

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **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 2010

Department of the Treasury Internal Revenue Service

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

Open to Public \* Inspection

<u>A</u> _	For the 2	o i o calend	dar year, or tax year begint	ning	<u>, 2010, </u>	, and end	ıng			,		
В	Check if ap	plicable	C Name of organization GRE	ENBRIER RECREATION	CLU	B, INC	· .	D Employ	er Ider	ntification Numb	er	
	Addres	s change	Doing Business As							0157		
	Name	change	Number and street (or P O bo	x if mail is not delivered to street addr)		Roor	n/suite	E Telepho	one nur	nber		
	Initial r	return	1928 HYGEIA ROAD					(61	5) (	643-4505	<u> </u>	
	Termin	ated	City, town or country		State	ZIP code -	4					
	Amend	led return	GREENBRIER		TN	37073	}	G Gross r	eceipts	\$ 402,0	)27.	
	Applica	ation pending	F Name and address of principa	1 officer			H(a) Is this	a group retur				X No
	_		BILL VERNICH 1928 H	HYGEIA RD GREENBRIE	R TN	37073		affiliates inc			Yes	No
1	Tax-exen	npt status	501(c)(3) X 501(c) ( 7		a)(1) or	527	IT NO,	attach a list	(see ir	istructions)		
J	Websit						H(c) Group	exemption no	umber	<b>&gt;</b>		
ĸ	Form of c	organization	X Corporation Trust	Association Other	Li	rear of Forn				legal domicile	TN	
Pa	irt I	Summai	y		<u>-</u>							
		efly descril	be the organization's mission	on or most significant activities	GF	REENBR	IER REC	REATIC	N C	LUB		
0	_IS	A COU	NTRY CLUB OFFERI	NG GOLF ACTIVITES,	P001	L AND	VARIOUS	<u> </u>				
anc	<u>ro</u>	HER RE	CREATION ACTIVIT	ES FOR THE SOCIAL	ENJO'	YMENT	OF ITS					
Activities & Governance		MBERSH	<u>-</u>				<b>-</b> -					
Š				discontinued its operations o	r dispo	sed of me	ore than 25	% of its ne				
ಹ	i		ting members of the govern		1	LLA				8		
es				of the governing body (Part V	•	(0)			5	8		
Ξ			of volunteers (estimate if r	calendar year 2010 (Part V, III recessary)	ie za)				6	0		
Act			·	art VIII, column (C), line 12					7 a	+		0.
			business taxable income fi						7 b			
				· · · · · · · · · · · · · · · · · · ·			P	rior Year		+	nt Year	
	8 Co	ntributions	and grants (Part-VIII, line-	<del>lh)</del>				173,2	49.		81,1	
ЪГ	9 Program service revenue (Part VIII Rine 20 EIVED  10 Investment income (Part VIII, co <del>lumn (A), lines 3, 4, and 70</del> )								44.	<del></del>	09,2	
Revenue									08.	1		0.
ď	11 Oth	ner revenue	e (Part VIII, colluga (A), lin	es 5, 6d, 8c, 9c, 10 <b>€ a</b> nd 11e)				83,6	53.		74,7	32.
	<b>12</b> Tot	tal revenue	= – add lines 8 t@dughWA	must equal Part VIII column (	A), line	e 12)		347,4	54.	3	65,1	31.
	<b>13</b> Gra	ants and si	mılar amounts paid (Part I)	(, column (A), linesαt-β)								
			paid to or for members (Part/IX Column (A), (Iline 4)									
•	<b>15</b> Sa	laries, othe	er compensation, employee	benefits (Part IX, column (A),	lines 5	5-10)		201,8	17.	1	83,3	52.
Expenses	<b>16a</b> Pro	ofessional i	fundraising fees (Part IX, co	olumn (A), line 11e)								
per	<b>b</b> Tot	tal fundrais	ing expenses (Part IX, colu	ımn (D), line 25) ►								
ũ	17 Oth	ner expens	es (Part IX, column (A), lin	es 11a-11d, 11f-24f)				200,3	31.	2	10,3	71.
	ľ	•		qual Part IX, column (A), line	25)			402,1			93,7	
	l		expenses Subtract line 18		,			-54,6			28,5	
88		··			-		Beginnii	ng of Curren			f Year	
a E		tal assets (	(Part X, line 16)					419,1			82,7	_
A B	<b>21</b> Tot	tal liabilitie	s (Part X, line 26)					668,4			60,6	
Not Assats Fund Bolan	22 Ne	t assets or	fund balances Subtract In	ie 21 from line 20				-249,3		1	77,9	
		Signatu					<u> </u>			<u> </u>	,_	<del></del>
		of periury. I d	eclare that I have examined this ret	urn. petudioù accompanying schedules	and state	ements, and	to the best of	mv knowleda	e and b	pelief it is true	correct a	and
com	nplete Decla	ration of prep	arer (other than officer) is cased on	urn, including accompanying schedules all information of which preparer has a	ny knowle	edge		,				
			Jell / ferre	<u> </u>								
Sig	gn	Signatu	re of officer				Da 1					
He	re	<b></b>	ill resuich					212-	U		_	
		Type or	print name and title								_	
		Print/Type p	reparer's name	Preparer's signature		Date		Check X	l f	PTIN		
Pa		STEPHE	EN PIERSON	/ RE/LICIA		05/05	5/11	self-employ	ed			
Pro	eparer	Firm's name	STEPHEN PIER	SON CPA						<del></del>		
Us	e Only	Firm's addre	ess 2308 B MEMOR	IAL BLVD				Fırm's EIN	<b>•</b>			
_		<u> </u>	SPRINGFIELD	TN	3717	2		Phone no	(61	5) 382-	4554	
May	y the IRS	discuss th	is return with the preparer s	shown above? (see instructions	s)					X Yes		No
DΛ	A For Bo	nanyark D	eduction Act Notice see th	o conseste instructions			EE 40101 12	D1/10			000 /	2010

	990 (2010) GREENBRIER RECREATION CLUB, INC.	62-08401	57 Pa	age <b>2</b>
Par				
	officer in Generalize of Contains a response to any question in this rait in			
1	Briefly describe the organization's mission			
	GREENBRIER RECREATION CLUB			
	IS A COUNTRY CLUB OFFERING GOLF ACTIVITES, POOL AND VARIOUS			
	See Form 990, Page 2, Part III, Line 1 (continued)			
	Did the agent and add a second and a second		_	
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior	Yes X I	N.
	If 'Yes,' describe these new services on Schedule O		Yes X I	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	"aas2	Yes X I	M-
•	If 'Yes,' describe these changes on Schedule O	uces,	ies 🔝 i	No
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 expenses Se l allocations to ot	ction 501(c)(3) hers, the total	)
	expenses, and revenue, if any, for each program service reported			
<b>4</b> a		Revenue \$		)
	THE ORGANIZATION MAINTAINS A FACILITY WHICH INCLUDES A POOL, AN	18 HOLE		
	GOLF COURSE, RESTAURANT AND VACANT LAND FOR SOCIAL ENJOYMENT AN			
	OF ATHLETIC SPORT IN ACCORDANCE WITH THE PURPOSE SET FORTH IN T	HE CORPORA	TE CHARTE	ER.
	*			
4 b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$		)
		_ <b></b>		
		_ <b></b>		
40	(Code) (Expenses \$ including grants of \$) (F	Revenue \$	-	
		· —		_′
			<del>-</del>	
				- <del>-</del> -
			<del>_</del> _	 
4 d	Other program services (Describe in Schedule O )			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
	Total program service expenses ▶			
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,			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? (see instructions)	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		_x
4	Section 501(c)(3) organizations  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		Х
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 V	10		<u> </u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	<del></del>
I	b 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	11 b		Х
(	c 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	11 c		X
	d 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_x_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ <u>X</u> _
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	b 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, Parts I and IV	14b		<u>X</u>
	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, Parts II and IV	15		<u>X</u>
	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, Parts III and IV	16		X
	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 (see instructions)	17		<u> </u>
	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	_	<u> </u>
	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		<u> </u>
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) GREENBRIER RECREATION CLUB, INC.

[Partitly 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		Х
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
<b>24</b> a	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
t	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	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	_	
ł	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		
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	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 (or a family member thereof) 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? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
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		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	2010)

<u>rai</u>	Check if Schedule O contains a response to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1:	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		,	,
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	, ,	, ]	,
	ments, filed for the calendar year ending with or within the year covered by this return 24 24			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Х	, .
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	4a		х
•	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
′	Organizations that may receive deductible contributions under section 170(c).	,		, · ,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	lf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			~.
_	holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 72,065.	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 72,065. Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		ļ	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	ŀ		
0	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1a 8 b Enter the number of voting members included in line 1a, above, who are independent 1b|8 £3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Х Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a 8Ь Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Does the organization have local chapters, branches, or affiliates? Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Х 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No.' go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts' c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Х X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official 15a Х **b** Other officers of key employees of the organization 15<sub>b</sub> Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 162 Х taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. FGREENBRIER RECREATION CLUB, INC. 1928 HYGEIA ROAD, GREENBRIER, TN 37073 (615) 643-4505

Form <b>990.</b> (2010)	CDEENDDIED	DECDEAMION	CTID	TNC
-orm <b>990.</b> (2010)	GKEENBKIEK	RECREATION	CTOR.	INC.

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62-0840157

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Form 990 (2010)

# PartsVII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### 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 organization's tax year
- 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, if any See instructions for definition of 'key employee'
- 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 neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current office	cer, director, or trustee	)
(A)	(B)	3) (C)				(D)	(E)	(F)		
Name and title	Average hours per week (describe		_	_		that app	ly)	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
	(describe hours for related organiza- tions in Schedule O)	adividi el traspe or director	institutional (custee	2	Key emphyee	High est cointensated employee	164	(1.2.63363)	(1.2.03) 11.03)	organization and related organizations
(1) BILL VERNICH	2 00			,,						•
PRESIDENT	3.00	Х	_	X	<u> </u>			0.	0.	0.
(2) JIMMY GRUBBS VICE-PRESIDENT	1.00	Х		x				0.	0.	0.
(3) MECHELE GERMANY SECRETARY	1.00			х				0.	0.	0.
(4) KATHY CRABTREE DIRECTOR	1.00							0.	0.	0.
(5) JERRELL HARRIS										
DIRECTOR  (6) BILL GREGORY	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) DON FIELDER DIRECTOR	1.00	х						0.	0.	0.
_(8)_DICK_WHITELEY DIRECTOR	1.00	х						0.	0.	0.
(9)										
<u>(10)</u>					-					
<u>(11)</u>		_								
<u>(12)</u>										
(13)										<del></del>
<u>(14)</u>										
<u>(15)</u>										
<u>(16)</u>										
<u>(17)</u>								_		
	<u> </u>	Ь	<u> </u>		<u> </u>			l .	<u> </u>	

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Part VII   Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	npensated Em	ployee	s (co	nt)
· (A)	(B)	_		•	c)			(D)	(E)		(F)	
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame co	Estimated bunt of of mpensation the ganization and related ganization	ther ion on ed
(18)	_								<u>-</u> .	1		
(19)										1.	<del></del>	<del></del>
(20)												
(21)												_
(22)										<u> </u>		
(23)	-										•	
				_								
_(24)	-									-		
(25)												
(26)	-											
(27)												
	-											
(29)												
1 b Sub-total							•	0.	0			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	A						<b>&gt;</b>	0.	0		_	0.
Total number of individuals (including but not limited from the organization	to thos	e list	ted a	abov	/e) v	vho	rece	eived more than \$	100,000 in reporta	ble com	pensati	ion
3 Did the organization list any former officer, director	or trusta	o k	ev e	mol	OV 6	9 01	, bia	hest compensated	Lemnlovee		Yes	No
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such in	dıvıdual			-	•			·		3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150	),000	)? <i>II</i>	f 'Ye	s' c	omp	lete	Schedule J for	<i>,</i> , , , , , , , , , , , , , , , , , ,	4		Х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' continued to the organization of the	ompensa omplete	stion Sch	froi edu	m ar <i>le J</i>	ny u for :	nrel s <i>uch</i>	ated <i>per</i>	organization or ir rson	ndıvıdual ———————	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inden	ende	ent d	conti	racto	ors t	hat	received more tha	n \$100 000 of			
compensation from the organization  (A)								(В			(C)	
Name and business addres	s							Description	of services	Comp	ensatio	on
	_											
							, .			<del></del>		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not I	ımıte	ed to	tho	se I	ıste	d ab	ove) who received	more than			

Pa	t VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns1ab Membership dues1b163,967c Fundraising events1cd Related organizations1d	•	, , ,	<i>'</i>	\$ 5
ONS, G	e Government grants (contributions)	- ,	/ *	. ~ *	74 * *
TRIBUT O OTHER	f All other contributions, gifts, grants, and similar amounts not included above 17, 219  g Noncash contributions included in lns 1a-1f \$	<u>.</u>	*	,ú	<b>\$</b>
ĕĕ	h Total. Add lines 1a-1f	101 106	. ,	·	, ~
<del>"</del>		181,186.			
₹	Business Code				
3	2a GREEN FEES AND RELATED FEES 713910	80,046.		0.	0.
2	<b>b</b> POOL FEES 713910	16,063.	16,063.	0.	0.
Ş	c TOURNAMENTS 713910	13,104.	13,104.	0.	0.
PROGRAM SERVICE REVENUE			13/1010	· · ·	
Š	<u> </u>	-		<del>  -</del>	
ξ	e	<del> </del>			
9	f All other program service revenue				
PR	g Total. Add lines 2a-2f	<b>►</b> 109,213.	7	. 🐝 ;	
	3 Investment income (including dividends, interest and				
	other similar amounts)	<b>▶</b> 0.	o.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	<b>-</b>			
	• • •		<del></del>		
	5 Royalties				
	(i) Real (ii) Personal			n 💰	
	<b>6a</b> Gross Rents 21,120. 31,575			n &	· ' ' ' ' '
	<b>b</b> Less rental expenses	_			
		- '	*	,	
	d Net rental income or (loss)	<u>52,695.</u>	52,695.	0.	0.
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	h lass and a dharkan	_			
	b Less cost or other basis and sales expenses		,		
	· · · · · · · · · · · · · · · · · · ·	-			
	c Gain or (loss)	_	,		
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
₩	of contributions reported on line 1c)				
<u> </u>	See Part IV, line 18	_			1
ᇎ	<b>b</b> Less: direct expenses <b>b</b>				
°	c Net income or (loss) from fundraising events	<b>&gt;</b>			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b			 	ł
	c Net income or (loss) from gaming activities	<b>•</b>			
	10a Gross sales of inventory, less returns and allowances a 53, 366	<del>-</del>			
	<b>b</b> Less cost of goods sold <b>b</b> 36,896	<u>.  </u>			
	c Net income or (loss) from sales of inventory	16,470.	16,470.	0.	0.
Ī	Miscellaneous Revenue Business Code				
Ì	11a LATE FEES AND MISC CHARGES 900099	5,567.	5,567.	0.	0.
		3,301.	3,307.	···	<u> </u>
	b	<del> </del>			
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	5,567.			
	12 Total revenue. See instructions	365,131.	183,945.	0.	
-	- I State To Fortide Cocc (113) (I dell'UTS	1 202,131.	103,943.	<u> </u>	0.

#### Part IX. Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (A) Program service Fundraising Do not include amounts reported on lines Management and Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and organizations in the U.S See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 \* á Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 168,345. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 15,007. 10 11 Fees for services (non-employees) a Management **b** Legal 1,438 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees q Other 393 12 Advertising and promotion 1,031 13 Office expenses Information technology 14 Royalties 15 Occupancy 16 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 42,357. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization <u>27,7</u>95. 23 Insurance 10,845 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 2,870. a BANK CHARGES **b** LICENSES & PERMITS 800. c CONTRACT LABOR 540. d GOLF COURSE AND POOL EXPENSE 50,525. e TELEPHONE 1,283. 70,494 f All other expenses 25 Total functional expenses Add lines 1 through 24f 393,723. Joint costs. Check here ► \_\_\_\_ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

Pa	<u>rt X</u>	Balance Sheet							
•					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	•		23,014.	1	16,644.		
	2	Savings and temporary cash investments			1,001.	2	0.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, truste	ees, key employees, hedule L		5	<u> </u>		
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting	employers and	£ 3°	* 6	Sp. 1 2 07		
A S	7	Notes and loans receivable, net				7			
ASSETS	8	Inventories for sale or use			6,576.	8	5,339.		
Ī	9	Prepaid expenses and deferred charges			260.	9	260.		
	_	•							
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,123,456.	* ′ ′	•	<b>*</b>		
	b	Less accumulated depreciation	10b	763,204.	388,047.	10 c	360,252.		
	11	Investments - publicly traded securities				11			
	12	Investments – other securities See Part IV, line 11			12				
	13	Investments - program-related See Part IV, line 11			13				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11			205.	15	205.		
	16	Total assets Add lines 1 through 15 (must equal line	34)		419,103.	16	382,700.		
	17	Accounts payable and accrued expenses			27,426.	17	32,163.		
	18	Grants payable				18			
	19	Deferred revenue				19			
Ļ	20	Tax-exempt bond liabilities				20			
Å	21	Escrow or custodial account liability Complete Part I'	V of Sc	hedule D		21			
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, k sons C	ey employees, Complete Part II	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	22			
Ë	23	Secured mortgages and notes payable to unrelated th	ırd nart	105		23			
>		Unsecured notes and loans payable to unrelated third			635,376.	24	622 074		
	2 <del>4</del> 25	Other liabilities Complete Part X of Schedule D	parties	'	5,673.	25	623,874.		
		Total liabilities. Add lines 17 through 25			668,475.	26	4,627.		
	20	Organizations that follow SFAS 117, check here	ar	nd complete lines	000,475.	20	660,664.		
N E N		27 through 29 and lines 33 and 34.	_	•					
Ą	27	Unrestricted net assets		1		27			
くいいましい	28	Temporarily restricted net assets				28			
Š	29	Permanently restricted net assets			29				
Q R		Organizations that do not follow SFAS 117, check he	re ►	X and complete					
		lines 30 through 34.							
השבם	30	Capital stock or trust principal, or current funds				30			
	31	Paid-in or capital surplus, or land, building, or equipm	d	95,208.	31	95,208.			
Ļ	32	Retained earnings, endowment, accumulated income,		t t	-344,580. <b>32</b> -373,17				
BALAZCES	33	Total net assets or fund balances			-249,372.	33	-277,964.		
E S	34	Total liabilities and net assets/fund balances			419,103.	34	382,700.		

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Form **990** (2010)

		2-0840157	·	Page <b>12</b>			
:Pa	<b>↑®XI</b> Reconciliation of Net Assets						
٠	Check if Schedule O contains a response to any question in this Part XI			$\Box$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	5,131.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	3,723.			
3	3 Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-24	9,372.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,						
Pai	t XII Financial Statements and Reporting	6		7,964.			
	Check if Schedule O contains a response to any question in this Part XII						
	Check if deficable o contains a response to any question in this rait xii	<u> </u>		res No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	<del></del>	.*	es No			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		<u> </u>				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>			
ı	Were the organization's financial statements audited by an independent accountant?		2b	X			
•	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2c	x			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			1			
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss separate basis, consolidated basis, or both	sued on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e Single	3a	x			
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit	3ь				
BAA			Form 9	90 (2010)			

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **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 2010

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Employer identification number

GRE	ENBRIER RECREATION CLUB, INC	•		62-0840157
Part	Organizations Maintaining Dono	r Advised Funds or Othe	Similar Fun	ids or Accounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line	6.	
		(a) Donor advised fu	inds	(b) Funds 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			
	Did the organization inform all donors and done funds are the organization's property, subject to			or advised Yes No
	Did the organization inform all grantees, donor: used only for charitable purposes and not for th purpose conferring impermissible private benet	he benefit of the donor or donor	that grant funds advisor, or for a	c can be any other Yes No
Part	Conservation Easements. Compl	ete if the organization an	swered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that	apply)	
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation of	of an historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation	contribution in th	
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easen	nents		2b
C	Number of conservation easements on a certifi	ed historic structure included in	(a)	2c
	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and	not on a historic	2 d
	Number of conservation easements modified, t tax year ►	ransferred, released, extinguish	ed, or terminate	d by the organization during the
4	Number of states where property subject to cor	nservation easement is located	·	_
5	Does the organization have a written policy reg and enforcement of the conservation easement	parding the periodic monitoring, its it holds?	nspection, hand	dling of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing con	servation easen	nents during the year
	Amount of expenses incurred in monitoring, ins  ▶ \$	specting, and enforcing conserva	ation easements	during the year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	rements of sect	ion Yes No
	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial sta	ts revenue and ements that des	expense statement, and balance sheet, and scribes the organization's accounting for
Part	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical 1 wered 'Yes' to Form 990,	reasures, or Part IV, line	Other Similar Assets. 8.
	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its financ	held for public exhibition, educa-	ation, or researd	ue statement and balance sheet works of the in furtherance of public service, provide,
	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	SFAS 116 (ASC 958), to report d for public exhibition, education	in its revenue si , or research in	tatement and balance sheet works of art, furtherance of public service, provide the
1	(i) Revenues included in Form 990, Part VIII,	line 1		<b>*</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of an amounts required to be reported under SFAS 1	t, historical treasures, or other s 16 (ASC 958) relating to these i	ımılar assets foi tems:	r financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
b	Assets included in Form 990, Part X		- · · · · ·	<b>►</b> \$

Schedule <b>D</b> (Form 990) 2010 GREE				62-084			Page 2
Part III   Organizations Mainta	ining Collec	tions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (cor	ntınu	ed)
3 Using the organization's acquisition items (check all that apply)	on, accession, a	and other records, che	ck any of the following th	hat are a significant use	of its coll	ection	า
a 🔲 Public exhibition		<b>d</b> 🗍 Loan o	or exchange programs				
<b>b</b> Scholarly research		e 🗌 Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIV					ın		
5 During the year, did the organiza assets to be sold to raise funds r					Yes	$\bot$	No
Part IV Escrow and Custodia 9, or reported an amount	<b>il Arrangeme</b> ount on Form	e <b>nts.</b> Complete if c 990, Part X, line	organization answei 21.	red 'Yes' to Form S	}90, Parl	t IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, o	or other intermediary f	or contributions or other	assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the following	g table <sup>.</sup>		Amount		
c Beginning balance				1 c	Amount		
<b>d</b> Additions during the year				1d			
e Distributions during the year				1 e			
f Ending balance				16			
2a Did the organization include an a	mount on Form	990 Part X June 212		111	Yes		No
<b>b</b> If 'Yes,' explain the arrangement		330, 1 art X, iiile 21			163	L	] <b>NO</b>
Part V Endowment Funds. Co		organization ans	wered 'Yes' to Form	m 990 Part IV line	10		
	(a) Current ye				(e) Fou	ır vears	hack
1 a Beginning of year balance	(a) current je	(b) Thorycan	(c) The years buch	(a) Three years back	(6)100	· yours	Duck
<b>b</b> Contributions							-4
				* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	+	3 %	<u> </u>
c Net investment earnings, gains, and losses				,	* 1	. )	
d Grants or scholarships					<u> </u>	<u> </u>	4
e Other expenditures for facilities and programs				, .			
f Administrative expenses					<u> </u>		
<b>g</b> End of year balance					<u> </u>		
2 Provide the estimated percentage	e of the year end	d balance held as:					
a Board designated or quasi-endow	vment ►	<del>8</del>					
<b>b</b> Permanent endowment <b>&gt;</b>	ક						
c Term endowment ►	<del>8</del>						
3a Are there endowment funds not ii	n the possession	n of the organization th	at are held and adminis	tered for the	_		
organization by	,	-			Y	es/	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ιι), are the related o	-	•			_3b		
4 Describe in Part XIV the intended							
Part VI   Land, Buildings, and							
Description of investment	t (a	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d)</b> Bo	ok va	lue
1 a Land	<u> </u>	162,706.			1		706.
<b>b</b> Buildings		307,532.		255,079.			453.
c Leasehold improvements		88,020.		84,443.		<u>3,</u>	577.
<b>d</b> Equipment	L.	194,669.		139,573.		55 <b>,</b>	096.
e Other		370,529.		284,109.		86,	420.
Total. Add lines 1a through 1e (Columi	n (d) must equal	Form 990, Part X, col	lumn (B), line 10(c))		3	360,	252.
BAA				Sched	dule <b>D</b> (For	m 99	0) 2010

Schedule (Form 990) 2010 GREENBRIER RECREATION CLUB, INC.		52-084	0157	Page 4
Part XIST Reconciliation of Change in Net Assets from Form 990 to Audited Finan	icial Statements		•	
1 Total revenue (Form 990, Part VIII,column (A), line 12)				
2 Total expenses (Form 990, Part IX, column (A), line 25)				
3 Excess or (deficit) for the year Subtract line 2 from line 1				
4 Net unrealized gains (losses) on investments		L		
5 Donated services and use of facilities				
6 Investment expenses		L		
7 Prior period adjustments				
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 through 8		ſ		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	Ī		
Part XII Reconciliation of Revenue per Audited Financial Statemer		Return		
Total revenue, gains, and other support per audited financial statements		1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a			
<b>b</b> Donated services and use of facilities	2b	_		
c Recoveries of prior year grants	2c	_		
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d	1 24	2e		
3 Subtract line 2e from line 1		3	==	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	-		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	$\dashv$ $\parallel$		
b Other (Describe in Part XIV)	4D			
c Add lines 4a and 4b		4c	<del></del>	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	onto With Evnances no	_ 5		
Part XIII   Reconciliation of Expenses per Audited Financial Stateme	ents with Expenses pe		<u>rn</u>	
1 Total expenses and losses per audited financial statements		1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
a Donated services and use of facilities	2a	_[ ``]		
<b>b</b> Prior year adjustments	2b	_		
c Other losses	2c	_		
d Other (Describe in Part XIV.)	2d	_		
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1	1 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	_		
<b>b</b> Other (Describe in Part XIV)	4b	_		
c Add lines 4a and 4b		4c	<u>.                                    </u>	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV   Supplemental Information		5		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pai Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line any additional information	rt III, lines 1a and 4; Part IV, ies 2d and 4b Also complete	lines 1b this par	and 2b, t to provide	
			·	<b>-</b>
		<del>-</del>		
				<b>-</b> -
				<b>-</b> -

Schedule D (Form 990) 2010	GREENBRIER RECREATION	ON CLUB, INC.	62-0840157	Page 5
Part XIV Supplementa	Information (continued)			
<b>_</b> ,				
			<del></del>	
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				<b>-</b>
	<b></b>			
		<del></del>	~	

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
GREENBRIER RECREATION CLUB, INC.	62-0840157
Pt_VI-A, Line 6 _ CLUB_GOLD_MEMBERS_SHARE_OWNERSHIP_OF_THE_CLUB_	WITH
THEIR MEMBERSHIP FEE.	
Pt_VI-A, Line 7a CLUB_GOLD_MEMBERS_ELECT_BOARD_MEMBERS_ANNUALLY	<u>′.</u>
Pt VI-A, Line 8a BOARD MEETING MINUTES ARE KEPT BUT COMMITTEE M	MEETING
MINUTES ARE NOT KEPT. THE COMMITTEE ACTIVITIES	CS_ARE
REPORTED DIRECTLY TO THE BOARD.	
Pt_VI-A, Line 8b COMMITTEE MEETING MINUTES ARE NOT KEPT. THE	
COMMITTEE ACTIVITIES ARE REPORTED DIRECTLY TO	THE
BOARD.	
Pt_VI-B, Line 11a FORM 990 IS PRESENTED TO THE BOARD. THE BOARD	)
REVIEWS FORM 990 AND ANY QUESTIONS ARE ANSWERE	D
ONCE ALL QUESTIONS HAVE BEEN ADDRESSED THE RET	URN
IS SIGNED AND SUBMITTED.	
Pt VI-C, Line 19 THE BOARD KEEPS THE GOVERNING DOCUMENTS AT THE	<u>-</u>
CLUB. IF A MEMBER OF THE CLUB REQUESTS TO REV	ZIEW
THE GOVERNING DOCUMENTS, THEY ARE PROVIDED TO	THEM
AT THE CLUB.	

# Form **4**562

Department of the Treasury Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Atta

► Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No 67

Name(s) shown on return Identifying number 62-0840157 GREENBRIER RECREATION CLUB, INC. Business or activity to which this form relates Form 990 / Form 990EZ Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) 4,974 Part III A MACRS Depreciation (Do not include listed property ) (See instructions) **Section A** MACRS deductions for assets placed in service in tax years beginning before 2010 17 22,821 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (a) (b) Month and (d) (e) (f) Method (g) Depreciation Classification of property year placed in service (business/investment use Recovery period Convention deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs h Residential rental MM S/L property 27.5 yrs S/L MM i Nonresidential real 39 yrs MM S/L property S/L MM Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter here and on

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

27,795.

22

Form 4562 (2010) GREENBRIER RECREATION CLUB, INC. 62-0840157 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes Yes No (b) (d) (e) **(f)** (h) (i) (c) Business/ (g) Basis for depreciation (business/investment use only) Elected section 179 cost Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ Depreciation deduction investment Convention use percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

#### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the year (do not include	Vehi	a) cle 1	(Ł Vehi	o) cle 2	1	c) ıcle 3	1	d) cle 4	Vehi	e) cle 5	1	f) cle 6
31	commuting miles) Total commuting miles driven during the year								-				
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

#### Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting	Yes	No
by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

Par	t vi   Amoruzation					
	(a) Description of costs	<b>(b)</b> Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your	2010 tax year (see	instructions).			
			<u> </u>			
43	Amortization of costs that began before you	r 2010 tax year			43	0.
44	Total. Add amounts in column (f) See the ii	nstructions for where	to report		44	0.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

OTHER RECREATION ACTIVITES FOR THE SOCIAL ENJOYMENT OF ITS

MEMBERSHIP.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
TAXES	20,737.			
UTILITIES	32,230.			
SECURITY	341.			
DUES & SUBSCRIPTIONS	3,134.			
EQUIPMENT RENTAL	920.			
MISCELLANEOUS	2,663.			
REPAIRS AND MAINTENANCE	4,327.			
POSTAGE	639.			
SUPPLIES	5,503.			