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Form **990**

Return of Organization Exempt From Income Tax
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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A</u>	For the	2013 calend	dar ye	ar, or tax y	ear begii	nning		, 2013	, and ending	y			<u></u>	
В	Check if ap	oplicable	C Na	me of organiza	tion NAT	TIONAL (GOLF COUR	SE OWNER	S ASSOCI	IATION	D Employ	er identifi	ication Number	
	Addre	ess change	Do	ing Business A	s						36-2	29164	162	
	Name	e change	Nu	mber and stree	t (or PO bo	x if mail is not	delivered to street a	ddress)	Room/s	uite	E Telepho	ne numbe	er	_
	\vdash	retum	291	SEVEN	FARMS	DRIVE.	2ND FLOO)R			(843	3) 88	31-9956	
	Н	inated					ZIP or foreign posta				(0.1	, 00		
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	\vdash	nded return		RLESTON me and addres		l offices		SC		H(a) is this	a group return		11	_
	Applic	cation pending	1								subordinates i		□ '' □''	No No
		_					FLOOR CHARL		0 2 3 1 3 2	If 'No,'	attach a list (s	ee instruc	ctions) Yes N	10
<u></u>	Tax-exe	empt status	_ 50	1(c)(3) X	501(c) (<u>6</u>)⁴	(insert no)	4947(a)(1) or	527			_		
J	Webs	ite: ► NG	COA.	ORG						H(c) Group	exemption nur	nber		_
K	Form of	organization	X Co	rporation	Trust	Association	Other -	L	Year of formatio	n 197	9 M s	tate of leg	gal domicile SC	
Pa	intil 🕒	Summar	ν	•	•								•	_
-				organizatioi	n's missio	n or most s	ignificant activ	ities. Al	DVANCEM	ENT OF	THE G	OLF 3	INDUSTRY	_
a)		-		-				_			. – – – -			_
Governance	_													_
Ë	_		-											_
ě	2 C	heck this bo	x -	If the or	ganizatio	n discontini	ued its operation	ons or dispose	ed of more th	nan 25% d	of its net as	sets	· -	_
		umber of vol	ting me	embers of t	he goverr	ning body (F	Part VI, line 1a)				3	2	2
Activities &	4 N	lumber of ind	depend	lent voting i	members	of the gove	erning body (Pa	art VI, line 1b)				4	2	1
Ę.	5 T	otal number	of indi	viduals emį	oloyed in	calendar ye	ear 2013 (Part	V, line 2a)				5	2	1
Ξ	6 T	otal number	of volu	inteers (est	ımate ıf n	ecessary) .			· · · · · ·			6		0
Ą	7a T∈	otal unrelate	d busi	ness reven	ue from P	art VIII, col	umn (C), line 1	2	· · · · · ·			7a	878,790	<u>. </u>
	bN	let unrelated	busine	ess taxable	ıncome fi	rom Form 9	90-T, line 34	· · · <u>· · · ·</u>				7b	-535 , 255	
<u>~</u>							-			P	rior Year		Current Year	
SC enue	8 C	contributions	and gr	rants (Part '	VIII, line 1	h)	<i></i>				632,0	86.	592,010	
<u>≥</u> ĕ	9 P	rogram servi	ice rev	enue (Part	VIII, line	2g)				1	,154,6		1,164,954	_
₩	1	-					and 7d)				64,0		77,197	
700							, 9c, 10c, and				,537,6		1,398,292	
j							l Part VIII, colu				3,388,4		3,232,453	
							A), lines 1-3) .			_	,,,,,,		3/-3-/ 133	÷
				•		•), line 4)				286,4	22	264,169	_
•	45 6							/AN 1 4			526,4			
Fxpenses	15 S	alaties, othe		Jensanon, e	inployee	Deticins (F	art IX, Column	(A), lines 3-11	0,	·	1,320,4	00.	1,468,196	÷
ž v	16a P	rofessional f	ndraising expenses (Part IX, column (A), line 25)							1,00°% 6 AKLY	A 2 YE /		. 1	
S X	ьт	otal fundrais	ing ex	penses (Pa	rt IX, colu	ւտի (D), lini	e(25)					444		Phy.
₩	17 O	ther expense	es (Pa	rt IX, colum	n (A), line	es 11a-111d	, 11f-24e)	181 - 22		. 1	497,3	22.	1,538,107	٠.
	18 T	otal expense	es Ado	d lines 13-1	7 (must e	qual Part I)	KNEGlum <u>h</u> (Å), (Ha425) (25)	<i></i>		3,310,2		3,270,472	
		Revenue less						105			78,2		-38,019	
8 8	!							n AT		Reginni	ng of Currer		End of Year	÷
e e	[]	otal assets (Part X	line 16) .			OGDEN				8,845,8		4,036,180	_
§ Š)	otal liabilities		•		A					606,8		1,532,129	
Net /	3		•	•								1		
_	22 N	let assets or			ubtract lin	ie 21 from i	ine 20			·	2,239,0	48.	2,504,051	<u>.</u>
_[Pi	art II 🐇	Signatur	re Blo	ock										_
Und	er penalties	s of perjury, I dec	clare that	I have examin	ed this return	n, including acc	companying schedu which preparer has	les and statement	s, and to the bes	st of my know	riedge and bel	ief, it is tru	ue, correct, and	
		aration or prepare	2/14	1	1//	/ /////////////////////////////////////	- Proparer na	- In the street of the street		I.	1 . l	/. n		
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ма	iv the IRS	5 aiscuss thi	is retur	II WITH THE D	neparer s	mown abov	e? (see instruc	.uuns)					. X Yes No	,

Form 990 (2013)

Form !	990 (2013) NATIONAL GOLF COURSE OW	NERS ASSOCIATION	36-2916462	Page 2
Part	Ill Statement of Program Service Acc	complishments		
	Check if Schedule O contains a response or n	ote to any line in this Part III		
	Briefly describe the organization's mission			
	ADVANCEMENT OF THE GOLF INDUSTRY	<u>Y</u>		. <u> </u>
			_ 	<u> </u>
				· -'
	Did the accomination undertake any accominations		a not listed on the away	· · · · · · · · · · · · · · · · · · ·
	Did the organization undertake any significant prograit Form 990 or 990-EZ?	•	· —	o V No
	If 'Yes,' describe these new services on Schedule O			es X No
	Did the organization cease conducting, or make signif	ficant changes in how it conducts, any	y program services?	es X No
	If 'Yes,' describe these changes on Schedule O.	main changes in now it conducts, and	, program continue	,
4	Describe the organization's program service accompl	ishments for each of its three largest i	program services, as measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations and secothers, the total expenses, and revenue, if any, for ea	ction 4947(a)(1) trusts are required to	report the amount of grants and allocate	ons to
	(Code:) (Expenses \$) (Revenue \$)
	SEMINARS AND TRADESHOWS WERE HE	-		-
	EDUCATIONAL MATERIALS WERE PUBL		<u></u>	·
	TO MEMBERS. GROWTH OF THE INDU	SIRI WAS PROMOTED.		·
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				.
4 b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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4 c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				- -
		-		-
	Other reagram convers (December in Orbidal C.)			
	Other program services. (Describe in Schedule O) (Expenses \$ including	grants of \$) (Revenue \$,
	(Expenses \$ including Total program service expenses ▶	granto or Y	/ (November 4	
~ ~	iotal program service expenses			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, 'complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
â	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
ŧ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 X - 2000 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I..... Χ 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ Х 33 Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Parts II, III, IV, Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a Χ 35b 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI........ Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

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Form 990 (2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	'	· • • •	
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**	**	, is
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	20	. bu y %/10	;
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	»	j)	
Ū	(gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	- 400	. 9	*
	ments, filed for the calendar year ending with or within the year covered by this return 2a 21	738	Ŷ ··	35
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·	* ,	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
4 a	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)?	4 a		X
	If 'Yes,' enter the name of the foreign country ▶	m dem	*	. 15.13
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<u> </u>	<u>:</u> : *	0 · · · · · · · · ·
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
· · ·	solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ь	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible 7	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		F. (*	7 . ·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	<u></u>	3	لشعد
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		.,
	Form 8282?	7 c	45.4	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	**		** **\s^*
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 3		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	, 🦏	* (; **;	30.00
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	· · · · · · · · · · · · · · · · · · ·		لسنسا
	holdings at any time during the year?	8	*400. 3	
	Sponsoring organizations maintaining donor advised funds.		<u> </u>	
	Did the organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	y Xa.e.	<u>.</u>	, -19 ⁸⁸ 3h
	Initiation fees and capital contributions included on Part VIII, line 12	, 25	3 7	, ,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		4 4	. 77
	Section 501(c)(12) organizations. Enter:	ر د د		
а	Gross income from members or shareholders	,	•,	[* \$ ⁷]
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1, "
40-		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	-	,	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	**	*	
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	, 3	}	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	`		
_	Enter the amount of reserves on hand	ļ <i>-</i> ~		l` *
	Did the organization receive any payments for indoor tanning services during the tax year?	14 á	 	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
IJ	in real rate is mode a retire real to report stress payments in real provide an explanation in concedit o	170		

Pai	t 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.	'n		-
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			.
		-	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year		**,**	
	authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent	7	8	,,,,,
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		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the pnor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7 :	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			.,
		7 a		Х
ļ	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
_		7.0		A 3.4.2.2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<u>** '`</u>	.Sr 🌂	
	a The governing body?	8 a	<u> </u>	
_	b Each committee with authority to act on behalf of the governing body?	8 b	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	9	Х	
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a	Х	
!	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	х	
11.	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	-
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	a (the same		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		Х
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15			* *	·
	a The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
	b Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	\$ G		
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	34 1 7/7	X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	Z., \$	***
Sec	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	3		
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	ole to		
20		on		
	TRUDY EYRICH 291 SEVEN FARMS DRIVE, COLUMBIA SC 29492 (8	43) (<u> 881-</u>	<u>9956</u>
BA	- 	Form	990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000, of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization	nor any rel	ated or	rgan			ompe	nsat	ed any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per	one bo	x, unl	ess p	heck erson	more that is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT GALVIN	0.00									
PRESIDENT		Х						0.	0.	0.
(2) DAVID LUCAS	0.00	.,						0	0	0
VICE PRES.	0.00	X						0.	0.	<u> </u>
	- <u> </u>	Х						0.	0.	0.
(4) WALTER LANKAU, JR. SECRETARY	0.00	Х						0.	0.	0.
(5) MICHAEL HUGHES CEO	40.00					х		307,680.	0.	0.
	40.00				Х			130,345.	0.	0.
_(7) MICHAEL TINKEY MARKETING DIR.	40.00				Х			134,585.	0.	· 0.
(8)										
										-
(10)										
<u>(11)</u>										,
<u>(12)</u>									_	
<u></u>										· ,
(14)	 						:			

Part VIII Section A. Officers, Directors, Tru	stees, (B)	Key 	Em	ipic O		es, a	and	d Highest Con	pensated Em	ployees (continued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unles	Posi neck ss pe	ition more rson i	the professional compensated the professional	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
<u>(15)</u>										
(16)	 	+								
(17)										7.
(18)										· · ·
(19)										COAP
(20)										-
(21)				·		-				
(22)										7-
(23)	 									
(24)					_					
(25)										-
1 b Sub-total	n A						> > >	572,610.	0	
d Total (add lines 1b and 1c)							eive	572,610. d more than \$100,0	0 000 of reportable c	
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc. 4 For any individual listed on line 1a, is the sum of rep.	<i>dividual</i> ortable c	ompe	 ensat	ion	 and	othe	 r coı			Yes No X
the organization and related organizations greater the such individual					٠.	•				4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If Yes, 'conference or B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ed indepe	ender	t cor	ntra	ctors	that	rec	eived more than \$	100,000 of	/ear
(A) Name and business addre					<u>. , ,</u>			(B Description of)	(C) Compensation
										,.
										-
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lir	nıted	to th	ose	liste	ed ab	ove) who received mo	re than	
BAA	· 	TEEA	0108	11/1	1/13				(4,)	Form 990 (2013)

Form **990** (2013) 36-2916462 Page 9 NATIONAL GOLF COURSE OWNERS ASSOCIATION Part VIII Statement of Revenue (B) (C) (D) (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business function under sections revenue 512-514 revenue CONTRIBUTIONS, GIFTS, GRANTS
AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns 1 a **b** Membership dues 1 b 592,010 c Fundraising events 1 c d Related organizations 1 d 1 e e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above. . g Noncash contributions included in lines 1a-1f 592 010 PROGRAM SERVICE REVENUE 2a CONFERENCES & TRADESHOWS 90099 164.954 1,164,954 0 0 All other program service revenue . . g Total. Add lines 2a-2f ▶ , (4) . 1,164,954 W 3 Investment income (including dividends, interest and 32,492 32,492 0 Income from investment of tax-exempt bond proceeds . . . Royalties 500,000 500,000 0 (ı) Real (II) Personal 6 a Gross rents 143,129 'nź b Less, rental expenses 78,322 12/ c Rental income or (loss) . . 64,807. d Net rental income or (loss) 64,807 807 (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory. 772,454 b Less cost or other basis and sales expenses . . . 727,749 c Gain or (loss) 44,705. d Net gain or (loss)... 44,705 44 705 0 8 a Gross income from fundraising events OTHER REVENUE (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ WW W 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ iX. 10 a Gross sales of inventory, less returns **b** Less cost of goods sold b 5,887 c Net income or (loss) from sales of inventory 19,502 19,502 0 0. Miscellaneous Revenue **Business Code** 0 541800 0. MAGAZINE_INCOME____ 589,581 589,581

12

MARKETING FEES

d All other revenue......

e Total. Add lines 11a-11d

224,402

813,983

232,453.

0.

1,761,

224,402

878.790

541900

0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a res	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				y
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	264,169.	264,169.		**
5	Compensation of current officers, directors, trustees, and key employees	572,610.	572,610.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		:		
7	Other salanes and wages	701,596.	701,596.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	110,201.	110,201.		
10	Payroll taxes	83,789.	83 , 789.		,
11	Fees for services (non-employees)				•
	Management				., (
	Legal	1,523.	1,523.		
_	Accounting	19,960.	19,960.		
_	Lobbying		**	* * * * * * * * * * * * * * * * * * *	
	Professional fundraising services See Part IV, line 17				
-	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column	17,105.	17,105.		
9	(A) amount, list line 11g expenses on Schedule O)	52,406.	52,406.		
	Advertising and promotion	123,482.	123,482.		
13	Office expenses	70,533.	70,533.		
14	Information technology				
15	Royalties	50.050			
16	Occupancy	70,852.	70,852.		
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	105,320.	105,320.		
19	Conferences, conventions, and meetings	414,618.	414,618.		
20	Interest	50,211.	50,211.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,501.	50,501.		
23	Insurance	24,027.	24,027.	¥	
24	covered above (List miscellaneous expenses	* 3 % U · · · · · · · · · · · · · · · · · ·		: -i 4,24,4	1
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	*:4***		· · · · · · · · · · · · · · · · · · ·	
	expenses on Schedule O)	·	* *	/ * * * *	
á	CONTRIBUTIONS	54,100.	54,100.		
	P BANK_FEES	27,092.	27,092.		
•	REPAIRS	11,224.	11,224.		
(DEFERRED_TAX_(GAAP)	-39.	-39.		
	All other expenses	445,192.	445,192.		
25	Total functional expenses. Add lines 1 through 24e	_3,270,472.	3,270,472.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				Form 000 (2012)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	237,329.	1	248,864.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,969.	4	62,808.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<u> </u>	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		* · · · · · · · · · · · · · · · · · · ·	2, 2, 3, 15, 1
A	-	Notes and loans receivable, net		7	
A S S E T S	7 8	Inventories for sale or use	4 210	8	4 224
Ę	•	Prepaid expenses and deferred charges	4,310.	9	4,234.
S	9		65,377.		37,666.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b 925, 385.	1,390,708.	10 c	1,344,424.
	11	Investments — publicly traded secunties	2,071,422.	11	2,284,311.
	12	Investments – other secunties See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets	8,343.	14	6,474.
	15	Other assets. See Part IV, line 11	47,399.	15	47,399.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,845,857.	16	4,036,180.
	17	Accounts payable and accrued expenses	52,079.	17	62,943.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D	York at 200400 at 5	21	
ŀ	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	858,791.
E S	24	Unsecured notes and loans payable to unrelated third parties	3237.107.	24	0307731.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	625,323.	25	610,395.
	26	Total liabilities. Add lines 17 through 25	1,606,809.	26	1,532,129.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets		27	
Ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		448 883	
FUZO	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Ļ	32	Retained earnings, endowment, accumulated income, or other funds	2,239,048.	32	2,504,051.
BALAZCES	33	Total net assets or fund balances	2,239,048.	33	2,504,051.
Ĕ	34	Total liabilities and net assets/fund balances	3,845,857.	34	4,036,180.
		-			,

-orn	1990 (2013) NATIONAL GOLF COURSE OWNERS ASSOCIATION 36-	-2916	462		Pag	je 12
Ŗāi	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,23		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,27	0,4	72.
3	Revenue less expenses. Subtract line 2 from line 1	3			8,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,23		
5	Net unrealized gains (losses) on investments	5			3,0	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				-	
	column (B)).	10		2,50	<u>4,0</u>	<u>51.</u>
Ka	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
				`	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[Z i		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				- 2	
	in Schedule O		1			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	_	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	3				
	Separate basis Consolidated basis Both consolidated and separate basis					***************************************
1	b Were the organization's financial statements audited by an independent accountant?			2 b	$_{\rm X}$	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			776		Ž.
	basis, consolidated basis, or both					
	Separate basis X Consolidated basis Both consolidated and separate basis					
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			40.7		
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	,	- 1			<u> </u>
	Audit Act and OMB Circular A-133?	·		3 a		Χ
-	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	udit				
	or audits, explain why in Schodulo O and decembe any stone token to undergo such audits			2.	- 1	

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

NATIONAL GOLF COURSE OWNERS ASSOCIATION 36-2916462 Partille Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . . . Aggregate grants from (dunng year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. part | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2013 NATIO	NAL GOLF CO	OURSE OWNERS	ASSOCIATION Orical Treasures, o	36-291 or Other Similar Ass		tinue	Page 2 ed)
3 Using the organization's acquisition							
items (check all that apply).				J			
a Public exhibition		\vdash	or exchange programs				
b Scholarly research		e Other					
c Preservation for future general				!			
Provide a description of the organization Part XIII							
5 Dunng the year, did the organization to be sold to raise funds rather than	n to be maintained	as part of the organ	ization's collection?	er similar assets	Yes		No
Escrow and Custodia line 9, or reported an a	I Arrangemen mount on Form	ts. Complete if t 1990, Part X, line	he organization ans e 21.	wered 'Yes' to Form	990, Par	t IV,	
1 a Is the organization an agent, truste on Form 990, Part X?					Yes	<u> </u>	No
b If 'Yes,' explain the arrangement in	Part XIII and com	plete the following ta	ble:				
					Amount =	:	
c Beginning balance							
d Additions during the year							
e Distributions during the year					-		
f Ending balance							T
2 a Did the organization include an am				1		L	No
b If 'Yes,' explain the arrangement in	Part XIII Check n	ere if the explantion	nas been provided in Pa	art XIII		· L_	J
PartV Endowment Funds. C	complete if the	organization ans	wered 'Yes' to Forn	n 990 Part IV line 10	<u> </u>		
Faig V Endownient Funds. C	(a) Current year	(b) Prior year	1	1	(e) Four	Vears	hack
1 a Beginning of year balance	(a) caren year	(b) Thorycan	(c) Two Jeans bac	k (d) Thice years back	(c) 1 our	years	Dack
b Contributions					 		
c Net investment earnings, gains,			-				
and losses							
d Grants or scholarships	_						
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance			<u> </u>	<u> </u>			
2 Provide the estimated percentage	-	,	g, column (a)) held as:				
a Board designated or quasi-endowr							
b Permanent endowment	<u> </u>	0					
c Temporarily restricted endowment		%					
The percentages in lines 2a, 2b, ai	nd 2c snould equa	I 100%.					
3 a Are there endowment funds not in organization by.	the possession of	the organization that	are held and administer	red for the	ΓV	es	No
(i) unrelated organizations					3a(i)	<u>es</u>	NO
(ii) related organizations					. 3a(ii) -	_	
b If 'Yes' to 3a(ii), are the related org					3b	\dashv	
4 Describe in Part XIII the intended it		•					
Pant VII Land, Buildings, and			· - ·		•		
Complete if the organiz		d 'Yes' to Form 9	990, Part IV, line 11	a. See Form 990, Pa	art X. line	10.	
Description of property		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Boo		ue
		(investment)	basis (other)	depreciation			
1 a Land		238,500.	0.		2	38,	500.
b Buildings		1,542,177.	0.	449,153.	1,0	93,	024.
c Leasehold improvements							
d Equipment		489,132.		476,232.		12,	900.
e Other							
Total. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part X, colu	mn (B), line 10(c))		1.3	344.	424.

TEEA3302 10/02/13

Schedule **D** (Form 990) 2013

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Part VII Investments - Other Securities.						\ !!	4.0	
Complete if the organization answered '	Yes to Form 990, F							
(a) Description of security or category (including name of security)	` '	(c) Method o	of valuation	Cost or er	nd-ot-year	market va	lue	
(1) Financial denvatives								
(2) Closely-held equity interests	·							
(3) Other								
(A)								
(B)					_			
(C) (D)								—
(E)		 						
(F)					_			
(G)								
(H)	-							
(I)			•					
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶				- 53. °	967	**************************************	· · · · · ·	
Part VIII Investments - Program Related.		<u> </u>						
Complete if the organization answered								
(a) Description of investment type	(b) Book value	(c) Method of va	aluation C	ost or e	nd-of-ye	ar marke	et value	<u> </u>
(1)								
(2)								
(3)								
(4)				_				
(5)							_	
<u>(6)</u>					.	ار.		
(7)								
(8)								
<u>(9)</u> (10)		 						
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		Part and the	l a a	1988 y	LWI.		* #2.2	
Part IX Other Assets.	•							***
Complete if the organization answered		Part IV, line 11d.	See Fo	rm 990				
	scription					(b) Book	value	
<u>(1)</u> (2)					_	-		
(3)	·		<u>-</u>					
(4)		· · · · · · · · · · · · · · · · · · ·			_			
(5)	-							
(6)								
(7)			_					
(8)								
(9)								
(10)								
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15)	 		<u></u>	•			
Part X i Other Liabilities. Complete if the organization answered 'Yes' to F	orm 000 Dart IV line 1	10 or 11f Con Form	OOO Dor	V line	ne.			
(a) Description of liability	(b) Book value	Te of TH. See Form	1 990, Pali	X, IIIe	25			
(1) Federal income taxes	(b) Book Value			.*	*	š.	. *	
(2) UNEARNED DUES INCOME	248,52	29.	'	in i	′ ® y	4 7	(; /3	,
(3) PAYROLL LIABILITIES PAYABLE	4,68						*	
(4) CONFERENCE DEPOSITS ETC.	347,05	53.	ઝર્સ્ટ્રેઇ	-« À	48	*	s."	4
(5) LEASEHOLDER DEPOSITS	7,82	26.		W. W. O.		~	ř	:
(6) DEFERRED TAX (ASSET) LIABILITY (GAA						3		:
(7) CREDIT SWAP INTEREST PAYABLE	2,49	92.		*			**	,
(8)								
(9)	-	<u> </u>	494		6,	ø		à
(10)								
(11) Total (Column (h) must equal Form (00) Part V column (0) line 25.)	- (10.3)	.	,			×	.x	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			norte the ere	anization!	c hability f	Or upoceto		
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote								

Schedule **D** (Form 990) 2013

BAA

Part XIII Supplemental Information (continued)	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL GOLF COURSE OWNERS ASSOCIATION

Employer identification number 36-2916462

Pan	Questions Regarding Compensation		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part	, ;	\$ 3	in . in sign
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	100%	470	13
	First-class or charter travel Housing allowance or residence for personal use		April	
	Travel for companions Payments for business use of personal residence	7.3	p	17.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	H	7.74	eze.	The Water
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)		1	1.00
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	<u>nel i</u>	25/3383	
	reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	· 1 b	1	ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	. 2	£*	900 X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		777	
	Independent compensation consultant Compensation survey or study		15.00	
		L763		
	Form 990 of other organizations Approval by the board or compensation committee	42507		100
				144
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization.			1000
_	i Receive a severance payment or change-of-control payment?	4 a	30.74	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		-	X
	Participate in, or receive payment from, an equity-based compensation arrangement?		+	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	* 31 (8)	(1) x x 2 x 3	1
	and the control of th		17.7	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
-				1.3
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.	250		
a	The organization?	5 a	1	TEX.
	Any related organization?		,	†
	If 'Yes' to line 5a or 5b, describe in Part III.	(T. 18)	1042	
6	For persons listed in Form 990, Part VII. Section A line 1a, did the exacutation pay or secure any compensation			
Ü	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	40.0		
a	The organization?	6a	1	-
Ł	Any related organization?	6 b		
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			1
·	payments not described in lines 5 and 6? If Yes,' describe in Part III	7.		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53 4958-4(a)(3)?	1		İ
	If 'Yes,' describe in Part III	8		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	_		
BAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	J (Form	1 9901	2013

Page 2.

36-2916462

NATIONAL GOLF COURSE OWNERS ASSOCIAT

Schedule J (Form 990) 2013

ensated Employees. Use duplicate copies if additional space is needed. Partil Officers, Directors, Trustees, Key Employees, and Highest Com For each individual whose compensation must be reported in Schedule J, report compensation film the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

		(B) Breakdown of W	(B) Breakdown of W-2 and 1099-MISC compensation	compensation	ţ	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Brius and inchitive comp ssation	(III) Other reportable compensation	and otner deferred compensation	Senems	(a)-(ı)(a)sıııının	deferred in prior Form 990
MICHAEL HUGHES	Θ	300,480.	0	7,200.	<u>.</u> 0	-0	307,680.	
1 CEO	(ii)		0	0.	0	0		
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2	(E)							
	(i)			1		 	 	1 1 1
3	(E)							
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10				:	;	i		
BAA `			IEEA4102 07/08/13	~			Schedule J	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL GOLF COURSE OWNERS ASSOCIATION 36-2916462 Pt_VI, Line 6 ___MEMBERS Pt_VI, Line 11b _ DETERMINED BY BOARD FOR CEO AND BY CEO & BOARD FOR OTHERS

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
MATT GALVIN	375 FORSGAYE DR.	MONROE TOWNSHIP	NJ	08831-1560
DAVID LUCAS, SR	222 CLUBHOUSE DR.	WEST COLUMBIA	SC	29172-2583
FRANK ROMANO	4415 CLUB DR.	SLINGER	WI	53086-9720
WALTER LANKAU, JR	58 RANDALL RD.	STOW	AM	01775

Form 990-T, Page 1, Part II, Line 28 Other Deductions Statement

INSURANCE	13,755.
OFFICE EXPENSE	7,884.
RENT & OCCUPANCY COSTS	7,520.
ADVERTISING & PROMOTION	66,891.
TRAVEL	25,322.
PROFESSIONAL SERVICES	30,039.
REBATES	75,392.
DUES & PUBLICATIONS	206.
MEALS AT 50%	1,608.
TELEPHONE	19,411.
PRINTING	7,816.
CHAPTER ASSISTANCE	5,844.
MISCELLANEOUS	141.
Total	261,829.

Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EXPENSES ON LINE 6B				
DUES & PUBLICATIONS	3,900.	3,900.		
MAGAZINE DIRECT EXPENSE	525,501.	525,501.		
EXPENSES ON INCOME LINES	-84,219.	-84,209.		