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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

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.

Open to Public Inspection

Depa	artment nal Rev	of the Treasury enue Service		► Informati	on about Form 9	arity numbers of 190 and its instri	n this form as it uctions is at wv	t may be ww.irs.g	made pi gov/for	ublic rm990.			Open to Public Inspection		
Ā		he 2014 calend	dar year, or	tax year beg	inning	_	, 2014,	and en	ding				,		
В	Check	ıf applicable	C Name of or	rganization NZ	ATIONAL G	OLF COURS	SE OWNERS	ASS	OCIA:	TION	D Emplo	yer iden	tification number		
		ddress change	Doing busir								36-	2916	5462		
	Пи	ame change	Number an	nd street (or PO	box if mail is not de	livered to street ad	ldress)	Ro	oom/suite		E Teleph	one num	ber		
	In	nitial return	291 SEV	EN FARMS	DRIVE,	2ND FLOO	R				(84	3) 8	381-9956		
	Fi	nal return/terminated			ce, country, and ZIF			<u> </u>		f					
	A	mended return	CHARLES	TON			SC	2949	92		G Gross	eceipts	\$3,803,373.		
	\square_{A}	pplication pending	F Name and	address of princip	pal officer				H(a)		group return				
	_		JAY KAR	EN 291 SEVER	N TARMS DR., 2ND FI	COR CHARLE	STON SC	2949	92 H(b)	Are all si	ubordinates	included	d? Yes N		
Ī	Tax	-exempt status	501(c)(3)	X 501(c)	(6) ⁴ (insert no)	4947(a)(1) or	527	7	ii No, a	tach a list (see insi	ructions)		
J	We	bsite: NG	COA.ORG						H(c)) Group e	xemption nu	ımber I	>		
K	Forn	n of organization	X Corporation	n Trust	Association	Other -	LY	ear of forr	mation	1979	M :	State of	legal domicile SC		
Pa	irt l	Summar	у												
	1	Briefly describ	e the organiz	zation's missi	ion or most sig	nıficant activit	ies AD	VANC	EMEN'	T_OF	THE G	OLF	INDUSTRY		
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<u>a</u>						. _					-				
Governance		557777				· – – – –	. – – . – – 				-,,-				
g	3	Check this bo Number of vot			on discontinue							ssets 3	1 2		
	4	Number of ind										4	2 2		
Activities &	5	Total number										5			
Ę	6	Total number										6			
		Total unrelate										7a	892,795		
দ্রি)	b	Net unrelated	business tax	rable income	from Form 99	0-T, line 34 .	· · · · · · ·					7b	-484,217		
8 6					44.5				L	Pr	ior Year		Current Year		
٧÷- త	8	Contributions	• ,		•						592,0		619,630		
ଞ୍ଚ	10	Program servi								1,	,164,9		1,241,988		
E Revenue	11	Other revenue								1	77,1 398,2		201,727		
	12	Total revenue									,232,4		1,413,737 3,477,082		
5	13	Grants and si									12321		3/1///002		
	14	Benefits paid	to or formen	ש 😢 ע יין און א nbers (Part IX	ເວຍເພກກ (A);	line 4)	<i></i> .		🖯		264,	169.	291,821		
	15	Salaries, othe	r compensat	ion , em ploye	e benefits (Pa	t IX, column (A), lines 5-10))		1.	468,		1,481,286		
Ses	16 a	Professional f									, , , , , ,		<u> </u>		
Expenses	Ь	Total fundrais								. ~ : .					
Ä	17	Other expense				·					,538,1	0.7	1 567 255		
	18	Total expense									, 270, 4		1,567,255		
	19	Revenue less					•		-		-38 , 0		3,340,362 136,720		
გ 8			- CARPONIOUS C							Reginning	g of Curre				
Net Assets or Fund Balances	20	Total assets (Part X, line 1	6)							,036,3		4,027,041		
Aea	21	Total liabilities	(Part X, line	26)							532,3		1,429,869		
ŠŠ	22	Net assets or	fund balance	es Subtract li	ine 21 from lin	e 20			[,504,0		2,597,172		
Pa	rt II	Signatur	e Block												
Und	er penal	Ities of perjury, I dec eclaration of prepare	lare that I have e	xamined this retu	ırn, ıncluding accor	npanying schedule	s and statements,	and to the	e best of	my knowle	dge and be	lief, it is	true correct, and		
com	plete D	eclaration of prepare	er (other than offi	icer) is based on a	all information of w	nich preparer has a	any knowledge					1			
		V C	XYV								<u> 1</u> 1	14	15		
Sig			re of officer		- 2					Date	9	' '			
He	re		KAREN	<u>C F</u>	0										
			print name and t reparer's name	<u>-</u>	Pagnarar's eu	njature /		Date		1	T		PTIN		
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Pa		WALT G		T T A M C			<u> </u>	TTT\0	9/15	·	self-employ	ed	P01073987		
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J	J J1	Firm's addre		BOX 23	00		CC 2020	2			Firm's EIN		<u>-0818062</u>		
Ma	v the I	IRS discuss this		UMBIA the preparer	shown above		SC 29202				Phone no	(80	3) 252-2728 . X Yes No		
_	_	r Paperwork R						• • • •		01 05/28		• • •	Form 990 (2014		
													1 01111 334 (201		

Form 990		36-2916	462	Page 2
<u>Partilli</u>	Statement of Program Service Accomplishments		_	
_	Check if Schedule O contains a response or note to any line in this Part III		<u></u>	<u>.</u> 📙
1 Brie	fly describe the organization's mission		_	
AD	VANCEMENT OF THE GOLF INDUSTRY			
2 Did	the organization undertake any significant program services during the year which were not listed on the program services.	rior — —		
	m 990 or 990-EZ?		Yes	X No
	es, describe these new services on Schedule O			<u> </u>
	the organization cease conducting, or make significant changes in how it conducts, any program services?		7 vas [Ū Na
		[Yes	X No
	es,' describe these changes on Schedule O			
Sec	scribe the organization's program service accomplishments for each of its three largest program services, a stion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	s measured by ners, the total o	expenses,	
anu	revenue, il any, for each program service reported.			
4 a (Co		evenue \$)
SE	MINARS AND TRADESHOWS WERE HELD AROUND THE COUNTRY.	. 		
ΕD	UCATIONAL MATERIALS WERE PUBLISHED AND MADE AVAILABLE			
TO	MEMBERS. GROWTH OF THE INDUSTRY WAS PROMOTED.			
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			<u> </u>	
4 b (Co	de) (Expenses \$ including grants of \$) (Re	evenue \$)
		. 		
4 c (Co	de) (Expenses \$ including grants of \$) (Re	evenue \$)
			_	
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	~			
				
	·			
		. 		
		. _		
4 d Oth	er program services (Describe in Schedule O.)			
	penses \$ including grants of \$) (Revenue \$		1	
	al program service expenses		<u></u>	

Form 990 (2014) NATIONAL GOLF COURSE OWNERS ASSOCIATION RETURN Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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.			**
;	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	
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(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	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	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	
ļ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI 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		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
İ	b 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		X
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
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
BA/	TEEA0103 05/28/14	Form	990 (2014)

Form 990 (2014) NATIONAL GOLF COURSE OWNERS ASSOCIATION

[Cartival Checklist of Required Schedules (continued)

22 Did the organization report more thins \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), Inte 2" If Yes." complete Schedule I, Parts I and III. 23 Did the organization answer Yes to Part IVI J. Section A, Inte 3, 4, or 5 about compensation of the organization's current and former officers, directors. Irustees, key employees, and highest compensated employees? If Yes, complete Schedule IV Schedule				Yes	No
22 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule J. 23 X 24a Dut 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, aware lines 24b through 24d and complete Schedule K. If No. yo to line 25a. 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a dequalided person during the year? If Yes, complete Schedule L. Part II. 25b Ibs the organization aware that it engaged in an excess benefit transaction with a disqualided person during the year? If Yes, complete Schedule L. Part II. 25c Ibs Did the organization aware that it engaged in an excess benefit transaction with a disqualided person of year. And that the transaction has not been reported on any of the organization is prior Forms 990 or 590-1272 if Yes, complete Schedule L. Part II. 25b Did the organization provide a grant or other assistance to an officer, director, fusitee, key employees, inghest compensated employees or disqualified persons? If Yes, complete Schedule L. Part III. 27c Did the organization approach as grant or other assistance to an officer, director, fusitee, key employee and the properties of any of these persons? If Yes, complete Schedule L. Part IV. 28c Did the organization provide a grant or other assistance to an officer, director, fusitee, key employee and the properties Schedule L. Part IV. 29c Did the organization provide and provide exceptions? If Y	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, 'complete Schedule I. Part II. 23 X X 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 complete Schedule K if No. 10 to line 25a. 24a Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? If Yes, 'complete Schedule I. Part II. 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, 'complete Schedule I. Part II. 25b Ibis the organization aware that it engaged in an excess benefit transaction with a disqualified person unit on any of the organization prior forms 990 or 900-E27 If Yes, 'complete Schedule I. Part II. 25c Did the organization report any amount on Part X, line 5, 6, or 22 for recevables from or payables to any current or former officers, directors. trustees, key employees, signest compensated amployees, or disqualified persons if If Yes, 'complete Schedule I. Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, 'complete Schedule I. Part III. 28 Mas the organization report amount or former officer, director, trustee, or key employee? If Yes, 'complete Schedule II. Part III. 29 Did the organization report was a stransaction with or of the following parties (see Schedule II. Part IV. 29 Did the organization report was provided to	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule K. If No, go to line 25c. exempt bonds beyond a temporary period exception? 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 50H(c)(3), 50H(c)(4), and 50H(c)(29) 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 waver that it engaged in an excess benefit transaction with a disqualified person on a professor on the professor of the professor on the professor of th	23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23	х	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule I, Part I 25a 25b 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the iransaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes, complete Schedule I, Part I 25b 26 Did the organization raport any amount on Part X, Imp 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, indicated employees, or disqualified person; If Yes, complete Schedule I, Part II 27 Did the organization organization and or other assistance to an officer, director, frustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 and the organization receive organization and provided in the following parties (see Schedule L, Part IV 28 b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV 28 c An entity of which a current or former officer, director, trustee, or key employee? If Yes, complete Schedule M 30 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M 31 Did the organization receive contributions of art, hist	24 a	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		х
any tax-exempt bonds? d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 25b 25c 25c 25c 25c 25d 25d 25d 25d	ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disciplined 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-E27 if 'Yes,' complete Schedule L, Part II. 25b 26 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, director, trustees, we yemployees, inchest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. 27 Did the organization organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee, we yemployees, or disqualified persons? If 'Yes,' complete Schedule L, Part II. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) 3 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule M. 29 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 30 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-32 If 'Yes,' complete Sch	c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I . 25b 26 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 Yes, complete Schedule L, Part II . 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, complete Schedule L, Part III . 28 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 b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV . 28b C An entity of which a current or former officer, director, trustee, or key employee? If Yes, complete Schedule M . 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M . 30 Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part II . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes, complete Schedule N, Part II . 31 Did the organization or neaded to any tax-excempt or taxable entity? If Yes, complete Schedule R, Part		, · · · ·	-		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
former officers, director's, trusfees, key employees, highest compensated employees, or disqualified persons? If Yes', complete Schedule L, Part II . 27 28 28 29 20 20 20 20 20 20 21 22 28 28 28 29 20 20 20 20 20 20 20 20 20	t	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 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. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II. 32 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		Х
28 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 b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part II. 32 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 35 Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part	27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 O for Part VI, lines 11b and 19?	28	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)			
Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. 35 Did the organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2. 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. lines 11b and 19?	á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	21.420.11	Х
officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV' 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, Iine 2 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 O for Part VI, Iines 11b and 19?	ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L, Part IV	28b		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
contributions? If 'Yes,' complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I			Х
301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
and Part V, line 1	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
organization? If 'Yes, complete Schedule R, Part V, line 2	i		35b		Х
treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check in Contaction C Contains a response of froit to any life in this Part V	· · · ·		سلت
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1 c	_X	
	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
ŧ	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4 8	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		Х
ŀ	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(of 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		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
	Organizations that may receive deductible contributions under section 170(c).	6 ь		
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
t	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 828Ž?	7 c		Х
	e 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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		-	
,	as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
á	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 ь		
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders		- 1	
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ı	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
6	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		_
	Note. See the instructions for additional information the organization must report on Schedule O.		I	
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
AA	TEFA0105 05/28/14	Form	000 /	2014

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 22 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 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 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No Х 10 a 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х 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 take steps to safeguard the 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed South Carolina Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 291 SEVEN FARMS DRIVE, BRITTANY HENDRICK COLUMBIA 29492 (843) 881-9956

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Fo	rm 990 (2014) NATIONAL GOLF COURSE O	WNERS	ASS	OCIA	TIO	N		36-29164	62 Page
P	art VII Compensation of Officers, Director Independent Contractors	ors, Tru	stee	s, Ke	y Er	nploye	es, Highest C	ompensated En	
	Check if Schedule O contains a response or	note to an	y line	ın thıs	Part	VII	<u></u> .	<u> </u>	<u> <u>.</u> L</u>
Se	ection A. Officers, Directors, Trustees, Ke	y Empl	oye	es, ar	nd H	lighest	Compensate	d Employees	
1 a org	Complete this table for all persons required to be listed ganization's tax year						•		
cor	 List all of the organization's current officers, directo mpensation Enter -0- in columns (D), (E), and (F) if no 	rs, trustee compensa	s (who	ether ir vas pai	ndıvıd d.	luals or o	organizations), rega	ardless of amount of	
	• List all of the organization's current key employees,	ıf any Se	e inst	truction	s for	definitio	n of 'key employee	•	
wh org	 List the organization's five current highest compens no received reportable compensation (Box 5 of Form W- ganization and any related organizations 								
of	 List all of the organization's former officers, key em- reportable compensation from the organization and any 	ployees, a related o	ınd hıç rganız	ghest c zations	ompe	ensated	employees who red	eived more than \$10	00,000
org	 List all of the organization's former directors or truganization, more than \$10,000 of reportable compensat 								
Lıs em	st persons in the following order individual trustees or di aployees, and former such persons	irectors, in	stituti	ional tri	ustee	es; office	rs, key employees,	highest compensate	ed
	Check this box if neither the organization nor any relai	ted organi	zation	comp	ensat	ted any d	current officer, direc	ctor, or trustee	
				(C)				
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than is	on box, of one box and officer Officer Institutional trustee	unless officer a r/truste	person and a	(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

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0.

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325,380.

135,345.

142,585.

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Form 990 (2014)

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40.00

TEEA0107 02/27/14

(1) MATT GALVIN

PRESIDENT

(2) DAVID LUCAS

VICE PRES.

(3) FRANK ROMANO

TREASURER

SECRETARY

CEO

(8)

(9)

(10)

(11)

(12)

(13)

(14)

BAA

(6) JOE RICE

(5) MICHAEL HUGHES

_(4)_WALTER_LANKAU,JR._

MAGAZINE EDITOR

(7) MICHAEL TINKEY

MARKETING DIR.

Part VII Section A. Officers, Directo	ors, Trustees,	Key E		oye C)	es, a	nd Highest Cor	npensated Emp	oyee	S (conti	nued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted	box, u	Pos ot check inless pe	ition more erson i	than one an office of the state		(E) Reportable compensation from related organizations (W-2/1099-MISC)	amoi com fi org an	(F) stimated unt of othing pensation om the acceptation direlated anizations	n
(15)	line)		8		ated				<u> </u>	
(16)		++	-	<u> </u>						
(17)		+		 						
			_							
(18)										
(19)										
(20)			-							
(21)		+	+							
(22)			+	-	-					
(23)		++	+	<u> </u>			<u> </u>			
(24)				ļ						
(25)						† ···				
1 b Sub-total						603,310.	0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	· ·					603,310.	0.	_ .		0.
2 Total number of individuals (including but in from the organization ► 3	ot limited to those	listed a	bove)	who	receiv		000 of reportable con	npensa	tion	
J.,									Yes	No
3 Did the organization list any former officer, on line 1a? If 'Yes,' complete Schedule J for								. 3		X
4 For any individual listed on line 1a, is the si the organization and related organizations	greater than \$150,	.000? <i>II</i>	'Yes'	com	plete S	chedule J for		,	ļ <u>.</u>	
such individual	accrue compensat	ion from	n anv	unre	lated o	rganization or indivi		4	X	
for services rendered to the organization? Section B. Independent Contractors	if 'Yes,' complete S	Schedu	le J fo	r suc	h perso	o <u>n</u>	· · · · · · · · · · · · · · · · · · ·	. 5		Х
Complete this table for your five highest co- compensation from the organization. Repo	mpensated independent	ndent or	contra	ctors	that re	ceived more than \$	100,000 of organization's tax ve	ar		
(A) Name and busine					<u> </u>	(B Description	3)		C) ensatio	n
			-							
			_		_					
2 Total number of independent contractors (i		nited to	those	liste	d abov	e) who received mo	ore than			
\$100,000 of compensation from the organic	2allUII -	TECAON					<u>l</u>		000 //	

Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	respon	se or note to any lir				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ats	1 a	Federated campaigns .		1 a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues		1 b	619,630.				
S, C	1	Fundraising events	1	1 c					
ᆲ		Related organizations .		1 d					
S E	е	Government grants (contribution	ons)	1 e					
tig %	f	All other contributions, gifts, gr similar amounts not included a	ants, and						
草葉				1 f					
E E	_	Noncash contributions include		· -					
<u>8</u>	h	Total. Add lines 1a-1f .	<u></u>	• • •		619,630.			
Program Service Revenue	١.,			-	Business Code				
eke	2 a	34.3 = 525 - 4 3	<u>RADESH</u>	<u>roms</u>	90099	1,241,988.	1,241,988.	<u> </u>	0,
ë	b				· · · · · · · · · · · · · · · · · · ·		-		
Ξ	<u>د</u>			}					
တ္တ									
Tan		All other program service							<u> </u>
õ		Total. Add lines 2a-2f				7 041 000			
	3					1,241,988.			
	3	Investment income (incluother similar amounts).	iaing aivia	enas, i	nterest and	117,794.	117,794.	0.	0.
	4	Income from investment				<u> </u>	<u> </u>		·
	5	Royalties		-	-	500,000.	500,000.	0.	0.
			(ı) Re		(II) Personal		3007000.		T
	6 a	Gross rents	145,	760.					
	b	Less rental expenses		725.					
	С	Rental income or (loss)	67,	035.			:		
	d	Net rental income or (los	_ 		<u> </u>	67,035.	0.	67,035.	0.
	7 a	Gross amount from sales of	(ı) Secu	nties	(II) Other				
		assets other than inventory	324	<u>217.</u>					
	b	Less cost or other basis	1						
		and sales expenses		, 284					
	1	Gain or (loss)	83,						
		Net gain or (loss)			· · · · · · · · · · · · · · · · · · ·	83,933.	83,933.	0.	0.
음	8 a	Gross income from funda	raising eve	ents					
en.		(not including \$ of contributions reported	on line 1	<u></u>					
ě		See Part IV, line 18			a				4
<u> </u>	Ь,	Less: direct expenses .			" b				
Other Revenu		Net income or (loss) from			- <u> </u>	·			
<u> </u>	l .	Gross income from gami See Part IV, line 19	ina activiti	es			-		
	b	Less direct expenses .			b				
	c	Net income or (loss) from	n gaming :	activitie	s				
	10 a	Gross sales of inventory	. less retu	rns					
	1	and allowances			28,224.				
		Less cost of goods sold			7,282.				
	С	Net income or (loss) from		invento		20,942.	20,942.	0.	0.
		Miscellaneous Revenu			Business Code				
		MAGAZINE_INCOM			541800	587,055.	0.	587,055.	0.
		MARKETING FEES			541900	238,705.	0.	238,705.	0.
	٥	All other revenue		- -					
	l	Total. Add lines 11a-11d		L		0.00			ļ
		Total revenue. See instr				825,760.			
	<u>''~</u>	Total revenue. See IIISti	uctions .	<u> </u>	<u> </u>	3,477,082.	1,964,657.	<u> </u>	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete c	olumn (A)
Check if Schedule O contains a response or note to any line in this Part IX	

Do r	not include amounts reported on lines	(A) Total expenses	(B)	(C)	(D)
	7b, 8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	291,821.			
5	Compensation of current officers, directors, trustees, and key employees	603,310.			
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 salaries and wages	704,783.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,843.			
9	Other employee benefits	61,979.			
10	Payroll taxes	85,371.			
11	Fees for services (non-employees)			- 11	
_	Management				
	Legal	3,822.			
	Accounting	20,160.			
	Lobbying		Sanda Care Saylor		
	Professional fundraising services See Part IV, line 17 . Investment management fees	00 505	Salar Barre		
	Other (If line 11g amt exceeds 10% of line 25, column	20,505.	-		
-	(A) amount, list line 11g expenses on Schedule O)	73,712.			
	Advertising and promotion	163,423.			
13	Office expenses	63,967.			<u> </u>
14	Information technology	41,827.			
15 16	Royalties	77,651.			
17	Travel	82,841.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	02,041.			
19	Conferences, conventions, and meetings	430,033.			
20	Interest	46,203.			
21	Payments to affiliates	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	50,299.			
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	22,245		<u> </u>	
а	CONTRIBUTIONS	53,150.			
	BANK FEES	31,055.			
	REPAIRS	15,318.			
d	DEFERRED_TAX_(GAAP)	84.			
	All other expenses	370,960.			
25	Total functional expenses Add lines 1 through 24e	3,340,362.			
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) (B) End of year Beginning of year 1 248,864 193,301. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . 3 4 62,808 29,935. ٠, Loans and other receivables from current and former officers, directors 5 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) Complete Part II of Schedule L e (**f** ^ ' 6 7 \ssets 8 <u>7</u>33 4,234 Prepaid expenses and deferred charges 9 37,666 20,046 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 a **b** Less accumulated depreciation . . . 10 b 958,359 10 c 1,344,424 ,307,672 11 2,284,311 11 2,421,558. Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 6,474 14 4,604 15 15 47,585 48,192 16 16 4,036,366 4,027,041 17 62,943 17 31,199 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, trustees. 22 \$17. 35 X key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 858,791 783,261 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 25 610,581 615,409 Total liabilities. Add lines 17 through 25 532,315 26 429,869 Organizations that follow SFAS 117 (ASC 958), check here ► and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 27 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 3 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 2,504,051 32 2,597,172. Set 33 33 2,597,172. 2,504,051 34 4,036,366 34 4,027,041.

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Forn	1990 (2014) NATIONAL GOLF COURSE OWNERS ASSOCIATION 36	-2916	1462		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		$\cdot \sqcap$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4	77,0	082.
2	Total expenses (must equal Part IX, column (A), line 25)	2				362.
3	Revenue less expenses Subtract line 2 from line 1	3_	L	1	36,7	720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,5	04,0) <u>5</u> 1.
5	Net unrealized gains (losses) on investments	5			43,5	599.
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		2,5	97,]	<u>.72.</u>
Pa	rt XII 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					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				,	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
1	ש Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate					
	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?	dıt, 		2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singli Audit Act and OMB Circular A-133?	• 		3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	·			Form	990 (2014)

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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	NATIONAL GOLF COURSE OWNERS ASSOCIATION	36-2916462
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	
<u>r aı</u>	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	
_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	e used only conferring
Par		
гаг	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		historically important land area
		certified historic structure
	Preservation of open space	
2	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
	Total number of conservation easements	2 a
1	Total acreage restricted by conservation easements	2 b
•	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 structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	<u> </u>
3	tax year	ie organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	violations
•	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during ► \$	g the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expensional include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements	se statement, and balance sheet, and the organization's accounting for
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	Other Similar Assets.
1:	all f the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research in fur in Part XIII, the text of the footnote to its financial statements that describes these items.	
١	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items	ent and balance sheet works of art, rance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
	If the organization received or held works of art, historical treasures, or other similar assets for financiamounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
	a Revenue included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	

			SE OWNERS				916462		Page 2
Partilla Organizations Mainta	ining Colle	ctions	of Art, Histo	orical Treas	ures, or (Other Similar A	<u>ssets (c</u>	ontinu:	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, a	and other			J	e a significant use o	f its collect	ion	
a Public exhibition			<u> </u>	or exchange pr	ograms				
b Scholarly research			e Other						
c Preservation for future genera				<i>.</i>					
Provide a description of the organi Part XIII Provide the constitution of the organization of th					_				
5 During the year, did the organization to be sold to raise funds rather that	n to be mainta	iined as p	art of the organ	zation's collect	tion?				No
Escrow and Custodia line 9, or reported an a	I Arrangen mount on F	n ents. (orm 990	Complete if the Domplete if the Domplete if the Domplete if the Domplete in th	ne organiza e 21.	tion answe	ered 'Yes' to For	rm 990, i	⁵art IV	,
1 a Is the organization an agent, trusted on Form 990, Part X?	e, custodian,	or other in	ntermediary for o	contributions of	r other asset	s not included	. Tyes		No
b If 'Yes,' explain the arrangement in							ш		
•		•	_				Amoun	t	
c Beginning balance						1 c			
d Additions during the year	. .					1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2 a Did the organization include an an	nount on Form	990, Parl	X, line 21, for e	escrow or custo	odial accoun	t liability?	Yes	, L	No
b If 'Yes,' explain the arrangement in	Part XIII Che	eck here if	the explanation	n has been pro	vided in Pari	t XIII		[
Part V Endowment Funds. C	`omplete if t	he orga	nization and	wered 'Ves'	to Form C	000 Part IV line	10		
Ranges Endowment Funds.	(a) Current		(b) Prior year		years back	(d) Three years ba		Four years	r back
1 a Beginning of year balance	(a) Current	year	(b) Filor year	(c) Two	years back	(u) Three years bar	<u> </u>	-our years	SUACK
b Contributions		1							
		<u> </u>							
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>			
2 Provide the estimated percentage	of the current	year end	balance (line 1g	g, column (a)) h	neld as				
a Board designated or quasi-endow			^{&}						
b Permanent endowment	 %								
c Temporarily restricted endowment			- % - .						
The percentages in lines 2a, 2b, a	nd 2c should e	equal 100	%						
3 a Are there endowment funds not in organization by	•							Yes	No
(i) unrelated organizations							. 3a(i)		
(ii) related organizations							. 3a(ii)		
b If 'Yes' to 3a(II), are the related org							3b	L	<u> </u>
4 Describe in Part XIII the intended			's endowment fu	unds					
Land, Buildings, and Complete if the organization			es' to Form 9	90, Part IV,	line 11a.	See Form 990,	Part X, I	ine 10.	•
Description of property			or other basis estment)	(b) Cost or basis (ot		(c) Accumulated depreciation	(d)	Book va	alue
1 a Land	<i>.</i>		238,500.					238	,500.
b Buildings		1	542,177.			489,316	. 1	,052	,861.
c Leasehold improvements									
d Equipment			485,354.			469,043		16	<u>,311.</u>
• Other		I	i		1		1		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

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Sched

1,307,672. Schedule **D** (Form 990) 2014

Schedule D (Form 990) 2014 NATIONAL GOLF CO	URSE	OWNERS ASSO	OCIA	ATION36-29164	62 Page 3
Part VII Investments - Other Securities.					
. Complete if the organization answered (a) Description of security or category (including name of security)	res	(b) Book value	art	(c) Method of valuation Cost or end-of-yea	
(1) Financial derivatives		(3) 500% (4.130	+-	(C) Welliod of Valuation Cost of Cha-on-year	Tillaret value
(2) Closely-held equity interests					
(0) (0)		· · · · · · · · · · · · · · · · · · ·	+-		
	4		+-		
(0)		· · · · · · · · · · · · · · · · · · ·	+		
		· · · · · · · · · · · · · · · · · · ·	╁		
(<u>D)</u> (E)	· - 		╁		
(F)			 -		
(G)	-		1		
(H)			1		
(I)			1	<u>-</u>	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			1		
Part VIII Investments — Program Related.					
Complete if the organization answered					
(a) Description of investment type	-	(b) Book value	+	(c) Method of valuation Cost or end-of-ye	ear market value
			-		
(2)					
(3)			+		
(4)			 		
(5)			+		
(6)			+		
(7) (8)			+		
(9)			+		
(10)			+		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).	. ▶		-	*4*	
Part IX Other Assets.					
Complete if the organization answered			² art	IV, line 11d. See Form 990, Part	
(1)	Descrip	tion			(b) Book value
(2)					
(3)				***	
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					 ·
Total. (Column (b) must equal Form 990, Part X, column (E	3) <i>line</i> 1	<u>. </u>			
Part X Other Liabilities.), III 16 1	<u> </u>	•••		
Complete if the organization answered 'Yes' to	Form	990, Part IV, line 1	1e or	r 11f. See Form 990, Part X, line 25	
(a) Description of liability		(b) Book value			
(1) Federal income taxes				ा सुरुष्ट् ४० - १ - १ - १ - १ - १ - १ - १ - १ - १ -	
(2) UNEARNED DUES INCOME		286,0	<u>53.</u>	Sand War and	
(3) PAYROLL LIABILITIES PAYABLE		210.0	<u>0.</u>		
(4) CONFERENCE DEPOSITS ETC.		319,2			
(5) LEASEHOLDER DEPOSITS (6) CREDIT SWAP INTEREST PAYABLE		7,83 2,23		1	
(7)			<u>. ,</u>	Salama (William	
(8)					
(9)				THE REPORT OF THE PARTY OF THE	
(10)				The state of the s	
(11)				A STATE OF THE STA	
Total (Column (b) must equal Form 990, Part X, column (B) line 25) .	▶	615,4	09.	the state of the state of	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2014	NATIONAL GOLF COURSE OWNERS ASSOCIATION	36-2916	462 Page 4
	on of Revenue per Audited Financial Statements With Revenue	per Return.	
Complete if t	he organization answered 'Yes' to Form 990, Part IV, line 12a.		
 Total revenue, gains, a 	and other support per audited financial statements	1	3,519,490.
2 Amounts included on li	ne 1 but not on Form 990, Part VIII, line 12		
, ·	osses) on investments		
	use of facilities		
• •	ar grants	'	
· ·		,408.	
•	d		42,408.
3 Subtract line 2e from li	ne 1	3	3,477,082.
4 Amounts included on F	Form 990, Part VIII, line 12, but not on line 1		
•	not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Par	t XIII).......................		
		<u> </u>	
5 Total revenue. Add line	es 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,477,082.
	on of Expenses per Audited Financial Statements With Expense	s per Return).
Complete if t	he organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and los	sses per audited financial statements	1	3,426,369.
2 Amounts included on l	ne 1 but not on Form 990, Part IX, line 25:	1	<u> </u>
a Donated services and	use of facilities		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Par	t XIII)		
e Add lines 2a through 2	d	2 e	
3 Subtract line 2e from li	ne 1	3	3,426,369.
	Form 990, Part IX, line 25, but not on line 1		
	not included on Form 990, Part VIII, line 7b 4a		
· ·		,007.	
			<u>-86,007.</u>
	nes 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,340,362.
Part XIII Supplement			
Provide the descriptions requires 4. Bod X line 2: Bod X	uired for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Par	tV,	
ine 4, Part A, line 2, Part Al,	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation
Pt XI, Line 2d	UNREALIZED LOSSES AND RENTAL INCOME SHOWN GROSS (ON FINANCI	AL STATEMENTS
	EXPENSES SHOWN SEPARATELY ON FINANCIALS BUT NETTE	ED AGAINST	INCOME ON
Pt XII, Line 4b	FORM 990		

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization

NATIONAL GOLF COURSE OWNERS ASSOCIATION

36-2916462

Рап	I 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 VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	İ	}	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		ļ	Ì
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	. 1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	. 2		
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			
	Independent compensation consultant Compensation survey or study		ļ	
	Form 990 of other organizations Approval by the board or compensation committee			
	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			
а	Receive a severance payment or change-of-control payment? $\dots \dots	. 4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c	<u> </u>	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		1	1
	Only postion 504/s/(2) 504/s/(4), and 504/s/(20) aggregizations must sample to lines 5.0	İ		1
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
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			
а	The organization?	. 5a		†
	Any related organization?	5 b	+	
	If 'Yes' to line 5a or 5b, describe in Part III			
6	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			
а	The organization?	. 6 a		
b	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 payments not described in lines 5 and 6? If 'Yes,' describe in Part III	. 7		
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)? 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)?	. 9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

36-2916462

Page 2

NATIONAL GOLF COURSE OWNERS ASSOCIATION

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed [Jew II] For each individual whose compensation must be reported in Schedule J, report compensation from 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 column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation		benefits	columns(b)(I)-(D)	in column (B) reported as deferred in prior Form 990
MICHAEL HUGHES	€ €	300,480.	18-000	6,900.	0 - 0	0 -	325,380.	0 0 - 0
2	€ €				1	1 1 1 1 1		-
3	€ €							
4	€ €							
2	€ €							
9	€ €					 		
7	€ €	1 1 1 1 1 1	 					
80	€ €	 						
6	€ €							
10	€ €] 			
11	€ €					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
12	€ €							
13	(1)		. – – – – – –					
14	(E)					1 1 1		
15	(E)							
16	€ €		 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ВАА			TEEA4102 06/19/14	4			Schedule J	Schedule J (Form 990) 2014

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Supplemental Information Schedule J (Form 990) 2014 Park [[[]]] Supplementa

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2014

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.

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

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

36-2916462

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL GOLF COURSE OWNERS ASSOCIATION

Pt VI, Line 6

MEMBERS

Pt VI, Line 11b

DETERMINED BY BOARD FOR CEO AND BY CEO FOR OTHERS