

Skyview Open: Annual PRO/AM Golf Tournament

FY2021 Strategic Partnership Grants

Skyview Golf Association

PO Box 824
Asheville, NC 28802

O: 828-215-2739

Matthew Bacoate Jr.

mattbacoatejr@charter.com
M: 828-215-2739

Application Form

INSTRUCTIONS

As part of the FY2021 Strategic Partnership Grants program, Buncombe County requests proposals for community-based projects working toward outcomes in alignment with Strategic Plan focus areas.

Please refer to the Grant Guidelines published on the Strategic Partnership Grants website at buncombecounty.org/grants for complete information about the grant program, including: Purpose; Funding; Eligibility; Timeline; Grant writing workshop; Review process; Awards; and more.

Applications are due by 5:00 on February 14, 2020.

BASIC INFORMATION

BASIC INFORMATION – Before completing the application, please tell us a little about the request.

Project Name*

Skyview Open: Annual PRO/AM Golf Tournament

Strategy*

Recognizing that some projects will use more than one strategy, select the strategy that most closely applies to this project:

- Environmental Stewardship - High quality air, water, farmland and renewable energy for future generations
- Educated & Capable Community - A county where all people thrive and demonstrate resilience throughout their lives
- Vibrant Economy - A robust and sustainable economy that builds on homegrown industries/talent and provides economic mobility for all
- Resident Well-Being - A county where residents are safe, healthy, and engaged in their community

Vibrant Economy

Funding Request*

How much funding is this project requesting for FY2021?

\$10,000.00

Grant Guidelines*

Have you read and understand the information presented in the FY2021 Grant Guidelines Strategic Partnership Grants?

Click here for the Grant Guidelines.

If no, please contact County staff to request assistance: Rachael Nygaard, (828) 250-6536 or rachael.nygaard@buncombecounty.org.

Yes

Nonprofit Status*

Upload proof of nonprofit status, such as IRS Determination Letter or documentation from the North Carolina Secretary of State. If this documentation is not available, briefly state the reason.

Skyview 990.pdf
Recent 990 is attached.

Board of Directors*

Upload a current list of your organization's Board of Directors. If your organization does not have a board of directors, briefly state the reason.

Skyview board list.pdf
List is attached.

APPLICATION

APPLICATION QUESTIONS – Responses to these questions will be scored by the grant committee. Each question is worth 10% of the final score.

Organization*

Tell us about your organization. What is your mission? Highlight two or three key facts and accomplishments that best define your organization.

The Skyview Golf Association was founded and incorporated in 1960 as a not for profit organization in an effort to promote golf competition among African American golfers throughout the United States. The first tournament had 50 golfers, and the largest tournament was in 1975 when 254 golfers participated. Today, Skyview is one of the largest tournaments in the Southeast. Golfers have come from Tennessee, Washington, DC, Pennsylvania, Illinois, New York, New Jersey, Maryland, California, Texas, Michigan, Florida, Ohio, Louisiana, Georgia, Hawaii, South Carolina, North Carolina, Nevada, Arizona and internationally from Canada and Bermuda to participate in the PRO/AM tournament. Numerous nationally known African American celebrities and golf professionals have participated in the Skyview Open, such as Lee Edler, Jim Dent, Jim and Chuck Thorpe, John Brooks Dendy and even World Boxing Champion, Joe Louis, to name a few.

Need for the Project*

What is the main issue this project is established to address? What data or qualitative factors/stories are available to show that need?

Our tournament began in 1960 as an effort to promote golf competition among African American golfers and to serve as a stepping stone for superior golfers to join the Professional Golf Association. We are the oldest African American golf tournament in North Carolina, South Carolina and Tennessee. In 1960, competition became integrated to an all-inclusive tournament. Since the inception, the tournament has evolved and has grown consistently every year. Golf enthusiasts from the US, Canada and Bermuda have participated in this tournament. The tournament has an impact on local economy to include hotel/motel usage, restaurants, retail sales, cultural venues. Skyview will submit an annual report outlining the number of participants and the estimated impact on local economy.

Project*

Explain the project and how it will work. Include the overall purpose and any models or evidence-based practices that will be included. What specific activities and milestones are included in the project plan?

Skyview Golf Association will hold its 61st annual golf tournament in July 2020. It will be held at the Asheville Municipal Golf Course. This tournament has been in a period of growth over the past several years and is projected to draw participating golfers and their family members from throughout the country. Skyview has experienced a substantial comeback in membership, participants, players, guests and sponsors. In 2019, the tournament attracted national pro golfers and renowned amateurs. Based on the very encouraging responses of those present and the outreach to major golf manufacturers and pro level golf promoters, a real resurgence is enough to carry the Skyview Open to new heights unimaginable in a new day and new way.

People Served*

How many people will be served by this project? Describe the people served, including demographics such as geography, income, race & ethnicity, age, etc.

In 2020, the tournament is projected to include about 150 golfers, including 90-110 amateurs and 50-60 professionals. Visiting golfers and their families are projected to occupy 135 days of local hotel and motel spaces. The tournament is projected to attract 25% increase in sponsorships and a robust increase in gallery observers touring the golf course during the 3-day competition. Historically, the tournament began with a focus on African American golfers, and today the tournament includes golfers of all backgrounds. For the 2019 tournament, there were 37 pro golfers and 87 amateur golfers. Golfers and their family members came from Florida, Chicago, Maryland, Charlotte, Raleigh, Winston-Salem and other cities and counties.

Results*

What results do you hope to achieve with this project? Be specific about how much impact the project will have in line with Commissioner focus areas.

There will be a positive impact on the local economy based on out of town guests, including hotel/motel usage, restaurants, retail sales, cultural venues, etc. In 2019, hotel/motel usage was 63 days for pro golfers and 133 days for amateur golfers (based on golfers who traveled more than 70 miles).

Evaluation*

How will you know you have succeeded? Explain the project evaluation process, including specific measures that will be tracked.

Skyview will track data about the event including participants, including volume of amateur and professional golfers as well as demographics such as profession and home zip code. Economic impact data will include out of town golfers, method of travel and hotel/motel nights. This information will be reported back to partners, sponsors and funders. Skyview conducts post event surveys to gather participant input.

Collaboration*

List any formal and/or supportive partners. Describe their roles in the project. How will they make it stronger?

Skyview has cultivated local business sponsors such as Ingles Markets, Home Trust Bank, First Citizens Bank, Pepsi, The Foundry Hotel, PNC Bank and an array of small businesses and prominent individuals/community leaders. Golf industry sponsors include companies such as golf product manufacturers. Asheville-Buncombe Sports Commission is partner in helping reach outside markets for sports tourism. Media partners include television and print as well as Pope Golf who manages the golf course and assists with promotion. Asheville Regional Sports Authority is maintaining the social media and outreach activities. Bonesteel Films has produced a documentary named Muni that spotlights the history of the relationship between the Municipal Golf Course and the Skyview Golf Association from the 1960s to present day. This documentary will be rolled out in conjunction to with this year.

Budget*

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Explain how grant funds will be used, specifically what type of expenses will be covered by County funds. Describe other sources of revenue, including type of funding, source, restrictions and status.

Skyview Budget.xlsx

Buncombe County's grant will account for about a quarter of the total budget for Skyview, which is roughly \$40,000. Other sources of funding include corporate and individual donations, participant fees, board contributions, membership dues, special event fees and brochure revenue.

Other County Funding*

List all other Buncombe County funding that is provided to your organization. For each item, list the project being funded, amount of funding, source (grant, departmental contract, etc.) and whether funding is to be renewed for FY2021.

N/A

Sustainability*

How will the project continue to succeed after the funding of the grant? Explain your plan for making this an ongoing effort.

New and additional efforts to raise funds include:

- Increase memberships
- Increase the number of golf participants
- Increase ad space in the souvenir booklet
- Increase the number of businesses, professional and business contacts
- Contact church leaders and save a history Asheville/Buncombe Negro Sports Association
- Attract a sponsor to offset expenses for a Pro golfer
- Continue pursuing major golf companies
- Initiate a concerted effort in public housing and/or low income neighborhoods for golf, good sportsmanship youth programs
- Initiate a long drive (down center) par three (3) closest to the hole contests
- Training program for golf rules, principles

OPTIONAL INFORMATION

OPTIONAL INFORMATION – This information will not impact grant scoring but will be helpful to the committee.

Partial Funding

If the project were to be offered a grant for partial funding, what factors would need to be considered?

Resource Support

Beyond this grant request, how can Buncombe County support your organization with this project and in strengthening your work?

Other

Is there anything else that you want the committee to know?

File Attachment Summary

Applicant File Uploads

- Skyview 990.pdf
- Skyview board list.pdf
- Skyview Budget.xlsx

For calendar year 2016 or tax year beginning _____ and ending _____

Name: SKYVIEW GOLF ASSOCIATION INC EIN: 56-1424141
Name line 2:
Address: PO BOX 824 Telephone No: 828-274-7842
City, State, and Zip Code: ASHEVILLE NC 28802-0824

Email address
Web site address
Fiduciary name, if applicable: LEE SHEPHARD
Name of officer signing return: LEE SHEPHARD
Title of officer/trustee/fiduciary signing return: PRESIDENT
Group exemption number
Check if exemption application is pending
Accounting method: Cash: [X] Accrual: [] Other: [] Specify:
List states desired: NC

Type of exempt organization:

- [] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
[X] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
[] Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
[] Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 564290
Preparer name: GARY W RIDGE
Firm's name: FEDERATED TAX SERVICE
Address: PO BOX 248
City, State, ZIP Code: RIDGECREST NC 28770

Time in this return: 39 minutes
Date: 03/20/2018
PTIN: P00780899
Self-employed: [X]
Firm's EIN:
Phone: 828-298-8656

Short Form Return of Organization Exempt From Income Tax

2017

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization SKYVIEW GOLF ASSOCIATION INC
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 824
<input type="checkbox"/> Name change	City or town State ZIP code ASHEVILLE NC 28802-0824
<input type="checkbox"/> Initial return	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Final return/terminated	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	
D Employer identification number 56-1424141	
E Telephone number 828-274-7842	
F Group Exemption Number ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ _____	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 13,825.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 13,825. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,825.	
c	Less: direct expenses from gaming and fundraising events	6c	15,005.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(1,180.)	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	(1,180.)	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16 ▶	17		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,180.)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,886.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	706.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	1,886.	22	710.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	1,886.	25	710.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,886.	27	710.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SOCIAL WELFARE, RECREATION, EDU

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>PROMOTE AFRICAN AMERICAN GOLF AND SCHOLARSHIP FUND</u>			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		15,005.
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		15,005.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE SHEPHARD PRESIDENT	Hr/WK 1		0	
BILLY GARDENHIGHT VICE PRESI	Hr/WK 1		0	
MARTHA GARDENHIGHT SECRETARY	Hr/WK 1		0	
MILDRED NANCE-CARSON TREASURER	Hr/WK 1		0	
BILLY GARDENHIGHT TRNMNT DIR	Hr/WK 1		0	
CHARLES WILLIAMS CHAPLAIN	Hr/WK 1		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. []

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9. 39a
b Gross receipts, included on line 9, for public use of club facilities. 39b
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.
41 List the states with which a copy of this return is filed. NC
42 a The organization's books are in care of MILDRED NANCE-CARSON Telephone no. 828-253-5571
Located at 67 GADSON ST City ASHEVILLE ST NC ZIP + 4 28803
b 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:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

Table with columns Yes and No for questions 33 through 45b. Includes checkboxes and 'X' marks for 'No' responses.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name ----- Title	Hr/WK			
Name ----- Title	Hr/WK			
Name ----- Title	Hr/WK			
Name ----- Title	Hr/WK			
Name ----- Title	Hr/WK			

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name ----- City ----- ST ZIP		
Name ----- City ----- ST ZIP		
Name ----- City ----- ST ZIP		
Name ----- City ----- ST ZIP		
Name ----- City ----- ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	LEE SHEPHARD Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	GARY W RIDGE	GARY W RIDGE	03/20/2018		P00780899
	Firm's name ▶ FEDERATED TAX SERVICE	Firm's EIN ▶			
Firm's address ▶ PO BOX 248	RIDGECREST NC 28770			Phone no.	828-298-8656

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization: SKYVIEW GOLF ASSOCIATION INC
Employer identification number: 56-1424141

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TOURNAMENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	13,825.		13,825.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	13,825.		13,825.	
Direct Expenses	4	Cash prizes	2,840.		2,840.	
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	600.		600.	
	8	Entertainment				
	9	Other direct expenses	11,565.		11,565.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,005.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(1,180.)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶
 Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:
 Name ▶
 Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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Short Form Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A	For the 2017 calendar year, or tax year beginning _____, and ending _____	D Employer identification number
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SKYVIEW GOLF ASSOCIATION INC	E Telephone number
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 824	56-1424141
	City or town State ZIP code ASHEVILLE NC 28802-0824	828-274-7842
	Foreign country name Foreign province/state/county Foreign postal code	
		F Group Exemption Number ▶

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ _____	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 13,825.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 13,825. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,825.
c Less: direct expenses from gaming and fundraising events	6c	15,005.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(1,180.)	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	(1,180.)	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16 ▶	17	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,180.)	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,886.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	706.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,886.	710.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	1,886.	710.
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,886.	710.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SOCIAL WELFARE, RECREATION, EDU

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>PROMOTE AFRICAN AMERICAN GOLF AND SCHOLARSHIP FUND</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,005.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	15,005.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE SHEPHARD PRESIDENT	Hr/WK 1		0	
BILLY GARDENHIGHT VICE PRESI	Hr/WK 1		0	
MARTHA GARDENHIGHT SECRETARY	Hr/WK 1		0	
MILDRED NANCE-CARSON TREASURER	Hr/WK 1		0	
BILLY GARDENHIGHT TRNMNT DIR	Hr/WK 1		0	
CHARLES WILLIAMS CHAPLAIN	Hr/WK 1		0	
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. <input type="text"/> NC		
42 a	The organization's books are in care of <input type="text"/> MILDRED NANCE-CARSON Telephone no. <input type="text"/> 828-253-5571 Located at <input type="text"/> 67 GADSON ST City ASHEVILLE ST NC ZIP + 4 <input type="text"/> 28803		
b	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: <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <input type="text"/>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45b			X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			
Name Title	Hr/WK			

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	LEE SHEPHARD	PRESIDENT
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	GARY W RIDGE	GARY W RIDGE	03/20/2018		P00780899
	Firm's name ▶ FEDERATED TAX SERVICE	Firm's EIN ▶			
	Firm's address ▶ PO BOX 248	RIDGECREST NC 28770	Phone no.	828-298-8656	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization
SKYVIEW GOLF ASSOCIATION INC

Employer identification number
56-1424141

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(4) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TOURNAMENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	13,825.		13,825.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	13,825.		13,825.
Direct Expenses	4	Cash prizes	2,840.		2,840.
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	600.		600.
	8	Entertainment			
	9	Other direct expenses	11,565.		11,565.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			15,005.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			(1,180.)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	0.00 %
b	An outside facility	13b	0.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

For calendar year 2016 or tax year beginning _____ and ending _____

Name: SKYVIEW GOLF ASSOCIATION INC EIN: 56-1424141
Name line 2:
Address: PO BOX 824 Telephone No: 828-274-7842
City, State, and Zip Code: ASHEVILLE NC 28802-0824

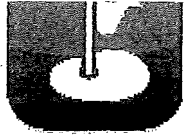
Email address:
Web site address:
Fiduciary name, if applicable: LEE SHEPHARD
Name of officer signing return: LEE SHEPHARD
Title of officer/trustee/fiduciary signing return: PRESIDENT
Group exemption number:
Check if exemption application is pending:
Accounting method: Cash: [X] Accrual: [] Other: [] Specify:
List states desired: NC

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
[] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
[] Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
[] Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 564290
Preparer name: GARY W RIDGE
Firm's name: FEDERATED TAX SERVICE
Address: PO BOX 248
City, State, ZIP Code: RIDGECREST NC 28770

Time in this return: 39 minutes
Date: 03/20/2018
PTIN: P00780899
Self-employed: [X]
Firm's EIN:
Phone: 828-298-8656



Skyview Golf Association

Board of Directors

Lee Shepard

President

Small Business Owner

Billy E.P. Gardenhight

Vice-President

Retired

Mildred Carson – Nance

Treasurer

Hospital Administrator

Martha Gardenhight

Secretary

Social Worker

Willie Robinson

Manages Golf Course

Charles Williams

Retired - Taylor Inshramont

Claude Young

Retire – Dupont

Ivey Walker

Retired – Military

Alvin McGahee

Retire – Federal Government

Strategic Partnership Grants

Proposed FY2021 Project Budget (July 1, 2020 - June 30, 2021)

Organization Name:	Skyview Golf Association
Project Name:	Skyview Open: Annual PROAM Golf Tournament
Grant Amount Requested:	\$10,000

FY2021 Proposed Project Revenue	Amount	Committed or Pending?
Proposed Buncombe County Strategic Partnerships Grant	\$ 10,000	pending
Corporate Donations	\$ 2,000	pending
Individual	\$ 7,500	pending
Participant Feeds	\$ 12,500	pending
Board of Directors	\$ 1,875	pending
Membership (based on 80)	\$ 1,400	pending
Bus Trip Fees (based on 32)	\$ 1,600	pending
Annual Brochures	\$ 2,400	pending
Total	\$ 39,275	

FY2021 Proposed Project Expenses	Proposed Grant	Other Funds	Total	Notes
Personnel			\$ -	
Training			\$ -	
Travel		\$ 800	\$ 800	
Supplies / Materials		\$ 725	\$ 725	office supplies and postage
Meetings (Food, Interpreting, Child Care, etc.)			\$ -	
Equipment / Furniture		\$ 520	\$ 520	Telephone
Printing / Marketing		\$ 980	\$ 980	
Licensing / Memberships / Dues / Subscriptions		\$ 400	\$ 400	Website
Client Support			\$ -	
Contracts		\$ 3,000	\$ 3,000	
Professional Services (Legal, Accounting, etc.)		\$ 1,650	\$ 1,650	
Insurance and Bonds			\$ -	
Building Maintenance (Rent, Utilities, Repairs, etc.)		\$ 14,700	\$ 14,700	rent and equipment
Program Expenses	\$ 10,000	\$ 6,500	\$ 16,500	
List other costs:			\$ -	
List other costs:			\$ -	
List other costs:			\$ -	
Total			\$ 39,275	

Overall Organization Budget	Amount	Notes
FY2019 Actual Year-End Revenue		
FY2019 Actual Year-End Expenses		
FY2020 Adopted Budget Amount	\$ 39,275	
FY2021 Proposed Budget Amount	\$ 39,275	