<u> </u>	
1 b Total							>	0.	0.	<u> </u>	0.
2 Total number of individuals (including but not limite	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in report	able cor	npensation
from the organization 0											Yes No
										F	* NO
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust ndividua	ee, I il	key	emp	oloy	ee,	or h	ighest compensat	ed employee	3	X
4 For any individual listed on line 1a is the sum of re	nortable	cor	npe	nsat	lion	and	oth	er compensation	from		
the organization and related organizations greater to	han \$15	0,00	00,5	If 'Y	'es'	com	plet	e Schedule J for s	such	4	х
							1				
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule J	atioi <i>I for</i>	n iro suc	om a ch pe	any erso	unre <i>n</i>	elate	ed organization to	r services	5	X
Section B. Independent Contractors	·						-				
Complete this table for your five highest compensation from the organization.	ed inde	pend	dent	cor	itra	ctors	tha	it received more t	han \$100,000 of		
(A) Name and business addres	s							Description (B)) of Services	Compe	C) nsation
That the drie business duties										<u> </u>	<u> </u>
								<u> </u>	-, <u>-</u>		
2 Total number of independent contractors (including	_	limi	ted	to th	1056	e list	ed a	above) who receiv	ed more than		

Page 9

Pai	it viii Statement of Revenue		(4)	(B)	(C)	(D)
			(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<u>د. بر</u>	1a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
£.5€	c Fundraising events 1c	608,526.				
FT S	d Related organizations 1d					
2 2	e Government grants (contributions) 1e					
NO S						
돌발	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
E 2	q Noncash contribus included in los 1a-1f. \$		ļ			
SE	h Total. Add lines 1a-1f	>	608,526.			
		ısiness Code	300,0201			
B	2a					
Ğ	b					
E E	l l					
8	d					
י צ						
A N	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	>				`*;
	3 Investment income (including dividends, inte	rest and				
	other similar amounts)	► Its tand				
	4 Income from investment of tax-exempt bond	proceeds				
	5 Royalties	▶[
	(i) Real	(II) Personal				
	6a Gross Rents		٠,	ě		<u> </u>
- 1	b Less rental expenses.			ŕ		,
	c Rental income or (loss)				and the state of t	
	d Net rental income or (loss)	•				
	7a Gross amount from sales of (i) Securities	(II) Other	, **	, ,		, n
	assets other than inventory		ŕ			
	b Less cost or other basis					
	and sales expenses			. "		,
	c Gain or (loss)					
	d Net gain or (loss)	-				
ш	8a Gross income from fundraising events (not including \$,	8		
ENUE						
Ĕ	of contributions reported on line 1c)					,
2	See Part IV, line 18.					ĺ
OTHER REVEN	b Less direct expenses b	. •				
_	c Net income or (loss) from fundraising event	s				
	9a Gross income from gaming activities.					×
	See Part IV, line 19 a					·
	b Less direct expenses b					ļ
	c Net income or (loss) from gaming activities	<u></u>				
	10a Gross sales of inventory, less returns and allowances.					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					ļ
		usiness Code				1
	11a	-			·	
	L .					
	6					<u> </u>
	d All other revenue					<u> </u>
	e Total. Add lines 11a-11d	>				<u> </u>
	12 Total revenue. See instructions .	>	608,526.	0.	0.	0.
	114 I Utal levellue, Dee Halluctions .	•	1. 330, 320.		0.	<u> </u>

Statement of Functional Expenses

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

	 All other organizations must comp 	olete column (A) but are	not required to comple	ete columns (B), (C), and	(D)
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	509,175.	509,175.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		-		
a	Management				
	Legal	10,000.		10,000.	
	Accounting	····			
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees.				
			 -	-	
•	Other				
	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	86,150.			86,150.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		•	, <u>,</u>	
ä	OTHER TAXES	1,934.		1,934.	
	FILING FEES	275.		275.	
	;				
_	` 				
9	' -			 	
	All other expenses	CO7 534	500 175	12 200	06 150
	Total functional expenses. Add lines 1 through 24f	607,534.	509,175.	12,209.	86,150.
26	Joint costs. Check here ►				
BAA					Form 990 (2009)

75-2754798 Page 11 CLUBCORP CHARITIES, INC. Part X **Balance Sheet** (B) End of year (A) Beginning of year 165,458. 6,876. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 318,152. 297,469. 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use. 9 9 Prepaid expenses and deferred charges. 10 a 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10b 10 c **b** Less: accumulated depreciation 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 483,610. 304,345 Total assets Add lines 1 through 15 (must equal line 34) 16 16 482,133. 301,860. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 2,000 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D 25 303,860 26 482,133. 26 Total liabilities. Add lines 17 through 25

X and complete lines

27 through 29 and lines 33 and 34. 27 Unrestricted net assets. Temporarily restricted net assets 29 Permanently restricted net assets Q R and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds.

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds.

Organizations that follow SFAS 117, check here

Total net assets or fund balances

Total liabilities and net assets/fund balances

29 30 31 32 485. 33 1,477.

34

27

28

485

304,345.

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31

32

33

34

483,610. Form 990 (2009)

1,477.

Par	XI Financial Statements and Reporting		_	
		•	Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔃 X Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	_2b	X	
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis		l	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dıt 3b		

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		e organization							Employe	r identifica	tion number				
CLU	BC	ORP CHARITIES								754798					
Par	t I	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See i	nstruct	ions				
he o	orga	nization is not a priv	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)							
1		A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)							
2		A school described	in section 170(b)(1)(a	A)(ii). (Attach Schedule 8	Ξ)										
3	\Box	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's													
4															
		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(bX1XAXiv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(bX1XAXv).													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.)														
7															
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 org	ganized and operated	exclusively to test for pu	iblic safe	ety. See	section	509(a)	(4).						
11		more publicly supp	orted organizations d	exclusively for the beneficescribed in section 509(a)(1) or	section	509(a)(2	ctions o	of, or ca section	rry out ti 509(a)(3	he purposes of one Check the box t	or hat			
		a Type !	b Type II	zation and complete lines $\mathbf{c} \Box Type III$		-		ad		a 🗀	Type III – Other				
_				٠٠ ليا		•	•		or more	ادریوی	= :	_			
е		than foundation ma 509(a)(2)	anagers and other tha	ganization is not controll n one or more publicly si	upported	d organi	zations	describe	ed in se	ction 509	nied persons other ∂(a)(1) or section				
f		If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,				
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	oution fro	om any	of the fo	ollowing	persons	(
						.,					Yes	No_			
		(i) a person who below, the go	verning body of the s	controls, either alone or t upported organization?	together	with pe	rsons a	escribe	וו) חו כ	and (III)	11 g (i)				
		=	ber of a person desc	• •							11 g (ii)				
			·	described in (i) or (ii) al	hove?						11 g (iii)				
h		• •	•	the supported organization											
) Name of Supported	(ii) EIN	(iii) Type of organization	r	s the	(v) Did y	ou notify	(vi)	s the	(vii) Amount of Suppo				
		Organization	(*, 2	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	ion in col d in your rrning ment?	the organ	ization in	organizat		(,				
					Yes	No	Yes	No	Yes	No					
							<u></u>								
	-														
	•				ļ	 -			 			—			
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

		CHARITIES,	<u> </u>		75-27	<u> </u>	8 Page 2
rt II Support Schedule for	Organization	s Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	ed the box on lin	e 5, 7, or 8 of Part	1)				
tion A. Public Support							
ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')							
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
Total. Add lines 1-through 3							
The portion of total contributions by each person (other than a governmental unit or publicly supported or line 1		, §9	. **	4.			
that exceeds 2% of the amount shown on line 11, column (f)	```.	*	è			,	
Public support. Subtract line 5 from line 4	\$5 /	**	•	*		1	
tion B. Total Support			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·			
ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
Amounts from line 4					_		
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
Net income from unrelated business activities, whether or not the business is regularly carried on.							
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
Total support. Add lines 7 through 10	* -	١		٠.	ŧ		
Gross receipts from related activ	ities, etc (see in	structions)				12	
organization, check this box and	stop here		d, third, fourth, c	or fifth tax year as	a section !	501(c)	(3) ▶ □
· · · · ·	•	•	e 11, column (f)			14	<u>%</u>
Public support percentage from 2	2008 Schedule A	, Part II, line 14				15	
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 — 2008. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box oblicly supported or	on line 13, or 16a ganization .	, and line 15 is 33	3-1/3% or m	nore, c	theck this box
or more, and if the organization	meets the 'facts-	and-circumstances	test, check this	box and stop her	e. Explaın ı	n Part	IV how
or more, and if the organization	meets the 'facts-	and-circumstances	test, check this	box and stop her	e. Explain i	n Part	15 is 10% IV how the ►
•		-	•	, or 17b, check th	is box and	see in	
	(Complete only if you checketion A. Public Support Indar year (or fiscal year Ining in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related actives five years. If the Form 990 organization, check this box and ton C. Computation of Pull Public support percentage for 20 Public support test — 2009. If the and stop here. The organization organization meets the 'facts-and-organization mee	(Complete only if you checked the box on linition A. Public Support Indar year (or fiscal year nining in) — Gifts, grants, contributions and membership fees received. (Do not include unusual grants.) Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Total. Add lines 1-through 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. Trong in the firm of the firm of the business is regularly carried on securities loans, rents, royalties and income form similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. Add lines 7. Through 10. Gross receipts from related activities, etc. (see in First five years. If the Form 990 is for the organization, check this box and stop here. The organization of Public Support IP Public support percentage for 2009 (line 6, colum Public support percentage from 2008 Schedule A 133-1/3 support test — 2009. If the organization did and stop here. The organization qualifies as a puint of the organization qualifies as a puint of the organization mates the facts the organization meets the facts and circumstances the facts and circumstances. Private foundation. If the organization did not chemical and stop here. The organization mates the facts and circumstances. Private foundation. If the organization did not chemical and stop here. The organization did not chemical and stop here. The organization meets the facts and circumstances.	(Complete only if you checked the box on line 5, 7, or 8 of Parittion A. Public Support madar year (or fiscal year nning in)	(Complete only if you checked the box on line 5, 7, or 8 of Part I) ition A. Public Support indar year (or fiscal year ining in) P Giffs, grants, contributions and membership fees received. (Do on include unusual grants) Tax revenues leved for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities furnished to the public without charge Total, Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line it that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support andar year (or fiscal year inding in) P Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Total support percentage for 2009 (line 6, column (f) divided by line 11, column (f) Public support percentage from 2008 Schedule A, Part II, line 14 33-1/3 support test – 2008. If the organization did not check the box on line 13, or 16a and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2008 If the organization did not check a box on line 13, or 16a and stop here. The organization meets the "facts-and-circumstances' test. theo organization 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, or 16a and stop here. The organization meets the "facts-and-circumstances' tes	(Complete only if you checked the box on line 5, 7, or 8 of Part I) tition A. Public Support and aryear (or fiscal year anning in) * (a) 2005 (b) 2006 (c) 2007 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (d) 2008 (e) 2007 (d) 2008 (d) 2008 (e) 2007 (d) 2008 (e) 2007 (f) 2008 (f) 2008 (g) 2009 (g) 2008 (g) 2007 (g) 2008 (g) 2008 (g) 2007 (g) 2008 (g) 2008 (g) 2007 (g) 2008 (g) 2008 (g) 2007 (g) 2008 (g) 2008 (g) 2007 (g) 2008 (g) 2008 (g) 2008 (g) 2008 (g) 2009 (g) 2008 (g)	(complete only if you checked the box on line 5, 7, or 8 of Part I) tition A. Public Support ndar year (or fiscal year ming in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 200 (b) 2006 (c) 2007 (d) 2008 (e) 200 (c) 2007 (d) 2008 (e) 200 (e) 200 (f) 2008 (e) 200 (g) 2008 (e) 200	Arounds from Ince 4 Gross income from interest, duridends, payments received on one of the business activities, whether or incertifications in received on the organization's bines in regular to one of the support of the support of the organization's bines in regular to one of the patients of the pati

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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)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal yr 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 'unusual grants ')	477,348.	196,580.	197,220.	963,679.		1,834,827.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose. Gross receipts from activities that are not an unrelated trade or business						0.
4	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	477,348.	196,580.	197,220.	963,679.	0.	1,834,827.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line		*,	,	*	*	
	7c from line 6)	, -	, s	¥ ,	, ·	³ _% ′ .	1,834,827.
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	477,348.	196,580.	197,220.	963,679.	0.	1,834,827.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-	0.
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12							_
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	gain or loss from the sale of capital assets (Explain in						0. 1,834,827.
14	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)	1,834,827.
14 Sec	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	ercentage	·	r fifth tax year as		1,834,827. (3) ► X
14 Sec 15	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support Po 109 (line 8, column	ercentage (f) divided by line	·	r fifth tax year as	15	1,834,827. (3) ► [X]
14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	stop here blic Support Po 109 (line 8, column 2008 Schedule A,	ercentage i (f) divided by line Part III, line 15	·	r fifth tax year as		1,834,827. (3) ► X
14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Inv	stop here blic Support Po 109 (line 8, column 12008 Schedule A, 12stment Incon	ercentage i (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15	1,834,827. (3) ► [X] % %
14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	stop here blic Support Po 109 (line 8, column 12008 Schedule A, 12stment Incon	ercentage i (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15 . 16	1,834,827. (3) ► [X] % %
14 Sec 15 16 Sec 17 18	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f	stop here blic Support Po 109 (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c, rom 2008 Schedul	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line	by line 13, column	nn (f))	15 . 16	1,834,827. (3) ► [X] % % %
14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f 133-1/3 support tests – 2009. If the organization of the more than 33-1/3%, check this be	stop here blic Support Po 109 (line 8, column 2008 Schedule A, estment Incon or 2009 (line 10c, rom 2008 Schedul organization did not oox and stop here.	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line check the box on lin The organization	by line 13, column (f)) I by line 13, column To the 14, and line 15 is qualifies as a pub	nn (f)) s more than 33-1/3 blicly supported o	15 . 16 . 17 . 18	1,834,827. (3) ► [X] % % % ot ► []
14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv Investment income percentage f Investment income percentage f	stop here blic Support Po 109 (line 8, column 2008 Schedule A, restment Incon or 2009 (line 10c, rom 2008 Schedul organization did not nox and stop here. the organization did this box and stop	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line check the box on ling The organization d not check a box o here. The organi	by line 13, column (f)) I by line 13, column 17 ne 14, and line 15 is qualifies as a put on line 14 or 19a zation qualifies as	nn (f)) s more than 33-1/3 blicly supported o , and line 16 is n s a publicly support	15 . 16 . 17 . 18 . 17 . 18 . 17 . 18 . 17 . 18 . 17 . 18 . 18	1,834,827. (3) ► [X] % % % ot

Schedule A	(Form	990 or	990-EZ	2009	CLUE	CORP	CHAF	RITIES,	INC.			75-27	54798		Page 4
Part IV	Supp	lemer	ital In	format	ion. C	omple	te this	part to	provide	e the expland other addit	iations re	quired by	Part II,	line 10	0;
	. Part	II, line	1/a (or 1/b;	and P	art III,	line	12. Prov	ide any	other addit	ional into	rmation.	See inst	ructio	ns.
•															
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TEEA0404L 02/05/10

BAA

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection
Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

CLU	JBCORP CHARITIES, INC.			
				75-2754798
Pa	the organizations Maintaining Donoi	Advised Funds or Other Simi Form 990, Part IV, line 6.	ilar Funds or Acco	ounts Complete if
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	he benefit of the donor or donor advis	grant funds may be sor or for any other	☐Yes ☐ No
Pái	rt II Conservation Easements Comple	te if the organization answered	d 'Yes' to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply	y)	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Prese	ervation of an historica	ally important land area
	Protection of natural habitat	Prese	ervation of certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contri	ibution in the form of a	a conservation easement on the
				Held at the End of the Year
ā	a Total number of conservation easements		2a	
t	Total acreage restricted by conservation easer	ments	2b	
(Number of conservation easements on a certif	ied historic structure included in (a)	2c	
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2 d	
3	Number of conservation easements modified,	transferred, released, extinguished, o	r terminated by the org	ganization during the tax
	year >			
4	Number of states where property subject to co			
5	Does the organization have a written policy reand enforcement of the conservation easement	it it holds?		ations, Yes No
	Staff and volunteer hours devoted to monitoring the year -			
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation	easements \$	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue to the organization's financial stateme	and expense statement, ints that describes the	and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treaso wered 'Yes' to Form 990, Part	ures, or Other Sim IV, line 8.	nilar Assets
1 8	alf the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	ic exhibition, education, or research ii	ue statement and balar n furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
ł	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its revenue stail is exhibition, education, or research in	tatement and balance n furtherance of public	service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other simila 116 relating to these items.	r assets for financial g	ain, provide the following
ä	a Revenues included in Form 990, Part VIII, line	1		►\$
ı	b Assets included in Form 990, Part X		•	►\$ ►\$

Schedule D (Form 990) 2009 CLUB					15-215		Page 2
Part III Organizations Mainta	ining Collection	is of Art, Histo	rical Treasure	es, or O	ther Similar Ass	ets (continu	ıed)
3 Using the organization's acquisit items (check all that apply):	ion accession and c	ther records, che	ck any of the follo	wing tha	t are a significant us	e of its collect	ion
a Public exhibition		d Loan	or exchange prog	rams			
b Scholarly research		e Other					
c Preservation for future gener	rations						
4 Provide a description of the organ Part XIV	inization's collection	s and explain hov	v they further the	organiza	ition's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds in	rather than to be ma	aintained as part o	of the organizatio	n's collec	ction?	Yes	No_
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 99	Complete if o D, Part X, line	rganization ar 21.	swered	l 'Yes' to Form 9	90, Part IV,	line
1a Is the organization an agent, true included on Form 990, Part X?	stee, custodian, or o	other intermediary	for contributions	or other	assets not	☐ Yes [No
b If 'Yes,' explain the arrangement						Amount	
c Beginning balance					1c	Amount	
d Additions during the year					1 d		
e Distributions during the year					1e	-	
f Ending balance					11		
2a Did the organization include an a	amount on Form 990). Part X. line 21?			L	Yes	No
b If 'Yes,' explain the arrangement in Part XIV							
Part V Endowment Funds Co		zation answere	ed 'Yes' to For	m 990.	Part IV. line 10.		
	(a) Current year	(b) Prior year		•	(d) Three years back	(e) Four year	rs back
1 a Beginning of year balance					***************************************	***	
b Contributions							
c Net Investment earnings, gains, and losses			. *	.)	\$	¥	
d Grants or scholarships				******			
 Other expenditures for facilities and programs 			¥	**}	4> 4/		
f Administrative expenses							
g End of year balance						Į. į	
2 Provide the estimated percentag	e of the year end b	alance held as					
a Board designated or quasi-endov	vment ►	%					
b Permanent endowment ►	%						
c Term endowment ►	%						
3a Are there endowment funds not organization by:	in the possession o	the organization	that are held and	l admınıs	tered for the	Yes	No
(i) unrelated organizations						3a(i)	
(ii) related organizations.						3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations listed	as required on So	chedule R?			3b	
4 Describe in Part XIV the intended	d uses of the organ	zation's endowme	ent funds				
Part VI Investments-Land, B	uildings, and E	<mark>quipment.</mark> See	Form 990, P	art X, lu	ne 10.		
Description of investment		st or other basis investment)	(b) Cost or oth basis (other)		(c) Accumulated Depreciation	(d) Book V	alue
1 a Land			<u>-</u>				
b Buildings				_			
c Leasehold improvements.							
d Equipment							
e Other							
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, c	column (B), line 1	0(c))	<u>. </u>		0.
BAA					Sched	lule D (Form 9	90) 2009

TEEA3302L 02/02/10

Schedule D (Form 990) 2009 CLUBCORP CHARITIES	S, INC.	75-2754798	Page
Part VII Investments-Other Securities See Fo	orm 990, Part X, lin	e 12. N/A	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	e
Financial derivatives			
Closely-held equity interests			
Other			
`			
Table (Oders (b) seed and Fare 200 Back and (Oders 10)			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12) Part VIII Investments—Program Related (See F	Form 000 Dort V I	12\ N/2	*
(a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	e
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X,	luno 15) N/A		
	line 15) N/A scription	(6)	Daale value
(a) De	scription	(b)	Book value
			
	7		
			
Total. (Column (b) must equal Form 990, Part X, col (B), In		<u>▶</u>	
Part X Other Liabilities (See Form 990, Part)			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		_	
		_	
		_	
		-	
	• -		
		-	
	- 	_	
		- 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	note to the organization!	's financial statements that reports the organi	ration's list-list
2	to the organization	a microsor statements that reports the organiz	auon a naunity,

Sched		(Form 990) 2009 CLUBCORP CHARITIES, INC.	75-2754798	8 Page 4
Part	ΧI	Reconciliation of Change in Net Assets from Form 990 to Financial St	atements	
1 .	Total·	revenue (Form 990, Part VIII,column (A), line 12)		608,526.
		expenses (Form 990, Part IX, column (A), line 25)		607,534.
		ss or (deficit) for the year. Subtract line 2 from line 1		992.
		nrealized gains (losses) on investments		
		ed services and use of facilities		
		tment expenses		
		period adjustments		
		(Describe in Part XIV)		·
		adjustments (net). Add lines 4 through 8		
		ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9		992.
		Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Return	
		revenue, gains, and other support per audited financial statements.	1	608,526.
		ints included on line 1 but not on Form 990, Part VIII, line 12:		
		1 1	*	
				
		· · · · · · · · · · · · · · · · · · ·		
		(Describe in Part XIV) . 2d		
		nes 2a through 2d	2e	COO 506
_		act line 2e from line 1	3	608,526.
		ints included on Form 990, Part VIII, line 12, but not on line 1		
		ments expenses not included on Form 990, Part VIII, line 7b		
		(Describe in Part XIV).		
		nes 4a and 4b	4c	500 506
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	608,526.
		Reconciliation of Expenses per Audited Financial Statements With Ex		
		expenses and losses per audited financial statements	1	607,534.
2 /	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:		
a l	Donat	ed services and use of facilities 2a	′	
b l	Prior y	year adjustments 2b		
C (Other	losses 2c		
d (Other	(Describe in Part XIV).		
e /	Add Iı	nes 2a through 2d	2e	
3	Subtra	act line 2e from line 1	3	607,534.
4 .	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:	, v	
		tments expenses not included on Form 990, Part VIII, line 7b		
b	Other	(Describe in Part XIV)		
C.	Add li	nes 4a and 4b	4c	
5	Total	expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	607,534.
Part	XIV	Supplemental Information		
ine 4;	lete the part nation	his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also co.	and 4; Part IV, lines 1b an omplete this part to provide	d 2b, Part V, e any additional

Schedule D (Form 990) 2009 CLUBCORP CHARITIES, INC.	15-2154198	Page 5
Schedule D (Form 990) 2009 CLUBCORP CHARITIES, INC. Part XIV Supplemental Information (continued)		
		_
		_
		_ _
	- 	
	- 	_

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number CLUBCORP CHARITIES INC. 75-2754798 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (or retained by) (vi) Amount paid to or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained by) of contributions? col (i) organization Yes No Total 0. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at orm 990-EZ, line 6	nswered 'Yes' to Fo Sa. List events with	orm 990, Part IV, II aross receipts area	ne 18, o ater than	r : \$5.00	00.
•		, oponed many , s, see	(a) Event #1	(b) Event #2	(c) Other Events	(d) To	al Even	nts
R			(event type)	(event type)	(total number)			
第62両<無辺	1	Gross receipts						
Ε	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
X P E	8	Entertainment						
EXPESSES	9	Other direct expenses						
3	10	Direct expense summary Add lines 4- th	nrough 9 in column (d)		•			
		Net income summary Combine lines 3, o			<u> </u>	<u> </u>		
Par	<u>t III</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pai	rt IV, line 19, or re	ported m	ore th	an
_			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tot	al gamı	nq
REVENUE				bingo/progressive bingo		l (Add col	(a) thro	ough
N U						-		
E	1	Gross revenue						
D X	2	Cash prizes						
D I R E S E S	3	Non-cash prizes						
T E S	4	Rent/facility costs						
	5	Other direct expenses .						
	Ť	от стол стронось	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)	-	•			
	8	Net gaming income summary Combine	ines 1, column (d) and	line 7	>		l.ma	
9	Ent	er the state(s) in which the organization o	nerates gamino activitie	es.			YES	NO
		ne organization licensed to operate gamin				9	а	
t	o if 'N	lo,' explain						
10 a	 a We	re any of the organization's gaming license	es revoked, suspended	or terminated during th	e tax year?	10	а	
		'es,' explain						
11		es the organization operate gaming activiti				11		<u> </u>
12	ls t	he organization a grantor, beneficiary or tr ninister charitable gaming? .	ustee of a trust or a me	ember of a partnership	or other entity formed t	0 12	-	ļ
	<u> </u>	g		 	Schedule G (Fo		000 F7	2000

Schedule G (Form 990 of 990-EZ) 2009 CLUBCORP CHARIITES, INC.	15-21541	90	Ρ,	age_s
			YES	NO
13 Indicate the percentage of gaming activity operated in:				
'a The organization's facility	13a %	4 1		
b An outside facility	13b %	4		Ì
14 Enter the name and address of the person who prepares the organization's gaming/special	al events books and records		ĺ	
Name		;		
Address -				
15 a Does the organization have a contact with a third party from whom the organization received		15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$	and the amount			
c If 'Yes,' enter name and address of the third party.		1	ł	
Name· ►				
Address		\$		
16 Gaming manager information				
Name		, 3		
Gaming manager compensation ► \$				
Description of services provided		٠ ا		
☐ Director/officer ☐ Employee ☐ Independent contract	tor	1 · 🍇 .		ļ
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gam state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exem	pt organizations or spent in the	e ~		,
organization's own exempt activities during the tax year ► \$				
BAA TEEA3703L 02/05/10	Schedule G (Form 99	30 or 99	U-EZ)	2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

Open to Públic Inspection 2009

Name of the organization						Employer identification number	tion number S
neral Informati	rants and Assista	ance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	ds to substantiate the grants or assistant	e amount of the grace?	of the grants or assistance, the grantees	grantees' eligibility for t	he grants or assistand	e, and	Yes X No
17	nce to Governme by recipient that referred		Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use hace is needed	ed States. Comple this box if no one	te if the organizat ecipient received	ion answered 'Ye more than \$5,00	is' to Form 0. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
		,					
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government o	rganizations				A A	0 0
1 -	uction Act Notice, se	e the Instructions f	or Form 990.	TEEA3901L 02/10/10	02/10/10	Schedu	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 75-2754798 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients CLUBCORP CHARITIES, (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Employer identification number Name of the organization 75-2754798 CLUBCORP CHARITIES, INC FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED.

Schedule O (Form 990) 2009 Name of the organization	Page 2
	Employer identification number
CLUBCORP CHARITIES, INC.	75-2754798
•	
	

CLUBCORP CHARITIES, INC. -CHARITABLE DONATIONS EXPENSE DETAIL 12/31/2009

CK AMOUNT

ck#2641 Star of Hope	06-15-09	(F 420 40)
		(5,430 49)
ck#2650 Henry County BOE, Special Needs/Autism Division	06-15-09	(7,306 54)
ck#2651 The Pregnancy Resource Center ck#2652 The Food Pantry	06-15-09	(1,461 00)
	06-15-09	(2,922 00)
ck#2661 Leukemia Lymphoma Society of MS	09-08-09	(1,250 00)
ck#2672 Susan G Komen for the Cure	11-03-09	(14,823 14)
ck#2673 Komen Mid Michigan	11-03-09	(14,823.14)
ck#2679 Family Health Center	12-29-09	(7,350 22)
ck#2683 Helping Hands	01-19-10	(525 00)
ck#2685 GFWE Woman's Club of Hendersonville	01-19-10	(1,633 72)
ck#2686 Bert's Big Adventure	01-19-10	(3,673.18)
ck#2687 Leukemia and Lyphoma Society	01-19-10	(2,903 10)
ck#2688 Succes Tech High School	01-19-10	(233 17)
ck#2689 MDA (mail to local site)	01-19-10	(423.30)
ck#2690 Holly Spring High School Booster	01-19-10	(1,416 00)
ck#2691 Pittsburg Fallen Heroes Fund	01-19-10	(1,617 90)
ck#2692 Hill Country Daily Bread Ministries	01-19-10	(3,331 50)
ck#2693 Plano ISD Education Foundation	01-19-10	(2,215 50)
ck#2694 Plano Arts Cultural Endowment, Inc.	01-19-10	(2,215 50)
ck#2695 Boys and Girls Clubs of Collin County	01-19-10	(2,215 49)
ck#2696 Susan G Komen for the Cure	01-19-10	(552 60)
ck#2697 Make A Wish Foundation	01-19-10	(2,565.76)
ck#2698 Bear Creek Assistance Ministries	01-19-10	(985.50)
ck#2699 American Heart Association	01-19-10	(2,050 99)
ck#2700 Habitat for Humanity	01-19-10	(3,804 60)
ck#2701 Irving Cares	01-19-10	(1,594.50)
ck#2702 Trinity Baptist Church Children's Xmas Fund	01-19-10	(1,058 76)
ck#2703 The Storehouse of Austin	01-19-10	(1,567 50)
ck#2704 San Antonio Symphony League	01-19-10	(1,508.40)
ck#2705 Orchard Children's Services	01-19-10	(525 90)
ck#2706 Make A Wish Foundation	01-19-10	(3,543.60)
ck#2707 JDRF	01-19-10	(547.80)
ck#2708 Silver Lake Country Club Employee Scholarship Fund	01-19-10	(2,196 00)
ck#2709 Cold War Museum	01-19-10	(918 00)
ck#2711 Becky's Fund	01-19-10	(1,884.90)
ck#2712 Lynwood B. Craig Juvenile Diabetes Fund	01-19-10	(1,533.00)
ck#2715 Catholic Charities	01-19-10	(191 40)
ck#2716 Breath of Life Children's Center Clinic	01-19-10	(1,293 90)
ck#3713 Victim Outreach Intervention Center of Butler County	01-19-10	(6,806 99)
ck#2717 Children's Cancer Center	01-25-10	(1,173 00)
ck#2718 Providing Autism Links & Supports (PALS)	01-25-10	(2,092.50)
ck#2719 Los Angeles Fıreman's Relief Assocation	01-25-10	(6,816.66)
The state of the s		(3,0.0.0)

ck#2720 All Children's Hospital Foundation	01-25-10	(498.00)
ck#2721 Deercreek Women's Alliance	01-25-10	(1,165 50)
ck#2722 Make A Wish Foundation of Central & Northern Florida	01-25-10	(2,961.00)
ck#2723 Boys and Girls Club of Hilton Head	01-25-10	(1,215 00)
ck#2724 American Cancer Society	01-25-10	(3,273 00)
ck#2725 Northeast Animal Shelter	01-25-10	(885.00)
ck#2726 St. Jude's Research Hospital San Diego	01-25-10	(7,114.09)
ck#2727 Azalea Charity	01-25-10	(1,916 21)
ck#2728 Susan G Komen for the Cure	01-25-10	(3,169 06)
ck#2729 The Little Foundation for Pancreatic Cancer	01-25-10	(1,912 58)
ck#2730 United Way of Broward County	01-25-10	(1,577.47)
ck#2731 Dallas Can! Academy	01-25-10	(5,032 49)
ck#2732 Ronald McDonald House	01-25-10	(2,465 00)
ck#2733 MDA (mail to local site)	01-25-10	(1,285.50)
ck#2734 FSU University Center Club Scholarship Fund	01-25-10	(1,708 80)
ck#2735 San Diego Foundation Lamp of Learning Scholarship	01-25-10	(1,582.50)
ck#2736 Helping Hands	01-25-10	(724 50)
ck#2737 Savannah's Organic Ranch	01-25-10	(6,286 44)
ck#2738 Anthem Public Schools	01-25-10	(15,484.65)
ck#2739 Ovarian Cancer Institute	01-25-10	(1,829.98)
ck#2740 Nevada Childhood Cancer Foundation	01-25-10	(20,844.99)
ck#2741 American Mobility Foundation	01-25-10	(691.50)
ck#2742 Habitat for Humanity	01-25-10	(691 50)
ck#2743 Make-A-Wish Foundation	01-25-10	(1,229 99)
ck#2744 Camp Quality Texas	01-25-10	(929 99)
ck#2745 Saving Little Hearts	01-25-10	(2,422.48)
ck#2746 Metropolitan Arts Council	01-25-10	(1,073.07)
ck#2747 Halifax Health Hospice of Volusia/Flagler Cty	01-25-10	(381.00)
ck#2748 College of the Desert	01-25-10	(1,302.82)
ck#2749 Paul Bewie Boys & Gırls Club	01-25-10	(2,069 68)
ck#2751 The Spring of Tampa Bay, Inc.	01-25-10	(2,207.89)
ck#2752 Literacy Advance of Houston	01-25-10	(1,334.99)
ck#2753 Bryon Riesch Paralysis Foundation	01-25-10	(2,683.17)
ck#2754 Athens Drive Hight School Golf Teams	01-25-10	(316.20)
ck#2755 Imerman Angels	01-25-10	(3,604 46)
ck#2756 Stuart Sunrise Rotary Charitalbe Foundation	01-25-10	(5,536.14)
ck#2757 Clayton High School Golf Team	01-25-10	(358.65)
ck#2758 Susan G. Komen for the Cure	01-25-10	(3,761 96)
ck#2759 Boys and Girls Club of America	01-25-10	(1,378.79)
ck#2760 Mitchells's Place	01-25-10	(88.20)
ck#2761 Recording for the Blind & Dyslexic	01-25-10	(3,067.43)
ck#2762 Meredith Hatch Foundation	01-25-10	(3,190.47)
ck#2763 Boys and Girls Club of Houston	01-25-10	(142.50)
ck#2764 Racing Mule	02-19-10	(3,962.21)
ck#2765 Northeast Family YMCA	02-19-10	(6,842 78)
ck#2766 Aldine Greenspoint YMCA	02-19-10	(6,842.78)

	1 - 2 2 - 1	
ck#2768 Loma Linda Ronald McDonald House	02-19-10	(2,803.89)
ck#2769 Orange County Performing Arts Center	02-19-10	(3,315.15)
ck#2770 Coto Community for Hope	02-19-10	(25,546.03)
ck#2771 Hospice of the East Bay	02-19-10	(10,911.16)
ck#2772 House of Bread	02-19-10	(2,673.36)
ck#2773 Literacy Advance of Houston	02-19-10	(4,813.45)
ck#2774 Spivey Station for Breast Cancer Awareness	02-19-10	(2,544.57)
ck#2776 Gainey Ranch Men's Golf Association Charities	02-19-10	(6,584.93)
ck#2777 Sidewalk Chalk	02-19-10	(5,475.25)
ck#2778 Hospice Austin	02-19-10	(5,126.95)
ck#2779 Palm Desert High School Foundation & Athletic Programs	02-19-10	(4,570 59)
ck#2780 Big Brothers Big Sisters	02-19-10	(5,990.34)
ck#2781 UCAN	02-19-10	(16,107.37)
ck#2782 First Tee of Coachella Valley	02-19-10	(5,206.95)
ck#2783 TLC for Children & Families	02-19-10	(2,029 48)
ck#2784 Jack & Jill Late Stage Cancer Fund	02-19-10	(3,761 66)
ck#2785 Love in the Name of Christ	02-19-10	(2,060 98)
ck#2786 Abused Children Protection Fund, Inc	02-19-10	(3,005.97)
ck#2787 Second Harvest Food Bank	02-19-10	(527.99)
ck#2788 Honolulu Symphony	02-19-10	(3,115.18)
ck#2789 Save the Mummer's Association	02-19-10	(82.50)
ck#2790 Breast Cancer 3 Day	02-19-10	(9,757 61)
ck#2791 St Mary's Hospital Foundation	02-19-10	(943.49)
ck#2792 Jonathon's Stage	02-19-10	(3,556 46)
ck#2793 My Possibilities	02-19-10	(3,556.45)
ck#2794 Reserve Aid	02-19-10	(4,664.62)
ck#2795 American Cancer Society	02-19-10	(825.44)
ck#2796 MS Society	02-19-10	(1,279 49)
ck#2797 Stephanie Weber Foundation	02-19-10	(2,422 64)
ck#2798 Jacksonville Symphony Orchestra	02-19-10	(638.31)
ck#2799 MDA	02-19-10	(10,056.00)
ck#2800 MDA	02-19-10	(610.00)
ck#2801 Assistance League of the Bay Area	02-19-10	(6,933 23)
ck#2802 Boys & Girls Club of San Fernando Valley	02-19-10	(4,324 09)
ck#2803 Special Olympics of South Carolina	02-19-10	(2,489.98)
ck#2804 American Cancer Society	02-19-10	(1,412.88)
ck#2805 NC Children's Promise	02-19-10	(115 09)
ck#2806 Northern Ohio Golf Charities	02-19-10	(12,264.26)
ck#2807 American Cancer Society	02-19-10	(3,061.47)
ck#2808 Hubbard House	02-19-10	(90.00)
ck#2810 Make A Wish Foundation	02-19-10	(22.08)
ck#2811 Yellow Ribbon Fund	02-25-10	(1,582.48)
ck#2813 Crossroads	02-25-10	(2,815 47)
ck#2822 Hosea Feed the Hungry	03-16-10	(874.87)
ck#2823 MDA - Seattle	03-16-10	(6,181.91)
	03-16-10	(450.00)
ck#2824 Hospice of East Bay	03-16-10	(231.60)
ck#2825 Ronald McDonald House of Gainesville	03-10-10	(231.00)

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ck#2826 Trinity Baptist Church Childrens Xmas Fund	03-16-10	(15.00)
ck#2827 Love in the Name of Christ	03-16-10	(187.50)
ck#2828 Univ of Mass Club Scholarship Fund	03-16-10	(3,847 16)
ck#2829 Pittsburgh School Venture Partners (reissue ck#2809)	03-26-10	(1,905.69)
ck#2830 Save Ourselves (reissue ck#2775)	03-26-10	(1,982 08)

(469,943.04)

amount to be donated by Silicon Valley Capital Club not yet identified over accrual at 12/31/08 unlocated difference

(50,282.59) 11,097.88

(47.59)

(509,175.34)

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Mont	h Extension, con	plete only Part I and	check this box			► X
If you are	filing for an Additional (Not Au	utomatic) 3-Montl	Extension, complete	e only Part II (on	page 2 of the	is form)	_
Do not comp	olete Part II unless you have alre	eady been grante	d an automatic 3-mon	th extension on a	previously f	filed Form 8868	
Part I	Automatic 3-Month Exten	sion of Time.	Only submit origin	nal (no copies	needed).		
				,	•		
•	required to file Form 990-T an					•	
All other corp income tax re	porations (including 1120-C filer eturns	s), partnerships, i	REMICS, and trusts n	nust use Form 70	04 to reques	t an extension o	time to file
returns noted the additiona Form 990-T.	ling (e-file). Generally, you can t below (6 months for a corpora I (not automatic) 3-month exter Instead, you must submit the fu it www irs gov/efile and click on	tion required to fi ision or (2) you fil illy completed and	le Form 990-T) Howe le Forms 990-BL, 606 d signed page 2 (Part	ver, you cannot f 9. or 8870. group	ile Form 886 returns, or a	8 electronically is composite or composite or contract.	f (1) you want onsolidated
	Name of Exempt Organization					Employer identifica	tion number
Type or							
print	CLUBCORP CHARITIES,	INC.				75-2754798	3
File by the due date for	Number, street, and room or suite number		structions				
filing your return See	3030 LBJ FREEWAY #4	00					
instructions	City, town or post office, state, and ZIP c		ess, see instructions				
	DALLAS, TX 75234						
Check type of	of return to be filed (file a separ	ate application fo	r each return).				
X Form 990		Form 990-T (Form 472	20	
Form 990)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
Form 990)-EZ	—	rust other than above		Form 606	59	
Form 990)-PF	Form 1041-A			Form 887	70	
Telephone If the orga If this is f check this	e No 214-243-6191 anization does not have an office of a Group Return, enter the ores box If it is for part of sign will cover	ce or place of bus	FAX No ► iness in the United Si digit Group Exemption	n Number (GEN)	If		
1 reques	st an automatic 3-month (6 mor	iths for a corpora	tion required to file Fo	orm 990-T) extens	sion of time		
until	8/15, 20 10 _, to fill ension is for the organization's	e the exempt org	•	-			
	calendar year 20 09 or						
▶ 🗒	tax year beginning	, 20	, and ending	, 20			
2 If this to	ax year is for less than 12 mont	hs, check reason	Initial return	Final retu	rn 🔲 C	Change in accour	iting period
3a If this a nonrefu	pplication is for Form 990-BL, 9 indable credits. See instructions	90-PF, 990-T, 47	20, or 6069, enter the	tentative tax, les	ss any	3a \$	0.
b If this a made. I	pplication is for Form 990-PF or nclude any prior year overpaym	r 990-T, enter any ent allowed as a	refundable credits a credit		payments	3b\$	0.
	e Due. Subtract line 3b from line with FTD coupon or, if required tructions	a 3a. Include your	payment with this for (Electronic Federal	· ·	I, tem). ·	3c \$	0.
Caution. If yo payment inst	ou are going to make an electro ructions.	nic fund withdraw	ral with this Form 886	8, see Form 8453	B-EO and For	 -	
BAA For Pri	vacy Act and Paperwork Reduc	tion Act Notice,	see instructions.	··		Form 886	8 (Rev. 4-2009)