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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust **Treated as a Private Foundation**

OMB No 1545-0052

		f the Treasury				u as a riiva					2003		
		nue Service ar year 2009, or ta				to use a copy of the		n to satisfy s 1/10	state reporting	requirements			
	-		Initial retu							Final roturn			
G C	песк а	Ill that apply.	H			turn of a former ress change	Dublic (ne change	Final return			
		e Name of founda	Amended	retuin	I Adu	ress change		Nan					
	the IR	3		GOLF C	НАВТТТ					loyer identification nun –1712857	ibei		
	abel. erwise		rion, i								O of the instructions)		
	erwise orint				not delivered	to street address) Room/suite 330-644-2					page 10 of the instructions)		
•	type.			ER ROAD	not delivered	· · · · · · · · · · · · · · · · · · ·				emption application is pend	ing check here		
	Specif		ite, and ZIP code							oreign organizations, check	. 🗂		
Instr	uction		,	•	ОН	44319			1	oreign organizations meetii			
H C	heck t	ype of organization	: X Section	501(c)(3) exe						5% test, check here and at			
		4947(a)(1) nonex	_			e private founda	tion		E If priv	vate foundation status was	terminated under		
		ket value of all ass		J Accountin		Cash X		rual		on 507(b)(1)(A), check here	£ 1		
of	year (f	from Part II, col (c)			(specify)		-		F If the	foundation is in a 60-mont	th termination		
	e 16) I					be on cash basis	s)		unde	r section 507(b)(1)(B), che	ck here		
Pa	rt i	Analysis of F				(a) Revenue					(d) Disbursements		
		total of amounts in colu	mns (b), (c), and (d)) may not necessari	y equal	expenses pe books	er		investment icome	(c) Adjusted net	for charitable purposes		
		the amounts in column	(a) (see page 11 of	the instructions))		DOORS		15	ICOMB	income	(cash basis only)		
	1	Contributions, gifts, g	grants, etc , rece	ived (attach sche	edule)	715	, 355		\$ \$ 5 °		· 1. 数2 100 4 11 11 12		
	2	Check ▶ ☐ if the	e foundation is n	ot required to at	tach Sch B	*	* >		()	XI.			
	3	Interest on saving	s and tempora	ary cash inves	tments	4.	,016		4,016	4,016	1 12 12		
	4	Dividends and inte	erest from sec	unties									
	5a	Gross rents									· 4:434		
Revenue	b	Net rental income	or (loss)			3 433			<u>40 4.25 </u>				
	6a	Net gain or (loss) from sa	ale of assets not on	line 10				4.3000000000000000000000000000000000000	14. 4.5 %	.7%**\$	374.55		
	b	_Gross sales price for all a			 _				4,	<u> </u>			
Œ	7	Capital gain net in	•	art IV, line 2)				8837.8734	0		2000 mg		
	8	Net short-term ca					0.4		45	0			
2011	9	Income modificati		f		* **	. <u>838</u>			Maria (A.S.	7 3 2		
20	10a	Gross sales less retu		's		ı.		10 0 12 SS			\$ X		
-	b	Less. Cost of goo							<u> </u>	₹			
Ç €	C	Gross profit or (lo	• •	•					*55,		*		
AR	11	Other income (att				710	,371		4,016	4,016	* ′		
=	12	Compensation of		toro tructoso	oto	719	, 3 / 1		4,010	4,010			
္ကြေ	14	Other employee s			eic.								
S. S.	15	Pension plans, en		•				<u> </u>	_				
9	16a	Legal fees (attach									· · · · · · · · · · · · · · · · · · ·		
and Administrative Expen	ь	Accounting fees (-	le)	RECE						<u> </u>		
. ₹	c			dule) /~/	TOE	VED							
rat	17	Other professional fe Interest Taxes (attach schedule)	,	[8]									
ist	18	Taxes (attach schedule)	(see page 14 of the	instructions)	MAR 21	2011 S							
Ë	19	Depreciation (attach				17011 1(3)							
þ	20	Occupancy	•	<u>_0</u>	SDEN								
Ϋ́	21	Travel, conferenc	es, and meeti	ngs	TELY.	UT T							
ğ	22	Printing and publi	cations			7							
ğ	23	Other expenses (att sch)	Stm	t 1	4	,099						
Operating	24	Total operating a	and administr	ative expense	s.								
era		Add lines 13 throu	ugh 23				,099		0		0		
Õ	25	Contributions, gift	-				,134				718,134		
	26	Total expenses an		nts. Add lines 24	and 25	722	,233	ļ	0	0	718,134		
	27	Subtract line 26 fr											
	а	Excess of revenue	•			-2	,862	ļ					
	b	Net investment in	_		·)		-		4,016		<u> </u>		
	<u> </u>	Adjusted net ince	ome (if negati	ve, enter -0-)				L		4,016	5 QQQ-PE (0000)		

Di	Part I	Balance Sheets Attached schedules and amounts in the description of should be for end-of-year amounts only (See instruc	column	Beginning of year	End o	of year			
Lxu	ur Cir	should be for end-of-year amounts only (See instruc	tions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
1	1	Cash—non-interest-bearing							
	2	Savings and temporary cash investments		456,649	329,171	329,171			
	3	Accounts receivable ▶	205						
		Less. allowance for doubtful accounts ▶		596	205	205			
	4	Pledges receivable ▶							
ł		Less. allowance for doubtful accounts ▶		1,310					
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons (attach schedule) (see page 16 of the		ļ					
		instructions)			_				
ļ	7	Other notes and loans receivable (att. schedule)							
		Less allowance for doubtful accounts ▶							
\$	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
AS	10a	Investments—U S and state government obligations (attach schedule)							
	b	Investments—corporate stock (attach schedule)							
	С	Investments—corporate bonds (attach schedule)							
	11	Investments—land, buildings, and equipment basis							
		Less accumulated depreciation (attach sch)							
	12	Investmentsmortgage loans							
	13	Investments—other (attach schedule)							
	14	Land, buildings, and equipment basis							
		Less accumulated depreciation (attach sch.)							
	15	Other assets (describe ▶)						
-	16	Total assets (to be completed by all filers—see the	•			"			
		instructions Also, see page 1, item I)		458,555	329,376	329,376			
٦	17	Accounts payable and accrued expenses				7 9 2 2			
	18	Grants payable		48,317	35,000				
Liabilities	19	Deferred revenue							
≣	20	Loans from officers, directors, trustees, and other disqualified persons							
a	21	Mortgages and other notes payable (attach schedule)				, , ,			
	22	Other liabilities (describe > See Statement	401,048	288,048					
	23	Total liabilities (add lines 17 through 22)	2)	449,365					
╗		Foundations that follow SFAS 117, check here ▶ X		-		1			
ces		and complete lines 24 through 26 and lines 30 and 31.		ļ					
ဦ	24	Unrestricted		9,190	6,328				
ā	25	Temporarily restricted				1			
Ba	26	Permanently restricted							
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here ▶				1			
ᇊ		and complete lines 27 through 31.							
Ž	27	Capital stock, trust principal, or current funds							
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund				1			
šet	29	Retained earnings, accumulated income, endowment, or other funds							
S	30	Total net assets or fund balances (see page 17 of the							
$\frac{1}{2}$		instructions)		9,190	6,328				
ž	31	Total liabilities and net assets/fund balances (see page 17							
	٠.	of the instructions)		458,555	329,376				
7	Part I		ces			w			
_		net assets or fund balances at beginning of year—Part II, column (a), line		t agree with					
·		of-year figure reported on prior year's return)	,	•	1	9,190			
2		ramount from Part I, line 27a			2	-2,862			
		r increases not included in line 2 (itemize)		•	3				
4		ines 1, 2, and 3			4	6,328			
5		eases not included in line 2 (itemize)			5				
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, or	olumn (b), line 30	6	6,328			
	. 0 (The state of the s				Form QQN-PF (2000)			

	L2	85	7						
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Page 3

<u></u>	<u>'artil'Vii Capital Gains a</u>	<u>nd Losse</u>	<u>s for Tax on Investme</u>	nt Inco	me				
			of property sold (e g , real estate, nmon stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a	N/A						_		
b									
С									
_ <u>d</u>			<u> </u>				-		
_ <u>e</u>	· · ·							(5) 0	(1)
_	(e) Gross sales price	(1)	Depreciation allowed (or allowable)			other basis		(h) Gain (e) plus (f)	minus (g)
a									
b									
<u>c</u> d			<u> </u>		<u> </u>				
_ <u>~</u>				-					
	Complete only for assets showing	g gaın ın colı	umn (h) and owned by the fou	indation o	n 12/31/69)		(I) Gains (Col	(h) gain minus
	(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		` '	s of col (ı) (j), ıf any		ol (k), but not	less than -0-) or om col (h))
а									
b)								
c								_	
d							<u> </u>		
<u>е</u>		l	If gain, also enter in	Dort Llino	7 7				
2	lf (loss), enter -0- in Part I, line 7						2		
3	3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).								
	If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c)	(see pages 13 and 17 of the I	instruction	s).		,		
E		nder Sect	tion 4940(e) for Reduc	ed Tay	on Net	Investment Inco	me		
lf "	s the foundation liable for the sec	lify under se	ction 4940(e). Do not comple	te this par	t			No	
	Enter the appropriate amount in (a)	each column	•	JI WIE IIISU	uctions be		165.		(d)
	Base period years Calendar year (or tax year beginning	un)	(b) Adjusted qualifying distribution	ıs	Net value	(c) of noncharitable-use ass	sets		ribution ratio livided by col. (c))
	2008	,	894	,673		452,	118	(60. (6) 2	1.978848
	2007		970	,839		551,			1.760182
	2006								· · · · · · · · · · · · · · · · · · ·
	2005			<u> </u> _					
	2004								 .
2	Total of line 1, column (d)							2	3.739030
3	Average distribution ratio for the	-	•	ne 2 by 5,	or by the				1.869515
	number of years the foundation h	nas been in e	existence if less than 5 years				F	3	1.009513
4	4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5						-	4	490,199
5 Multiply line 4 by line 3					_	5	916,434		
6	6 Enter 1% of net investment income (1% of Part I, line 27b)							6	40
7	Add lines 5 and 6							7	916,474
8	Enter qualifying distributions from	n Part XII, lın	e 4					8	718,134
	If line 8 is equal to or greater that Part VI instructions on page 18			and comp	lete that p	art using a 1% tax ra	te. See t	he	
_	Transaguorio on pago 10								

Orn	990-PF (2009) NORTHERN OHIO GOLF CHARITIES 34-171285	<u>7 </u>					P	age 4
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of	the i	nstru	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1		٦		ŀ		Ş	\$5.7
	Date of ruling or determination letter (attach copy of letter if necessary—see instruction)	ons)	ļ		_			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		•	1				80
	here ▶							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				_		 -	
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2				
3	Add lines 1 and 2			3				80
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			4				(
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				80
6	Credits/Payments.							,
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a							
b	Exempt foreign organizations—tax withheld at source 6b			1				
C	Tax paid with application for extension of time to file (Form 8868) 6c			1				
d	Backup withholding erroneously withheld 6d			1				
7	Total credits and payments Add lines 6a through 6d			7				
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached			8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		•	9				8(
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10	<u> </u>			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refur	ıded	•	11	1			
P	artivil-A : Statements Regarding Activities				<u> </u>	·		
1a						ď	Yes	No
	participate or intervene in any political campaign?					1a		x
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19							
	of the instructions for definition)?					1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					7 %	Ø.;	-
	published or distributed by the foundation in connection with the activities.					i ş		ŗ
С						1c		X
	_Enter_the_amount (if_any)_of_tax on political expenditures (section_4955).imposed during the year:						*	
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						, i	1
•	on foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					2		X
_	If "Yes," attach a detailed description of the activities.					<u> </u>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	of]		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	J.				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		x
•	If "Yes," attach the statement required by General Instruction T					٣		_
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
•	By language in the governing instrument, or							1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?					6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c)	and	l Part	X۷		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	, asiu	ıı aıı	^ v		⊢ ∸		W.,
vu	ınstructions) ▶ None							, ;
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							<u> </u>
	(or designate) of each state as required by General Instruction G? If "No," attach explanation					8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page							
	27)? If "Yes," complete Part XIV					9	Х	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					1		
	names and addresses	St	mt	3		10	L	X

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Total number of other employees paid over \$50,000

127 ,		
Part VIII Information About Officers, Directors, Trustees, Fo	34-1712857	Page 7
and Contractors (continued)	Sundation managers, riigiliy Faid Em	picyees,
3 Five highest-paid independent contractors for professional services (see page 2)	age 23 of the instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year of		Amount
1 N/A		
2		

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All other program-related investments. See page 24 of the instructions

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Forn	1 990-PF (2009) NORTHERN OHIO GOLF CHARITIES 34-1/1283/		Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. For	eign foun	dations,
	see page 24 of the instructions.)	388885-23	
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	3	
	purposes		^
а	Average monthly fair market value of secunties	1a	497,664
þ	Average of monthly cash balances	1b	497,004
C	Fair market value of all other assets (see page 24 of the instructions)	1c	497,664
d	Total (add lines 1a, b, and c)	1d	437,004
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	7	^
2	Acquisition indebtedness applicable to line 1 assets	2	407 664
3	Subtract line 2 from line 1d	3	497,664
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		7 465
	the instructions)	4	7,465
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	490,199
<u>6</u>	Minimum investment return. Enter 5% of line 5	6	24,510
P	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here	 	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	718,134
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		-
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.	437	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	718,134
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	718,134
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundar	tion	

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Pa	rt XIII Undistributed Income (see page	e 26 of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	*	` ',	**	
2	Undistributed income, if any, as of the end of 2009			-	
	Enter amount for 2008 only				
b	Total for prior years 20 , 20 , 20	* 3		~ .	3
3	Excess distributions carryover, if any, to 2009.	_			
	From 2004				
b	From 2005	*	&		· .
С	From 2006				,
d	From 2007				
е	From 2008			مند	- â
f	Total of lines 3a through e			*	* 1
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2008, but not more than line 2a	<i>↑</i> *• <i>*</i> *			**
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election		3 28	\$1	**
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus		w.`	· /	* · · ·
5	Excess distributions carryover applied to 2009			**	
	(If an amount appears in column (d), the same			:	
	amount must be shown in column (a))		^i		a
6	Enter the net total of each column as	<i>'</i>	**	*	,
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5			* > .	3 * ~
b	Prior years' undistributed income. Subtract			. <u> </u>	<u> </u>
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			1	
	been issued, or on which the section 4942(a)				*
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	*****			, }
	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a. Taxable amount—see page	*^	196		* ,
	27 of the instructions			<u> </u>	
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1 This amount must be	<u>ئ</u> خ			
	distributed in 2010	*			
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			_	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			,	
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)		ļ		
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2005				
þ	Excess from 2006				
C	Excess from 2007				
d	Excess from 2008				
6	Excess from 2009	ı	I	Ī	1

	art Aiv Frivate Operating Fou	nuations (see page	e 27 of the mstr	uctions and Part	vii-A, question 9)	
1a	If the foundation has received a ruling or o			g	_	
	foundation, and the ruling is effective for 2		-	_ _ ▶ (1/20/08
b	Check box to indicate whether the founda		foundation describe		42(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Totai
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	ļ
	investment return from Part X for					
	each year listed	4,016	10,394	10,758	23,146	
þ	85% of line 2a	3,414	8,835	9,144	19,674	41,067
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	718,134	894,770	970,839	1,095,032	3,678,775
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	718,134	894,770	970,839	1,095,032	3,678,775
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
þ	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in		İ			
	Part X, line 6 for each year listed	16,340	15,071	18,385	19,571	69,367
C	"Support" alternative test—enter:					
	(1) Total support other than gross			1		
	investment income (interest,					
	dividends, rents, payments on securities loans (section			ļ		
	512(a)(5)), or royalties)			1		
	(2) Support from general public				<u> </u>	
	and 5 or more exempt			}		
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income				;	
P	art XV Supplementary Inform				id \$5,000 or more	in assets at
	any time during the ye	ear—see page 28 o	f the instruction	ns.)		
1	Information Regarding Foundation Man	•				
а	List any managers of the foundation who l	nave contributed more th	an 2% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only i	f they have contributed m	nore than \$5,000). (S	see section 507(d)(2))		
	N/A_					
b	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greate	r interest.		
	N/A					
2	Information Regarding Contribution, Gr					
		makes contributions to p		_	•	
	unsolicited requests for funds. If the found	lation makes gifts, grants	, etc (see page 28 o	f the instructions) to in	dividuals or	
	organizations under other conditions, com			.		
а	The name, address, and telephone number		applications should	be addressed:		
	GLENDA BUCHANAN 330-					
	440 EAST WARNER ROAD				·	
b	The form in which applications should be		n and materials they	should include		
	SEE ATTACHED APPLICA	TION				
С	Any submission deadlines					
	REQUEST ACCEPTED ANN					
d	•				, or other factors.	
	LIMITED TO 501(C)(3)	ORGANIZATIO	NS_IN_NORT	HEAST OHIO.	_	
						- 000 DE

3 Grants and Contributions Paid During th	e <u>rear or Approved for I</u>	-uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year See Statement 5				718,134
				710,13
Total			. ▶ 3a	718,13
b Approved for future paymentN/A				
			· [
			1	
Total		<u></u>	▶ 3b	200 55

Part	XVI-A Analysis of Income-Producing Acti	ivities				
	ross amounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Pro	gram service revenue					the instructions)
		<u> </u>		ļ		
				ļ		
° _				 		
				.		
e _		<u> </u>		-		
' -	Face and contracts from accomment accompan					
_	Fees and contracts from government agencies mbership dues and assessments	 	<u>.</u>	<u> </u>		 -
	rest on savings and temporary cash investments			14	4,016	_
	idends and interest from securities				-,	
	rental income or (loss) from real estate		CARLES A			A PROPERTY OF
а	Debt-financed property		and a final state of the state	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b	Not debt-financed property					
6 Net	rental income or (loss) from personal property					
	er investment income					
8 Ga	n or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events					
10 Gro	ss profit or (loss) from sales of inventory					
11 Oth	er revenue a					
b _						
				-		
d _				ļ		
e_		2.20	•	1 met 10 9 25	4 016	
	ototal. Add columns (b), (d), and (e)	Ą (j				
	al. Add line 12, columns (b), (d), and (e)				13	4,016
	orksheet in line 13 instructions on page 28 to verify calculation XVI B Relationship of Activities to the Activities		ent of Exempt P	urpose		
	No. Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	is reported in co	olumn (e) of Part XVI-A	contribu	uted importantly to the	of the
	instructions)					
N,	<u>/A </u>			-1.114		
						-
						
						
		••				
		• •	· •	•		
-						
						

Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Organiza	ations							
1	Did the org	ganızatıon dırectly or indi	rectly engag	e in any of the following with an	other organization describ	ed		253	Yes	No
	ın section	501(c) of the Code (othe	r than sectio	on 501(c)(3) organizations) or in	section 527, relating to poli	tıcal				
	organizatio	ons?								
а	Transfers	from the reporting found	ation to a no	nchantable exempt organization	of					
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		Х
b	Other tran	sactions						. A.		
	(1) Sales	of assets to a noncharita	able exempt	organization				1b(1)		X
		ases of assets from a no	-	=				1b(2)		X
	• •	l of facilities, equipment,		· •		-		1b(3)		X
		oursement arrangements						1b(4)		х
		or loan guarantees			•			1b(5)		х
		-	embership or	r fundraising solicitations				1b(6)		х
С				ther assets, or paid employees				1c		х
	-		-	plete the following schedule Co	lumn (b) should always sho	w the fair mai	rket	<u> </u>		
				ven by the reporting foundation.						
		·	-	nt, show in column (d) the value						
_	(a) Line no	(b) Amount involved		of noncharitable exempt organization				haring arrange	ments	
1/		(0) /	(0)		(2) 2000. p. 101. 0. 1		7.1.0.1.0, 2.1.2.0	, a, g a a ge		
•/				·						
		 				 				
	<u> </u>									
		+								
									-	
			 							
			 							
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								-		
		1	l							
	described		Code (other	with, or related to, one or more t than section 501(c)(3)) or in sec				Ye	es X] No
		(a) Name of organization		(b) Type of organization		(c) Description (of relationshi	ID		
	N/A	(a) riamo or organization		(a) Type or organization		(0) 2000		<u> </u>		
	,									
			<u>.</u>							
				···						
	Hodor popo	tracki paruna I daglardihat	Mayo ayamın	ad this rature, including accompanies	a cabadulas and statements, an	d to the best of t	mu knowloda	o and		
•		Mura /> 4	eclaration of pi	ed this return, including accompanyin reparer (other than taxpayer or fiducia	114/11	f which preparer	has any kno	owledge		_
nere	Signat	ure of officer or trustee	/ , `	Date	- 4 - 1	Ind -	Г	Preparer's identif	hana	
Sign H		Preparer's signature	k/		Date / / / / / / / / / / / / / / / / / / /	Check if self-employed		number (see Sig page 30 of the in	nature struction	าร)
ñ	ald of O	orginaturo P	<u> </u>	do ful C Books	CD3 15/ 7/#			P01072	346	<u>, </u>
	rep Use	Firm's name (or yours if	Lomax,				en +	24 116	700	. =
		self-employed), address, and ZIP code		kron-Peninsula	ru.			$\frac{34-116}{330.03}$		
			Akror	n, OH 44313			Phone no	330-92		400

Schedule B (Form 990, 990-EZ, or 990-PF) Department'of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

NORTHERN OHIO GOLF CHARITIES

FOUNDATION, INC.

Employer identification number

34-1712857

Organization type (check one)	•
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor-Complete Parts I and II
Special Rules	
	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
	170(b)(1)(A)(vI), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990. Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and
	(0) (40)
the year, aggregate co	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ntributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or or the prevention of cruelty to children or animals. Complete Parts I, II, and III
For a section 501(c)(7)	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during
•	for use exclusively for religious, charitable, etc., purposes, but these contributions did not
•••	n \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule
•	tion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
during the year	
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Page 1 of 1 of Part I

Name of organization

Employer identification number 34-1712857

Person Payroll Noncash (Complete Part II of there is a noncash contribution.) (d) Type of contribution.
Person X Payroll Noncash (Complete Part il if there is a noncash contribution.)
Payroll Noncash (Complete Part II if there is a noncash contribution.)
Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(d) Type of contribution
Person Payroll Noncash (Complete Part II if there is _a_noncash_contribution)
(d) Type of contribution
Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(d) Type of contribution
Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(d) Type of contribution
Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Charitable Purpose Ś Adjusted Net Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses Ŋ Net Investment Federal Statements ٠s 688 2,850 561 4,099 Total ₹ĵ 1127 NORTHERN OHIO GOLF CHARITIES Expenses
BAD DEBT EXPENSE
GIFTS & PRIZES
MISCELLANEOUS EXPENSE
BANK CHARGES Description FYE: 10/31/2010 Total 34-1712857

· 1127 NORTHERN OHIO GOLF CHARITIES

34-1712857

Federal Statements

FYE: 10/31/2010

Statement 2 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	 Beginning of Year	 End of Year
AFFILIATE PAYABLE	\$ 401,048	\$ 288,048
Total	\$ 401,048	\$ 288,048

က City, State, Zip Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors AKRON OH 44319 Federal Statements Address NORTHERN OHIO GOLF CHARITIES, INC.
440 E. WARNER RD. 1127 NORTHERN OHIO GOLF CHARITIES Name 34-1712857 FYE: 10/31/2010

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Federal Statements

1127 NORTHERN C 34-1712857 FYE: 10/31/2010

Statement 4 - Form 990-PF		1 - List of Offi	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	tees, Etc.	•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BERNIE ANTONIO 440 EAST WARNER ROAD Akron OH 44319	TRUSTEE	0.50	0	0	0
PAM WILLIAMS 440 EAST WARNER ROAD Akron OH 44319	PRESIDENT	0.50	0	0	0
CHUCK ABRAHAM 440 EAST WARNER ROAD Akron OH 44319	VICE-PRESIDE	0.50	0	0	0
BOB HANDLOS 440 EAST WARNER ROAD Akron OH 44319	SECRETARY	0.50	0	0	0
GINI PAIGE 440 EAST WARNER ROAD Akron OH 44319	TREASURER	0.50	0	0	0
RICK BURKE 440 EAST WARNER ROAD Akron OH 44319	TRUSTEE	0.50	0	0	0
LEE DICOLA 440 EAST WARNER ROAD Akron OH 44319	TRUSTEE	0.50	0	0	0
BARBARA DIETERICH 440 EAST WARNER ROAD Akron OH 44319	TRUSTEE	0.50	0	0	0
CONNIE HESSKE 440 EAST WARNER ROAD Akron OH 44319	TRUSTEE	0.50	0	0	0
DAVID HICKS	TRUSTEE	0.50	0	0	0

	·	Expenses	0	0	
	ustees,	Benefits	0	0	0
Ø	fficers, Directors, Tr	Compensation	0	0	0
tatement	e 1 - List of Ontinued)	Average Hours	0.50	0.50	0.50
Federal Statements	Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Title	TRUSTEE	TRUSTEE	TRUSTEE
1127 NORTHERN OHIO GOLF CHARITIES 34-1712857 FYE: 10/31/2010	Statement 4 - For	and SS D	Q	Q	Ω
127 NOKIHERN ORI 34-1712857 FYE: 10/31/2010		Name and Address 440 EAST WARNER ROAD Akron OH 44319	AL KELLER 440 EAST WARNER ROAD Akron OH 44319	JUDY MCVERRY 440 EAST WARNER ROAD AKRON OH 44319	EMILY PETRARCA 440 EAST WARNER ROAD AKRON OH 44319

· 1127 NORTHERN OF	IIO GOLF CHARITIES
34-1712857	Federal Statements
FYE: 10/31/2010	
Form 99	0-PF, Part XV, Line 2b - Application Format and Required Contents
	Description
SEE ATTACHED APPLI	CATION
	Form 990-PF, Part XV, Line 2c - Submission Deadlines
	Description
REQUEST ACCEPTED A	NNUALLY FROM JULY TO SEPTEMBER.
For	m 990-PF, Part XV, Line 2d - Award Restrictions or Limitations
_	
TIMITUDE TO TO 1/2 /	Description
FIMITED TO 501(C)(3) ORGANIZATIONS IN NORTHEAST OHIO.

Federal Statements

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Statemen	Statement 3 - rorm 990-rr, ran	Year	Year AV, Line Sa - Grains and Continuous raid During the	
Name	Address			
Address	Relationship	Status	Purpose	Amount
ACCESS, INC. OH	N/A	501-C-3		15,000
AKRON COMM SERVICE CENTER OH	N/A	501-C-3		000'6
AKRON GENERAL DEVELOPMENT OH	N/A	501-C-3		15,000
AKRON JAYCEES FOUNDATION OH	N/A	501-C-3		7,500
AKRON MARATHON CHARITABLE OH	N/A	501-C-3		4,300
AKKON KEGIONAL DEV. BOAKD OH	N/A	501-C-3		30,000
AKKON SUMMIT COMMUNITY OH	N/A	501-C-3		24,000
AMERICAN RED CROSS OH	N/A	501-C-3		3,500
AMERICAN RED CROSS OH	N/A	501-C-3		1,000
ASIAN SERVICES IN ACTION OH	N/A	501-C-3		21,813
BATTERED WOMEN'S SHELTER OH	N/A	501-C-3		13,000
BEACON JOURNAL CHARLTY OH	N/A	501-C-3		50,000
CANTON CHALLENGER BASEBAL OH	N/A	501-C-3		200
CHILDREN'S HOSPITAL OH	N/A	501-C-3		958'09
CHOICES, A COMMUNITY OH	N/A	501-C-3		3,000
COMMUNITY HALL FOUNDATION OH	N/A	501-C-3		15,000
COMMUNITY SUPPORT SERVICE OH	N/A	501-C-3		10,000
EAST AKRON NEIGHBORHOOD OH	N/A	501-C-3		10,000
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1127 NORTHERN 34-1712857 FYE: 10/31/2010

Federal Statements

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

			(Denilli)	
Name	Address			
Address	Relationship	Status	Purpose	Amount
EVANT, INC. OH	N/A	501-C-3		10,000
FATHERS & SONS OF NE OHIO OH	N/A	501-C-3		10,000
FIRST BOOK GREATER AKRON OH	N/A	501-C-3		1,000
FIRST TEE OF AKRON, INC OH	N/A	501-C-3		10,000
FIRST TEE OF CANTON, INCOM	N/A	501-C-3		15,000
FIRST TEE OF CLEVELAND, OH	N/A	501-C-3		30,000
GOLDEN AGE CENTERS OF OH OH	N/A	501-C-3		7,500
GOOD SHEFAKD ATHLETIC OH	N/A	501-C-3		2,000
HATTIE LAKLHAM FOUNDATION OH	N/A	501-C-3		8,500
HAVEN OF REST MINISTRIES, OH	N/A	501-C-3		17,000
HERE'S HOPE HORSE FARM OH	N/A	501-C-3		1,750
HIRAM FARM LIVING & OH	N/A	501-C-3		10,000
INTERVAL OF BROTHERHOOD OH	N/A	501-C-3		17,500
METRO PARKS SERVING OH	N/A	501-C-3		17,500
METROHEALTH FOUNDATION, OH	N/A	501-C-3		27,000
MITOCHONDRIAL DISEASE OH	N/A	501-C-3		200
MOBILE MEALS, INC. OH	N/A	501-C-3		37,000
OAK CLINIC, THE OH	N/A	501-C-3		2,400
				5

				,
1127 NORTHERN OHIO GOLF CHARITIES 34-1712857 FYE: 10/31/2010		Federal St	deral Statements	•
Statemen	Statement 5 - Form 990-PF, Part X	t XV, Line 3a	V, Line 3a - Grants and Contributions Paid During the	•
	77	Year (cor	ntinued)	
Address	Relationship	Status	Purpose	Amount
REGINA HEALTH CENTER OH	N/A	501-C-3		10,000
KONALD MCDONALD CHILDREN' OH	N/A	501-C-3		25,000
SHELTER CARE, INC. OH CHEINER HOCDIMAL	N/A	501-C-3		13,000
SHRINERS HOSFIIAL FOR OH OF CH ATANGEME	N/A	501-C-3		1,000
OH COMMIT STREET	N/A	501-C-3		3,550
SOUTH STREET MINISTRIES, OH	N/A	501-C-3		20,000
SUMMER FOUNDALION OH CINMER FOUNDALION	N/A	501-C-3		35,000
HO WILLIAM TO WILLIAM THE TRANSPORT OF T	N/A	501-C-3		19,965
UNIVERSIII OF ARRON OH	N/A	501-C-3		40,000
UNIVERSITI HUSFITALS OH VMC1 OF CENTERAL CHARP	N/A	501-C-3		15,000
INCA OF CENTRAL STARR OH Total	N/A	501-C-3		15,000
				5