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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493313008546 **Return of Organization Exempt From Income Tax** 990 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 Department of the ction number

Treasury Internal Revenue Service	► Information about Form 990 and its instructions is at <u>w</u>	ww IRS go	<u>v/foi m990</u>	Inspection				
A For the 2015 cal	endar year, or tax year beginning 01-01-2015 , and ending 12-31-20	15						
B Check if applicable Address change Name change Initial return	C Name of organization GOLF COURSE BUILDERS ASSOCIATION OF AMERICA  Doing business as		23-7121	identification number 106				
Final return/terminated Amended return Application pending	Number and street (or P O box if mail is not delivered to street address) Room/s 6040 S 58TH ST STE D  City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68516	(402) 470	E Telephone number (402) 476-4444 <b>G</b> Gross receipts \$ 581,421					
	F Name and address of principal officer SCOTT-VEAZEY PO BOX 7667 TIFTON,GA 31793	s this a group ret ubordinates? No ire all subordinate	☐ Yes 🗸					
I Tax-exempt status	501(c)(3) <b>✓</b> 501(c) ( 6 ) <b>◄</b> (insert no ) 4947(a)(1) or 527	1(2)	ncluded?	Yes No				
J Website: ► WW	N GCBAA ORG	1	f "No," attach a lı Group exemptıon	st (see instructions) number ▶				
<b>K</b> Form of organization	✓ Corporation Trust Association Other ►	<b>L</b> Year	of formation	<b>M</b> State of legal domicile N				

al domicile NE Part I Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE PROGRAMS AND SERVICES TO GOLF COURSE BUILDERS AND TO ENSURE UNIFORM QUALITY STANDARDS IN THE PROFESSION Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 30 7a Total unrelated business revenue from Part VIII, column (C), line 12 20,910 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 258,025 318,234 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 944 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 264,047 262,777 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 523.016 581,421 10,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 208,761 229,510 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 363,291 370,066 17 609,576 572,052 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -49,036 -28,155 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 492.875 20 Total assets (Part X, line 16) . 21 45,505 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 447,370

Assets or 463,253 Net V 18,448 444,805 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2016-10-05 Signature of officer Date Sign Here SCOTT-VEAZEY PRESIDENT ELECT Type or print name and title Print/Type preparer's name LESTER F BUCKLEY CPA Preparer's signature LESTER F BUCKLEY CPA Date PTIN Check ıf 2016-11-08 P00765948 **Paid** self-employed Fırm's name ► BUCKLEY & SITZMAN LLP Firm's EIN > 47-0350235 Preparer Firm's address ► 4240 PIONEER WOODS DR Phone no (402) 484-7676 Use Only LINCOLN, NE 685065278

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Form	1990 (201	5)			Page <b>2</b>
Par	t IIII Sta	atement of Program Service A	Accomplishments		
	Ch	eck if Schedule O contains a response	or note to any line in this Part	III	
1	Briefly de	scribe the organization's mission			
	VIDE PRO	GRAMS AND SERVICES TO GOLF CO	OURSE BUILDERS AND TO EN	SURE UNIFORM QUALITY S	STANDARDS IN THE
PRO	FESSION				
2		ganization undertake any significant p		ar which were not listed on	
	•	form 990 or 990-EZ?			Yes <b>√</b> No
3		lescribe these new services on Schedi ganization cease conducting, or make		andusts, any program	
3			3	onducts, any program	⊤Yes √No
		lescribe these changes on Schedule O			1 103 14110
4	•	the organization's program service acc		hree largest program services	as measured by
•		Section $501(c)(3)$ and $501(c)(4)$ org			
	the total e	xpenses, and revenue, if any, for each	program service reported		
4-	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4a	•	ROGRAMS AND SERVICES TO CONSTRUCTION	<del></del>	, ,	•
		COURSE CONSTRUCTION ARENA	CONTRACTORS/ SPECIALISTS DUE TO	o chandino redolationo, oreciti	CATIONS AND TECHNOLOGIES IN
	-				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	PROVIDE C	ERTIFICATION PROGRAM FOR GOLF COURSE	BUILDERS TO ENSURE UNIFORM QUA	LITY STANDARDS IN THIS AREA	
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4d	O ther pr	ogram services (Describe in Schedule	O )		
	(Expense	es \$ including	grants of \$	) (Revenue \$	)
4e	Total pro	gram service expenses ▶			
	-	-			Form <b>990</b> (2015)

Form	n 990 (2015)			Page <b>3</b>
Pai	rt IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
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		No
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, Pait V 🛸	10		No
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			

Yes

Yes

Yes

Yes

Nο

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Form 990 (2015)

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20b

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆 . . . . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

14a Did the organization maintain an office, employees, or agents outside of the United States? .

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes," complete Schedule D, Parts XI and XII 💆 . . . . . . .

If "Yes," complete Schedule D, Part X 🕏

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**b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

ıts total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

**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 . . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

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,"

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

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Form 990 (2015)

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orm	990 (2015)			Page <b>S</b>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1 b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	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? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	1 65	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country <b>\</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
	required?	7g		
"	Form 1098-C?	7h		
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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501(c)(12) organizations. Enter	l		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
_				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

year by the following

Section C. Disclosure

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16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

describe the circumstances, processes, or changes in Schedule O. See instructions.

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

Check if Schedule O contains a response or note to any line in this Part VI							
ection A. Governing Body and Management							
						Yes	N
Enter the number of voting members of the governing body at the end of the tax year	1a			16	5		
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							

				Yes	ĺ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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				ĺ

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? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization have members or stockholders? . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

**10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

**b** Other officers or key employees of the organization . . . . . . . . . .

List the States with which a copy of this Form 990 is required to be filed▶

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶JUSTIN APEL 6040 S 58TH ST STE D LINCOLN, NE 68516 (402) 476-4444

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**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 

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

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 . . . . . . . . . . . .

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

year	1a	10
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		
Enter the number of voting members included in line 1a, above, who are independent	1b	1.
Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	sıness • •	relationship with any

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee													
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not bo: h ai or/ti	c x, office house Highest compensated	ess er	( <b>D</b> ) 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			
(1) JOHN-MCDONALD II DIRECTOR	1 00	×						0	0	0			
(2) TOM WORKS DIRECTOR	1 00	×						0	0	0			
(3) STEPHANIE-ZIMMERMAN DIRECTOR	1 00	×						0	0	0			
(4) TERRY GWINN DIRECTOR	1 00	×						0	0	0			
(5) ALLAN MACCURRACH III DIRECTOR	1 00	×						0	0	0			
(6) RONNIE-ADKINS DIRECTOR	1 00	×						0	0	0			
(7) MARK CREIGHTON DIRECTOR	1 00	×						0	0	0			
(8) RICK-WILLIAMSON DIRECTOR	1 00	×						0	0	0			
(9) FRANK-WARDEN DIRECTOR	1 00	×						0	0	0			
(10) JUDD-DUININCK DIRECTOR	1 00	×						0	0	0			
(11) ELLEN-DAVIS SECRETARY	1 00			х				0	0	0			
(12) RICK-BOYLAN PRESIDENT	1 00			х				0	0	0			
(13) PATRICK-KARNICK TREASURER	1 00			х				0	0	0			
(14) SCOTT-VEAZEY PRESIDENT EL	1 00			х				0	0	0			
										Form <b>990</b> (2015)			

Part VII	Section A. Officers, Directors, T	rustees, Key E	mployees, and Highest (	Compensated E	Employees (cor	ntinued)
	(A)	(B)	(C)	(D)	(E)	(F)

Name and Title	Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	one n is and			Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) DENNIS-WAGNER	1 00			×				0	0	
VICE PRESIDE								0		
1b Sub-Total				▶						
c Total from continuation sheets to Part VI	I, Section A .			•						
d Total (add lines 1b and 1c)				•						-

1b	Sub-Total																_
c	Total from continuation sheets to Part VII	tal from continuation sheets to Part VII, Section A															
d	Total (add lines 1b and 1c)																
2	Total number of individuals (including but n \$100,000 of reportable compensation from			ted al	bove	e) w	ho red	ceiv	ed n	nore	than						
															Yes	No	
3	Did the organization list any <b>former</b> officer, on line 1a? <i>If "Yes," complete Schedule J for a complete Schedule J for a</i>			,				_					•	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the												,				_

<b>1</b> b	Sub-Total			•							
c	Total from continuation sheets to Part VII	I, Section A .		▶							
d	Total (add lines 1b and 1c)			•							
2	Total number of individuals (including but n \$100,000 of reportable compensation from		ed al	00VE	e) w	ho red	eiv	ed m	ore than		

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	No
<u>S</u>	ection B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000	O of	

	\$100,000 of reportable compensation from the organization >			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

			""
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	No
		·	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No
	action B. Tadanandant Contractors		

	organization and related organizations greater than \$120,000 in resp. comprete constants for			1	1
	ındıvıdual	[	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received m compensation from the organization. Report compensation for the calendar year ending with or w			tax year	
	(A)	(B)		(C	)

			-		NO
5	Did any person listed on line 1a receive or accrue compensation from any unrelated org services rendered to the organization? If "Yes," complete Schedule J for such person .		5		No
	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending			tax year	
	(A)	(B)		(C)	)
	Name and business address	Description of services		Compens	

 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99						Page <b>S</b>
Part V	/1111	Statement of Revenue				
		Check if Schedule O contains a response or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b				
Gra	c	Fundraising events 1c				
ts.						
Gif ia	d	Related organizations 1d				
ns, im	e	Government grants (contributions) 1e				
itio er S	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above				
ë	g	Noncash contributions included in lines				
id it	l .	1a-1f \$				
<u>2</u>	l h	Total. Add lines 1a-1f				
<u>∓</u>	_	Business Code				
Program Service Revenue	2a		264,575	264,575		
a <sup>2</sup>	b	DIRECTORY/NEWSLETTER ADVERT 511190	52,294	31,384	20,910	
Š	c	COST SURVEY PROGRAM	1,015	1,015		
₹.	d	CERTIFICATION PROGRAM	350	350		
an	e f	All other program corruce revenue				
rogi	'	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f ▶	318,234			
	3	Investment income (including dividends, interest, and other similar amounts)	410			410
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties				
	6a	(i) Real (ii) Personal Gross rents				
	b	Less rental				
	_	expenses Rental income				
	[	or (loss)				
	d	, ,				
	7a	(i) Securities (ii) Other  Gross amount from sales of assets other				
	ь	than inventory Less cost or				
	"	other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
ne	8a	events (not including				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18				
ıer	Ь	Less direct expenses b				
O	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		Less direct expenses b				
	1					
		Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	1	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	EVENTS & MEETINGS	230,237			230,23
	Ь	MISC REIMBURSEMENTS- FOUNDATIO	31,807	31,807		
	C	MISCELLANEOUS	733	733		
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶	262,777			
	12	Total revenue. See Instructions	581,421	329,864	20,910	230,64
	_					Form <b>990</b> (2015

## Part IX Statement of Functional Expenses

	-		
Section $50.1(c)(3)$ and $50.1(c)(4)$ organizations in	must complete all columns	All other organizations must	complete column (A.)

ection 501(c)(3) and 501(c)(4) organizations must complete all colum	ns Allother or	rganızat	tions	must	com	nplet	e cc	lum	nn ( <i>F</i>	١)		
Check if Schedule O contains a response or note to any line	in this Part IX										•	

	<u> </u>				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000			
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				
5	Compensation of current officers, directors, trustees, and key employees				
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	201,890			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,793			
9	Other employee benefits	6,301			
10	Payroll taxes	16 526			
11	Fees for services (non-employees)	16,526			
a	Management				
b	Legal	609			
c	Accounting	5,350			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,721			
12	Advertising and promotion	1,970			
13	Office expenses	49,822			
14	Information technology	1,817			
15	Royalties				
16	Occupancy	19,425			
17	Travel	22,948			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	165,607			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,279			
23 24	Other expenses Itemize expenses not covered above (List	5,290			
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	READERSHIP COSTS	56,974			
b	BANK FEES	10,709			
c	EQUIPMENT RENTAL	3,490			
d	MERCHANDISING COSTS	3,077			
e 25	All other expenses  Total functional expenses Add lines 1 through 24e	5,978	_		
25	Total functional expenses. Add lines 1 through 24e	609,576	0	0	0
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)				

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Fund Balances

Net Assets or

Part X	Balance Sh
	Check If Sched

Part X	Balance Shee
	Check if Schedu

013)	
Balance	Sheet

Schedule L . .

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

neet		
dule O contains a response or note to any line in this Part X		

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

234,903

83,557

10a

10b

(A)

Beginning of year

45,836

118,726

43,178

23,731

158.441

101,563

1 400

6,983

36,300

2,222

45,505

447,370

447,370

492,875

492,875

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10c

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Page	1

(B)

End of year

89,601

72,830

30,240

15,968

151.346

101,868

1,400

2,862

12,650

2,936

18,448

444.805

444,805

463,253

Form 990 (2015)

463,253

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

Νo

Form 990 (2015)

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

DLN: 93493313008546 OMB No 1545-0047

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

<b>Na</b> GO	nal Revenue Service   me of the organization LF COURSE BUILDERS ASSOCIATION			Empl	oyer identifica	tion numbe	er
	AMERICA  ITT Organizations Maintaining Donor	r Advised Funds o	r Other Similar F		121106		
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 6.	unus c	Accounts	•	
		(a) Donor advised fu	nds	(b)	Funds and othe	eraccounts	;
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 a funds are the organization's property, subject to	-		nor advis	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose	Yes	_ No
Pa	rt II Conservation Easements. Comple	ete if the organizatio	n answered "Yes" (	on Form	n 990, Part I\	/, lıne 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check	all that apply)				
	Preservation of land for public use (e g , recreducation)	eation or	Preservation of a	ın hıstor	ıcally ımportan	t land area	ı
	Protection of natural habitat		Preservation of a	certifie	d historic struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conser	vation contribution in	the form	of a conservat	ion	
	Takal annah an afaran annah an				Held at the	End of the	e Year
a	Total number of conservation easements	anto		2a			
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		uded in (a)	2b 2c			
c d	Number of conservation easements included in (a historic structure listed in the National Register		, ,	2d			
3	Number of conservation easements modified, trai	nsferred, released, exti	nguished, or terminat	ed by the	e organization (	durina the	
	tax year ►	, ,	,	,	J	3	
4	Number of states where property subject to cons	ervation easement is lo	ocated <b>&gt;</b>				
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	= -	oring, inspection, han	dling of	_ Y	es $\lceil$ N	io
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of	violations, and enforc	ing cons	ervation easer	ments durii	ng the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of viola	itions, and enforcing o	onserva	tion easement	s during th	e year
8	▶ \$ Does each conservation easement reported on III	ne 2(d) above satisfy t	he requirements of se	ction 17	0(h)(4)		
9	(B)(ı) and section 170(h)(4)(B)(ıı)?  In Part XIII, describe how the organization repor	ts conservation easem	ents in its revenue an	d expen	<b>∵ Y</b> ose statement, a	•	<b>O</b>
	balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	sements					
Pai	t III Organizations Maintaining Collect Complete if the organization answere			or Oth	er Similar <i>i</i>	Assets.	
<b>1</b> a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public	exhibition, education,	or resea	irch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public	•				lıc
(	(i) Revenue included on Form 990, Part VIII, line :	1		<b>&gt;</b> \$ _			
	) Assets included in Form 990, Part X						
2	If the organization received or held works of art, it following amounts required to be reported under S			or financ			

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

		(Form 990) 2015											Page
art	ш	Organizations Maintaining (continued)	Collections of A	Art, His	toric	al Tı	reası	ures, o	or C	other Sin	nilar A	ssets	
		g the organization's acquisition, acc ction items (check all that apply)	ession, and other rec	ords,ch	neck ai	ny of t	he fol	lowing t	hat a	are a signi	ficant us	e of its	
а		Public exhibition		d		Loan	orex	change	prog	ırams			
b	Γ 5	Scholarly research		e		Othe	er .						
c	_ F	Preservation for future generations											
	Provid Part X	de a description of the organization KIII	's collections and ex	plaın hov	w they	furthe	er the	organıza	atior	ı's exempt	purpose	: In	
		g the year, did the organization soli is to be sold to raise funds rather th <b>Escrow and Custodial Arra</b> Complete if the organization of	an to be maintained	as part o	of the o	organı	zation	's colle	ctior	17	Ye		
		Part X, line 21.	aliswered les of	1101111	990, I	aiti	. v , IIII	ie 9, 0i	101	Jorted an	amoui	1011101	
		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inter	mediary	for co	ntrıbu	itions	or other	rass	ets not	ΓYe	s N	o
b	If"	'Yes," explain the arrangement in P	art XIII and complet	e the fol	lowing	table					Am	ount	
c	Вед	ginning balance							<b>1</b> c				
d	A do	ditions during the year							1d				
e	Dıs	stributions during the year							1e				
f	End	ding balance							1f				
		ne organization include an amount o	n Form 990 Part Y	line 21	for eco		rougt	odial ac	COLL	nt liability	? <b></b>	s	_
za .	Dia tii	3	mironni 550,1 arcx,	iiiic 21,	101 636	o wor	n cust	.ouiai ac	cou		1 16	5   14	O
b	If"Ye	es," explain the arrangement in Part Endowment Funds. Comple	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par	If"Ye <b>t V</b>	es," explain the arrangement in Part  Endowment Funds. Comple	XIII Check here if	the expla	anatioi	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII	 line 10		
b Par	If "Ye <b>t V</b> Begin	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par	If "Ye <b>t V</b> Begin	es," explain the arrangement in Part  Endowment Funds. Comple	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par	If "Ye  t V  Begin  Contr	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nvestment earnings, gains, and	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par la b	If "Ye t V  Begin Contr . Net in	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nvestment earnings, gains, and	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par la b	If "Ye  t V  Begin  Contr  Net in losse  Grant  Other	es," explain the arrangement in Part  Endowment Funds. Comple  Inning of year balance  Initially the complete of the c	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
Par La b c d	Begin Contr Net in losse Grant Other and p	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nnvestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
Par La b c d e	Begin Contr Net in losse Grant Other and p	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nvestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
Par La b c d	Begin Contr Net in losse Grant Other and p	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nnvestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms	XIII Check here if the organizat	the expla	anatioi were	n has d "Ye	been   s" to	provided Form S	d in 1	Part XIII Part IV,	 line 10		
b Par a b c d e	Begin Contr Net in losse Grant Other and p Admi End o	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nvestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms	EXIII Check here if itele if the organizat  (a)Current year	the expla	anation were nor year	n has	been   s" to o (c)Tw	provided Form S o years b	990, pack	Part XIII Part IV,	 line 10		
b Par a b c d e	Begin Contr Net in losse Grant Othel and p Admi End o	es," explain the arrangement in Part  Endowment Funds. Comple  Inning of year balance  Investment earnings, gains, and es  Its or scholarships  Its or scholarships  Its or expenditures for facilities  Its or gains  Its or gains  Its or gains  Its or gains  Its or scholarships  Its	current year end bala	the expla	anation were nor year	n has	been   s" to o (c)Tw	provided Form S o years b	990, pack	Part XIII Part IV,	 line 10		
b Par a b c d e	Begin Contr . Net in losse Grant Other and p . Admi End o . Provid	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nvestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms  inistrative expenses  of year balance	current year end bala	the expla	anation were nor year	n has	been   s" to o (c)Tw	provided Form S o years b	990, pack	Part XIII Part IV,	 line 10		
Parra a b c d e f g	Begin Contr . Net in losse Grant Other and p . Admi End o . Provid Board	Es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions	current year end bala	the expla	anation were nor year	n has	been   s" to o (c)Tw	provided Form S o years b	990, pack	Part XIII Part IV,	 line 10		
Par La b c d e f g b c	Begin Contr . Net in losse Grant Other and p . Admi End o . Provid Board Perma	es," explain the arrangement in Part  Endowment Funds. Comple  nning of year balance  ributions  nivestment earnings, gains, and es  ts or scholarships  r expenditures for facilities or ograms  inistrative expenses  of year balance	current year end bala	the expla	anation were nor year	n has	been   s" to o (c)Tw	provided Form S o years b	990, pack	Part XIII Part IV,	 line 10		
Par  la b c d e f g b c	Begin Contr Net in losse Grant Other and p Admi End o Provid Board Perma Temp The p Are th	Es," explain the arrangement in Part  Endowment Funds. Comple  Inning of year balance  Investment earnings, gains, and es  Its or scholarships  Its or expenditures for facilities or expenditures for facilities or expenditures for facilities or expenditure expenses	current year end bala	the expla tion ans (b)Pn	anation were nor year	h has d "Ye	been   s" to o (c)Tw	provided Form S o years b	d in 1	Part XIII Part IV, (d)Three ye	 line 10		ears ba
b Par la b c d e f g b c	Begin Contr Net in losse Grant Other and p Admi End o Board Perma Temp The p Are thorgan	es," explain the arrangement in Part  Endowment Funds. Comple  Inning of year balance  Investment earnings, gains, and es  Its or scholarships  Its or schol	cate if the organizate (a)Current year current year end balans	the explain ans (b)Pn	anation were nor year	h has d "Ye	been   s" to o (c)Tw	provided Form S o years b	d in 1	Part XIII Part IV, (d)Three ye	line 10	(e)Four y	ears ba
Par  la b c d e f g b c	Begin Contr Net in losse Grant Othel and p Admi End o Provice Board Perma Temp The p Are th organ (i) un (ii) re	Es," explain the arrangement in Part  Endowment Funds. Comple  Inning of year balance  Investment earnings, gains, and es  Its or scholarships  Ir expenditures for facilities  Programs  Inistrative expenses  Ide the estimated percentage of the didesignated or quasi-endowment   In anent endowment   In	current year end balassession of the organ	ance (lin	e 1g, o	h has d "Ye b b b b b b b b b b b b b b b b b b b	n (a))	provided Form S o years b held as	d in 1	Part XIII Part IV, (d)Three ye	line 10 ears back	(e)Four y	ears ba

4 Describe in Part XIII the intended uses of the organization's endo	wment funds			
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form	n 990, Part IV, lıı	ne 11a.See For	rm 990, Part X, I	ine 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d)Book value
1a Land				
<b>b</b> Buildings		152,230	4,678	147,552
f c Leasehold improvements				

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

**d** Equipment .

3,794

151,346

37,064

41,815

40,858

41,815

	(Form 990) 2015				-l F-	Page
Part VII	<b>Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	iplete if the or	ganiza	ation answered 'Ye	s on For	m 990, Part IV, line IID
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(	( <b>b)</b> Book value		c)Method of valuation r end-of-year market value
	al derivatives					,
(2)Closely (3)Other	-held equity interests					
(A) UNION	BANK CD			101,868		F
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>		101,868		
	Investments—Program Related.					
	Complete if the organization answered  (a) Description of investment	'Yes' on Form		'art IV, line 11c. <sub>Se</sub> ( <b>b)</b> Book value	ee Form !	990, Part X, line 13. ) Method of valuation
	(a) Description of investment		'	(b) Book Value		r end-of-year market value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13 )	•				
Part IX	Other Assets. Complete if the organization (a) Descri		on Fori	m 990, Part IV, line	11d See F	
	(a) Descri	ption				(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line 15	<u>.</u>			•	
Part X	Other Liabilities. Complete if the orga					line 11e or 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book va	lue			
	,					
Federal inc	ome taxes					
REAL ESTA	ATE TAXES PAYABLE		2,936			
		İ		İ		

2,936

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

1

2

а b

c

3

а

b

1

2

b

d

e

а b

c

Part XIII

LINE 4B

3

Part XII

Schedule D (Form 990) 2015

Page 4

550,037

550,037

31,384

581,421

552,602

552,602

56,974

Donated services and use of facilities . . . . . . Recoveries of prior year grants . . . . Other (Describe in Part XIII ) . . . . Add lines 2a through 2d . . . . . Subtract line **2e** from line **1** . . . .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) . .

Add lines 2a through 2d . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII ) . . . . . . . . . Add lines 4a and 4b . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses and losses per audited financial statements . . . . . .

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a 4b

2a

2b 2c

2d

4b

2b

2c

2d

31,384

56.974

4c

2e 3

2e 3

4c

609,576

Schedule D (Form 990) 2015

**Supplemental Information** 

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

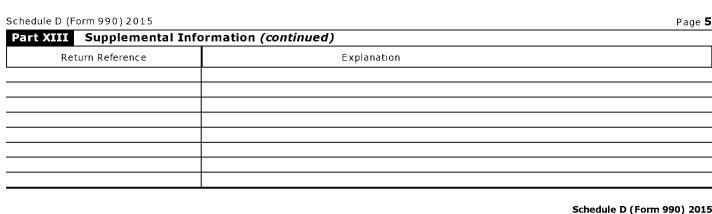
Add lines 4a and 4b . .

Return Reference SCHEDULE D. PAGE 4, PART XI.

CIRCULATION INCOME 31.384

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

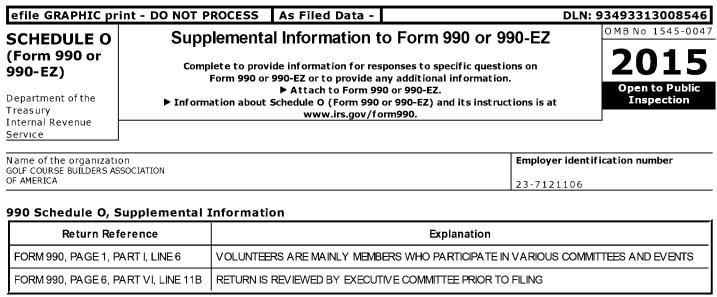
Explanation



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493313008546 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Employer identification number Name of the organization GOLF COURSE BUILDERS ASSOCIATION 23-7121106 **OF AMERICA General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) (1) 59-2998925 3 10,000 CHARITABLE WORLD GOLF SUPPORT FOUNDATION-GOLF 2020 ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

SCHEDULE I, PAGE 4, PART IV

GRANTS/DONATIONS PROVIDED BASED ON CHARITABLE PURPOSE



990 Schedule O. Supplemental Information Return Reference Explanation

NO DOCUMENTS AVAILABLE TO THE PUBLIC

DISCLOSURE OF CONFLICTS OF INTEREST DURING ANNUAL MEETING FORM 990, PAGE 6, PART VI, LINE 12C

FORM 990, PAGE 6, PART VI, LINE 19

990 Schedule O, Supplemental Information

Return Reference Explanation

CIRCULATION INCOME -31,384 READERSHIP COSTS 56,974 TOTAL 25,590

FORM 990. PART XI. LINE 9