SCANNED JUL u 2 2010

Form **990**

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2009, and ending 20

OMB No 1545-0047

Open to Public Inspection

A	For th	ne 2009 calendar year, or tax year beginning , 2009, and	d ending		, 20
В	Check if	applicable Please C Name of organization Meadiw Height Gol	F (1	ub DE	Employer identification number
		s change use IRS Doing Business As			23:0863205
	Name c	bance print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		Telephone number
	initial re	Type. 1 // a a C I I D		10	117) 393-9760
_	Termina	Specific Chamber 1770			1115 15 110
$\overline{}$		tions / and actor PA 17/07-U	LROT	7 .	Gross receipts \$ 1,817,263
		The Manager of the Ma		G	
L.J /	Application	On pending 1	<i>†</i>	H(a) Is this a grou	up return for affiliates? Yes No
_	-			H(b) Are all affi	iliates included? Yes No
		tempt status:		If "No," at	tach a list (see instructions)
	Webs	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		H(c) Group exemp	tion number -
		· · · · · · · · · · · · · · · · · · ·	of formation	MS	state of legal domicile
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	1	_	
	1	Provide golf and diving facility	1700	For u	ce of
ဦ		membels.			7)
Ē				·	·
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more to	than OEO/ of	#a not anasta	
Activities & Governance			IIIAII 2370 UI	its her assers.	3 12
ජ ග		Number of voting members of the governing body (Part VI, line 1a)		}	
:≌	4	Number of independent voting members of the governing body (Part VI,	line 1b)		4 12
ş	5	Total number of employees (Part V, line 2a)			5 62
ĕ	6	Total number of volunteers (estimate if necessary) Directors	·		6 12
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	2		7a <u>O</u>
	b	Net unrelated business taxable income from Form 990-T, line 34			7b O
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)	1	147 70	9 931 969
Ž		Program service revenue (Part VIII, line 2g)		297 44	296412
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51	7 114
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		440 13	31 588768
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12) /		3 1817263
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)	· ·	0	0
98		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–	10/		35 1001384
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		8	0
훘			•		
		Total fundraising expenses (Part IX, column (D), line 25)	·····-	02409	13 876562
	17	Other expenses (Part IX, column (A), lines 11a-Ttd 11f-24f)	· · /		
	18 19	Total expenses. Add lines 13–17 (must equal Part IX column (A), line 25)· · /		
2 8	13	Revenue less expenses. Subtract line 18 from line 12	· · · <u>~</u>	103 42	
its or			<u> </u>	inning of Current	
Bala	t .	Total assets (Part X, line 16)	7. 3		77 3476036
Net Assets Fund Balan		Total liabilities (Part X, line 26) /	<u>,/ . 3</u>		2963453
			/	573 Z	66 512583
Pa	rt II	Signature Block		*	
		Under penalties of perjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is be	ng schedules ased on all i	and statements,	, and to the best of my knowledge
					-1 - 1
Sig	n	I'm in well		<u> </u>	
He	re	Signature of officer			
		JOHN W MOLL O			
		Type or print name and title			
		Preparer's			
De!-	1	signature			
Paid					
	parer's	Firm's name (or yours			
Use	Only	if self-employed),			
		address, and ZIP + 4			

May the IRS discuss this return with the preparer shown above For Privacy Act and Paperwork Reduction Act Notice, see the sep

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Provide use of golf course and dining facilities for use by members
	for use by members
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	6017 CUUYEC
	·····
	······
	·····
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 797700)
	Dining Facilities
_	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pa	t IV Checklist of Required Schedules			
			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		χ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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_		Ϋ́
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
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		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	\$		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	,		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			•
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		χ_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		À
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

22 Did to Unite 23 Did to organ emplo 24a Did to \$100 24b to \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	the organization report more than \$5,000 of grants and other assistance to governments and organizations be United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. the organization report more than \$5,000 of grants and other assistance to individuals in the ed States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the nization's current and former officers, directors, trustees, key employees, and highest compensated oyees? If "Yes," complete Schedule J the organization have a tax-exempt bond issue with an outstanding principal amount of more than 1,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines through 24d and complete Schedule K. If "No," go to line 25, the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? the organization maintain an escrow account other than a refunding escrow at any time during the year efease any tax-exempt bonds? the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? tion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	21 22 23 24a 24b 24c	Yes	ν _ο χ χ χ
22 Did to Unite 23 Did to organ emplo 24a Did to \$100 24b to \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	the organization report more than \$5,000 of grants and other assistance to individuals in the ed States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b 24c		X X X
Unite 23 Did t orgar emple 24a Did t \$100 24b t	ad States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b 24c		X
orgar emple 24a Did t \$100 24b t	nization's current and former officers, directors, trustees, key employees, and highest compensated loyees? If "Yes," complete Schedule J	24a 24b 24c		χ
\$100 24b t	through 24d and complete Schedule K. If "No," go to line 25	24b 24c		Ϋ́
h Did ti	he organization maintain an escrow account other than a refunding escrow at any time during the year efease any tax-exempt bonds?	24c		• • /
	efease any tax-exempt bonds?	-		X _
to de				χ
25a Secti	a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
prior	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a year, and that the transaction has not been reported on any of the organization's prior Forms 990 or EZ? If "Yes," complete Schedule L, Part I	25b		
	a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or alified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		χ
27 Did t subst	the organization provide a grant or other assistance to an officer, director, trustee, key employee, tantial contributor, or a grant selection committee member, or to a person related to such an individual? es," complete Schedule L, Part III.	27		X
28 Was Part I	the organization a party to a business transaction with one of the following parties (see Schedule L, IV instructions for applicable filing thresholds, conditions, and exceptions):	, ,	,	, , , , , , , , , , , , , , , , , , ,
b A fan	rrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		Υ Υ
	ntity of which a current or former officer, director, trustee, or key employee of the organization (or a y member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, IV	28c		X
30 Did t	he organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M he organization receive contributions of art, historical treasures, or other similar assets, or qualified ervation contributions? If "Yes," complete Schedule M	30		χ_
31 Did th	he organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		χ
32 Did th	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete dule N, Part II	32		X
33 Did th	the organization own 100% of an entity disregarded as separate from the organization under Regulations ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
III, IV,	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, I, and V, line 1	34		X
Sched	y related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete dule R, Part V, line 2	35		X
organ	ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If "Yes," complete Schedule R, Part V, line 2	36	_	
37 Did the and the Part N	that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		χ
38 Did th	he organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Note. All Form 990 filers are required to complete Schedule O.	38	\ <u>/</u>	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax / ¬			
	Statements, filed for the calendar year ending with or within the year covered by this return		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	\triangle	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\Diamond
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible?			
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7	Organizations that may receive deductible contributions under section 170(c).	3 4 A		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	7 47 46	
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c	7 - 223 5 8	25560.730
	If "Yes," indicate the number of Forms 8282 filed during the year	ر بر د ایران این این	. 20	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	4 37:30	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	3 200	か が む ち	
	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.	233	7 7	9 3 4
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1941
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12 10a 2 7 8 70		1	137
а	militation rees and dapital contributions moduced on that this, into 12;	l]
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders	1		
	amounts due or received from them.)		<u> </u>): :
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\ X'
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	x	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	9a		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	emal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Y
	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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Se Sec	4	11 14 19 19 19 19 19 19 19 19 19 19 19 19 19
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
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		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by	7-7-2		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7.2	714	
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		(A-1-4-1) (A-1-4-1)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Δ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	¥ . 7 &	*	, : \$
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1	\$ 1 158	* '
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s /	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: Dofis Gyoth of the manager	/ 7	er - 18 -	
	409 GUR R'A LAMCACIONT NA 17602-	40	17	/

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key 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.

Check this box if the organization did not co	mpensate	any o	curre			cer, d	irec			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
James Zanghi President	jo			γ				0	0	0
Richard Toriello Vice Prosident	01			χ				0	0	O.
Michael Wolf Treasurer	10			γ				0	0	d
Scott Dichter Board Member	5	χ						0	o	0
Marie Louise Baron Secretary	5			χ				0	O	0
Carl Becker Board Member	5	Χ						0	0	0
Gregory Westman Board Member	5	Υ						0	д	0
John Tunstall Board Member	ζ.	X						0	0	0
Timethy Deery Member	3	X						0	0	0
Russell Nyland Buard Member	5	X						O	0	0
Jim Tulbert Mamber	ζ	χ						O	9	0
Matt Knowse Manber	5	Х						ð	0	0
										-
		,								
						 				

Pa	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	an	d Higi	hest	t Compensated	Employees (co	ontinued)
	(A)	(B) (C) Average Position (check all that ap							(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
			8	trustee			msated				organizations
											_
1b	Total			<u>'</u>	<u>. </u>	<u> </u>	<u> </u>	<u> </u>	0	0	0
2	Total number of individuals (including but r	not limited			list	ed a	above) wł	no received mo	ore than \$100,0	00 in
	reportable compensation from the organiza	ation ►		<u> </u>					 		Was Na
_	51111										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Si							oye	e, or highest d	ompensated	3 X
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	e c	omp	ens	ation				
5	individual	or accrue		oen:	satı	 on 1	from	 anv	unrelated org	anization for	4 X
- 60	services rendered to the organization? If "	Yes," comp	olete .	Sch	edu	le J	for s	uch	person		5 X
1	ction B. Independent Contractors Complete this table for your five highest co	mnensate	d ind	ene	nde	nt c	contra	acto	rs that receive	d more than \$1	00 000 of
	compensation from the organization.	on pondate		opo							
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
	None							┞			
	,							\vdash			
									·-		
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bi	ut not	lim	ited	l to	those	list	ed above) who	received	

Par	t VII	Statement of Revenue				
			(A) 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 b c d e f	Federated campaigns	931969			
Program Service Revenue	d e f	Greens Fees 713910 Cart Fncnml 713910 Other fles + Misc. 713910 All other program service revenue Total. Add lines 2a-2f	94607 121203 80603	94606 121303 80613		
		Investment income (including dividends, interest, and other similar amounts)	114	114		
	b d	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	. 0	0		<i>8</i> 44
		Gross amount from sales of assets other than inventory Less: cost or other basis		2 A		ş,
		and sales expenses . Gain or (loss)	0	0	MA	
r Revenue	8a	Gross income from fundraising events (not including \$		Ž.	× 5	·\$
Other R	b c	Less: direct expenses b Net income or (loss) from fundraising events ▶	0	0		**
		Gross income from gaming activities See Part IV, line 19				
		Less: direct expenses	0	0		
	10a b	Gross sales of inventory, less returns and allowances	588 768	588768		
	11a b c	All other revenue				
	е	Total. Add lines 11a-11d	1817263	1817763		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section	soricial and soricit	4) organizations mus	t complete all columns.	
other organizations mu	ust complete column	(A) but are not requi	red to complete columns	(B), (C), and (D),

	All other organizations must complete co	lumn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	843886			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	981			
9	Other employee benefits	68646			
10	Payroll taxes	8787/			
11	Fees for services (non-employees):				
	Management				
b	Legal	925			
		789			
	Accounting	/ 0 /			
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	588			
13	Office expenses	8 2 4 3			
14	Information technology	4897			
15	Royalties				
16	Occupancy				
17		648	· · · · · · · · · · · · · · · · · · ·		
	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings .	101013			
20	Interest	181062			
21	Payments to affiliates	1 1 7 1/ 7 7			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization.	113400			
23	Insurance	44185			··· ··· ···· ··· ··· ··· ··· ··· ··· ·
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			,	, , ,
	Real Estate Taxes	100 7.07			
а	***************************************	106 117			
þ	Golf agreens expense	237089			
C	Restanyant, extence	64151			
d	Properly + Locker	119 468			
е	<i>'</i>				
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	1877 946			
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	22143	1_	21669
	2	Savings and temporary cash investments	10 998	2_	0
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	330488	4	280946
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use	47000	8	50708
ď	9	Prepaid expenses and deferred charges	56708	9	82128
	10a	Land, buildings, and equipment: cost or 10a 6 200 368 other basis. Complete Part VI of Schedule D			х.,
	b	Less: accumulated depreciation 10b 3 184723	3108 570	10c	3013545
	11	Investments—publicly traded secunties		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	25470	14	25040
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3601377	16	3476036
	17	Accounts payable and accrued expenses	347 101	17	353112
	18	Grants payable		18	
	19	Deferred revenue	190 337	19	135 160
	20	Tax-exempt bond liabilities		20	
θS	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21_	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
_	1	persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2 468 092		2420 480
	24	Unsecured notes and loans payable to unrelated third parties	22 581	24	54701
	25	Other liabilities. Complete Part X of Schedule D		25	5 2 2 3 2 2 2 5
	26	Total liabilities. Add lines 17 through 25	3028 111	26	2963 453
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>aa</u>	27	Unrestricted net assets		27	
Ä	28	Temporarily restricted net assets		28	
뎔	29	Permanently restricted net assets	7.	29	
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds	E 2 2 2 7 1	32	~15 ~-
ž	33	Total net assets or fund balances	573266		512 583
	34	Total liabilities and net assets/fund balances	3601377	34	3476036

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

Form **990** (2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990.

Employer identification number

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	informati	on.		<i>V</i> 		
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