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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization GOLF COURSE VIEW CLUSTER ASSOCIATION	D Employer identification number 23-7414110
Number and street (or P O box, if mail is not delivered to street address) 2159 GOLF COURSE DRIVE	Room/suite
ETelephone number (703) 255-2461	
City or town, state or province, country, and ZIP or foreign postal code RESTON, VA 20191	
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ►**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► N/A**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 109,957**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	99,340
	4 Investment income	4	6,514
	5a Gross amount from sale of assets other than inventory	5a	4,103
	b Less cost or other basis and sales expenses	5b	4,000
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	103
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	105,957
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	6,395
	14 Occupancy, rent, utilities, and maintenance	14	85,070
	15 Printing, publications, postage, and shipping	15	918
	16 Other expenses (describe in Schedule O)	16	1,222
	17 Total expenses. Add lines 10 through 16 ►	17	93,605
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,352
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	172,003
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-6,151
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	178,204

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	171,723	22 173,868
23 Land and buildings		23
24 Other assets (describe in Schedule O)	280	24 4,336
25 Total assets	172,003	25 178,204
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	172,003	27 178,204

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

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

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

Expense

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

What is the organization's primary exempt purpose?

MAINTENANCE OF COMMON PROPERTY

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

28

THE ASSOCIATION WAS ORGANIZED TO COLLECTIVELY MAINTAIN AND PRESERVE THE COMMON OWNED PROPERTY AND AMENITIES FOR THE PLEASURE AND BENEFIT OF THE GENERAL PUBLIC (Grants \$) If this amount includes foreign grants, check here . . .

28a

29

If this amount includes foreign grants, check here **29a**

30

If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► **31a**

32 Total program service expenses (add lines 28a through 31a) ► **32**

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

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

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	37b	No
38a		No
b	38b	
39		
a	39a	
b	39b	
40a		
section 4911		
section 4912		
section 4955		
b	40b	No
c		
d		
e	40e	No
41		
42a		
Telephone no	(703) 255-2461	
Located at	PO BOX 434 OAKTON, VA	ZIP + 4 221240434
b		
If "Yes," enter the name of the foreign country		
42b		No
42c		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c		
If "Yes," enter the name of the foreign country		
43		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a		
44b		No
44c		No
44d		
45a		No
45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

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

Sign Here	***** Signature of officer SANDY DRESSER PRESIDENT Type or print name and title	2016-05-06 Date
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Paid Preparer Use Only	Print/Type preparer's name JAMES F MCINTYRE III	Preparer's signature	Date 2016-05-10	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ► JAMES F MCINTYRE III CPA PC	Firm's EIN ►			
	Firm's address ► 12020 Sunrise Valley Dr Ste 160 Reston, VA 20191	Phone no (703) 391-1099			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.**2015****Open to Public
Inspection**Name of the organization
GOLF COURSE VIEW CLUSTER ASSOCIATION**Employer identification number**

23-7414110

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	INSURANCE 1222
Form 990EZ, Part II, Line 24	ACCOUNTS RECEIVABLE NET OF DOUBTFUL ACCOUNTS 280 4336 PREPAID EXPENSE