							•				1606 X3
		990	n I	Return of O	rga	nization Ex	kempt Fr	om Ind	ome	Tax	OMB No. 1545 9947
	Form) J31		Under section 501(c), 527	_		_				2015
		,' 	Tues			security numbers of					Open to Public
		riment of the lat Revenue S				orm 990 and its inst					Inspection
	A	For the 20	015 calenda	r year, or tax year beginning	07	/01/2015					
	B	Check if ap	plicable. C		ric	da Golf Co	urse Sup	erinte	endent	D Emp	loyer identification number
		Address ch	nange	Doing business as							506777
		Name chan	nge	Number and street (or P.O. bo	of mai	il is not delivered to stre	eet address)	Room/suite		1	phone number
	=	inihal return	F-	O Box 65				L		(772	1) 334-7515
	=	Final return/ter	4	City or town, state or province,			stal code			1	
!	=	Amended re Application pe		ensen Beach, I Name and address of principal			D		(Wa)		p reterm for subordinates? Yes No
ı	L	whhereagn he		O Box 65 Jense			-		1 ' '		ordinates included? Yes No
		ax-exempt s		501(c)(3) X 501(c)) (insert no.)	4947(a)(1) or	527 W	<u>, </u>		och a list. (see mstructions)
				loridagesa.com		/4 (msert no.)	4347(d)(1) di	<u> </u>	H(c)		mption number
		orm of orga		X Corporation Trust		ociation Other	L Ye	ar of formatio			State of legal domicule: FL
	P	art S	ummary								1
			•	e the organization's mission o		•					
_	92			pose of this a			s to pro	mote t	urf I	nanag	rement as it
Ċ	Governance			s to the golf			STA	THITE H	VIIT		
	Ver	1		if the organization dis			disposed of Mo		of its net	1	1 10
<u> </u>		1		ing members of the government	-			, () () ()	ب.	3	16
<u>Σ</u>	98 68	1		ependent voting members of of individuals employed in cal	_		· ADI	R 1 1 20	119	5	1
PUSIMANN DAY	Activities			of volunteers (estimate if nec		•				. 6	15
	Act	1		business revenue from Part	•	•		BRAN		7a	
		i		business taxable income from	_	• •	<u>.</u> (OGDEN		7b	
									Prior Year		Current Year
	_	8 Con	ntributions a	and grants (Part VIII, line 1h)	1	RECE	VFD	7		089.	136,623.
	Revenue	(•	ce revenue (Part VIII, line 2g)		(r)		ł		744.	159,413.
	8	10 inve	estment inc	come (Part VIII, column (A), l	nes 3	\$ PR 0.9		·		<u>, 230 .</u>	6,114.
	Œ			(Part VIII, column (A), lines : - add lines 8 through 11 (mu				·		373. 436.	31,336. 333,486.
		13 Gra	ents and sin	milar amounts paid (Part IX, o	Olumn	(A) face Brain	A), tile (2)	 		950.	31,470.
		14 Ben	efits paid to	o or for members (Part IX, co	iumn	(A), line 4)	, UT : 1	<u>:</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
	ø		•	compensation, employee be		• • •	lines 5-10)	. —	64	994.	65,436.
		16a Prof	fessional fu	undraising fees (Part IX, colu	πn (A	.), line 11e)					
	Expense	i .		ng expenses (Part IX, colum		·		.		·	
	û	1	-	s (Part IX, column (A), lines						030.	
		1	•	s. Add lines 13-17 (must equ			•			974.	273,250.
		19 Kev	renue less (expenses. Subtract line 18 fr	om lin	B 12				462.	60,236.
	ets or	20 Tota	al assets (E	Part X, line 16)					ng of Curr	, 917.	
	Assed d Ball	J		(Part X, line 26)						359.	
	훈	1		fund balances. Subtract line						558.	
	Pa	art II S	ignatur	e Błock							
22		-		I declare that I have examined t					-		ny knowledge and belief, it is
<u>2013</u>	true	e, correct, a	ind complete	e. Oeglaration of preparer (other	than o	officer) is based on all in	nformation of which	h preparer ha	s any knowl	edge.	216/16
4	e:	gn	Signature of	Wolficer 1)	V	\sim			Dat	10	40/14
7		- 1	1 /	fer Bryan, Exc		tivo Direc	tor		20.		•
_				nt name and title	<u> 11</u>	TIVE PITEC					
5	P:	uid	Print/T	ype preparer's name	1	Preparer's dignature	1	Date	1 1.	Chec	* X of PTIN
_	Pr	eparer		ew Fenedick		1111111	V/	12/	8/16	self-e	employed P01465100 -
븻	Us			name MF Tax and			Inc.		Fa		27-4390336
ANNED		-		address 940 NE J1						one no	
⋖			Jense	n Beach, FL 34	<u> 195</u>	7			((561)3	129-1296)

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2015)

Yes X No

	990 (2015) Florida Golf Course Superintendents, Inc.	59-2506777 Page 2
Par	till Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	The purpose of the association shall be to promote turf	
	it pertains to the golf course superintendent and to uni	ty the golf
	course superintendents of the state of Florida	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	· · · · · · · · Yes X No
	prior Form 990 or 990-EZ?	· · · · · L Yes (A) No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	red by
_	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	•
	the total expenses, and revenue, if any, for each program service reported.	,
	and total department, and terminal, it days, for death program partment against	
4a	(Code) (Expenses \$ 70,113. including grants of \$) (Revenue \$)	136,487.)
	The Florida Green magazine is a full color quarterly pub	
	designed to provide information on statewide turf manager	
	professional issues. It serves to educate the superinter	
	technical issues and promotes the superintendents role a	s a key
	member of his or her facility. The Green Sheet is a bi-	nonthly
	newsletter which contains updates and information on key	issues
	facing Florida superintendents and association business.	
		
4b	(Code:) (Expenses \$ 22,719. including grants of \$) (Revenue \$	
	The FGSCA works with the Florida Turfgrass Association to	
	golf course education track at the Florida Turfgrass confeshow. The education committee sponsors programs around	
	show. The education committee sponsors programs around in response to members needs. The FGSCA also conducts 4	
	certification classes and exams per year for golf course	- 3 BMF
	superintendents and industry professionals. In addition	members are
	encouraged to submit research topics to the organization	
	through local chapters. The FGSCA along with local chap	
	donations to various organizations and universities to p	
	research.	
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	·	
	Other and the Control of the Control	
40	Other program services (Describe in Schedule O)	`
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶	02 022
TYA.	- vom program service expenses 🛩	92,832. Form 990 (2015)
/ F.PA		Form 330 (2015)

Fdmm 990 (2015) Florida Golf Course Superintendents, Inc.
Part IV Checklist of Required Schedules

59-2506777 Page 3

			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		<u> </u>
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
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		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	i		į
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
đ	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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a		X
Þ	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b				
	fundrarsing, 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? Yes, "complete Schedule F, Parts II and IV	15	\vdash	X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	}		
	Part VIII, tines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			l _
	If "Yes," complete Schedule G, Part III	19		X

Del the organization operate one or more hospital facilities? If "Yes," complete Schedule If I "Yes," role for 20s, del the organization action a copy of its suiteful financial statements to this return". 200 Del the organization report may be that \$6,000 of grains of other assistance to any dimension complexation or dimension of the state of the stat					
b II "Fiss." To fine 20st, dut the organization statich a copy of the suided financial statements to this return". 20 Did the organization report more than \$5,000 of grains or other assistance to any diseases or complexition or demestic government on Part IX, column (A), line 1? "If "viss." complete Schedule I. Parts I and II . 21 Did the organization report more than \$5,000 of grains or other assistance to or for domestic individuate on Part IX, column (A), line 2? "If "Yes," Complete Schedule I. Parts I and II . 22 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, of 5 about compression of the organization answer Tyes" to Part IVI, Section A, line 3.4, of 5 about compression of the organization answer Tyes" to Part IVI, Section A, line 3.4, of 5 about compression of the organization answer Tyes" to Part IVI, Section A, line 3.4, of 5 about compression of the organization answer Tyes" to Part IVI, Section A, line 3.4, of 5 about compression of the organization nest any proceeds of tax-exempt bond is set to the section of the section	20	Did the agreementing anomaly are as more bounded fourthing? If TVos I complete Cabodida U	20-	Yes	No
20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), lare 27 if "Feet, Completic Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), lare 27 if "Feet, Completic Schedule I, Parts I and III. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, Column (A), lare 27 if "Feet, Completic Schedule I, Parts I and III. 23 Did the organization areas were Yes 10 Part IVI, Section A, Ilies 3.4, or 5 should compensation of the organization is control and for the part I and III. 24 Did the organization where a lare-occumpt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year; that was six used after December 31, 2002? If "Yes, "answer fines 24th through 24th and completic Schedule II. If Yes, "go to fire 25a." 25 Did the organization meetals may be seen that the schedule is a six of the organization of the organization and schedule is an access benefit transaction with a dequalified person in a proving a six of the schedule is a six of the organization sport of the organization provide a six of the organization provide a grant or other schedule is a six of the organization provide a grant or other schedule is an		·	1		X
domestic government on Part IX column (A), line 17. If "Yes," complete Schedule I. Parts I and II. 21. Did the organization report more than \$5,000 of grains or other easistance to or for domestic individuals on Part IX, column (A), line 27. If "Yes," complete Schedule I. Parts I and III. 22. Did the organization asswer "Yes" to Part VII, Section A, line 3, 4, or 3 stort compensation of the organization scarter and orthore officers, directors, bustees, levy employees, and highest compensated employees? If "Yes," complete Schedule J. 23. Line 18. Did the organization asswer the exceeping bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer fens 24b through 24 and complete Schedule K. If "No." po 16 no 25 a 100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer fens 24b through 24 and complete Schedule K. If "No." po 16 no 25 a 100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer fens 24b through 24 and complete Schedule L. Part I. 24. Did the organization neveral any proceeds of lax-exempt bonds of the complete schedule year to differe any tex-exempt bonds? 25. Did the organization neveral proceds of lax-exempt bonds of the organization any procedule of the complete schedule L. Part I. 25. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is not been reported on any of the organization prior Forms 990 or 90-E2? 25. If "Yes," complete Schedule L. Part II. 26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or population or year. And the transaction with a combination prior or prior prior forms 990 organization and year. Part		The state of the s	200	ļ	
22 Me the organization report more than \$5.000 of grants or other assistance to to for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I. Parts I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 shoul compensation of the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 shoul compensation of the complexes "If "Yes," complete Schedule I. Part II. 24 a Did the organization network "Schedule I. Part II. Section A, line 3.4, or 5 shoul compensation of more than \$100,000 at the list of store Schedule II. The yes, that was issued after December 31, 2002 if II. Yes," answer fame 240 through 24d and complete Schedule II. If "No." go to list 250. 25 Did the organization mental network as could refer December 31, 2002 if II. Yes," answer fame 240 through 24d and complete Schedule II. If "No." go to list 250. 26 Did the organization mental nat escrow account other than a refunding escrow at any time during the year to defense any time exemption of the store of the compensation mental nat escrow account other than an arturnding escrow at any time during the year 2. 26 Did the organization and a disputified of issue for bonds outstanding at any time during the year 2. 27 Did the organization and a disputified person during the year? If "Yes," complete Schedule I. Part 1. 28 Did the organization and the transaction in an organization engage in an excess benefit transaction with a disputified person of in a prior year, and that the transaction in son does necess benefit transaction with a disputified person of in a prior year, and that the transaction in son been reported on any of the organization engage in an excess benefit transaction with a disputified person in a prior year, and that the transaction in son been reported on any of the organization engage in an excess benefit transaction with an organization organization and any of the organization and organization and persons yield in the organization and organization and organizati	27	• • •		v	
Part IX, outsmir (A), Ine 27 if "Yes," complete Schedule L Parts I and III. 23 Did the organization answer "Yes" to Part VIII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former offices, directors, business, key employees, and highest compensated employees? If "Yes," complete Schedule J surprises?" If "Yes," complete Schedule J surprises." If Yes, and complete Schedule J surprises. If Yes, and surprises surprises Schedule J surprises. If Yes, and surprises Schedule J surprises. If	~~		7	_	
23 Dd the organization actives "Yes" to Part VII, Section A, Inis 3.4, or 5 about compensation of the organization's current and former offices, directors, business, key employees, and highest compensated employees? If "Yes," complete Schedule I, I and Statistical principal amount of more than \$100,000 at on the last day of the year, that was issued after December 31, 2002 if If "Yes," answer less 240 through 24d and complete Schedule I, If Yes, I of his 25a. 24b Did the organization meet any proceeds of the secrety bonds beyond a temporary period exception? 25c Did the organization mental an escrive account of the than a refunding escrive at any time during the year to defease any time-eventy of the segmination manifal an escrive account of the than a refunding escrive at any time during the year? 25d Did the organization act as an "on behalf of" essue for bonds outstanding at any time during the year? 25a Section 59(16)3, 69(16)4, and 59(16)4) and 59(16)49 angenizations. Did the organization supper in an excess benefit transaction with a disqualified person in a prior year, and that the transaction are not been epited on any of the organizations proper in an excess benefit transaction with a disqualified person in a prior year, and that the transaction is an excess benefit transaction with a disqualified person in a prior year, and that the transaction is near bethe experienced on any of the organizations proper forme 990 or 990-E2? 25d Did the organization report only amount on Part X, line 5,6, or 22 for receivables from or paysibles to any current or former offices, directors, fusices, key employees, highest compensated employees, or disqualified person? If Yes,5 complete Schedule I, Part II yes, organization provide a grant or other assistance to an officer, director, trustee, key employees, disquality of the organization provide a grant or other assistance to an officer, director, trustee, key employees, and the paysing of th	22	•			
organization's current and former officers, directors, husless, key employees, and highest compensated employees? If "Yes," complete Schedule J 23		· ·	22		_
emptoyees? # 17-es,* complete Schedule / 23	23	·			
24.a Oil the organization have a trac-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the less tide of the year; that was issued after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule K. If "No," go to fine 25a b Did the organization minest any processed of tax-exempt bonds beyond a temporary period exception? 24c b Did the organization minest any processed of tax-exempt bonds beyond a temporary period exception? 24d c Did the organization minest any processed of tax-exempt bonds beyond a temporary period exception? 24d 25a Section 5916(x)3, 5916(x)4), and 5916(x)39 organizations. Did the organization engage in an excess benefit transaction with a disqualified person ultimag the year? 24d b Is this organization owner that it engaged in an excess benefit transaction with a desputation person ultimage they are 1 "Yes," complete Schedule I. Part I. 25e b Is this organization owner that it engaged in an excess benefit transaction with a desputation person in a prior year, and that the transaction has not been reported on any of this organization's prior Forms 990 or 990-E2? if "Yes," complete Schedule I. Part I. 25 Dut the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psycholes to any current or former offices, directors, trustees, exy employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I. Part II. 27 Dut the organization provide any of these persons of Iffice, director, trustee, 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 of Iffice, director, trustee, or key employee? If "Yes," complete Schedule I. 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 II. b A family member of a current or former officer, director					7.
S 100.000 as of the lest 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 25a			23		_A_
through 24d and complete Schedule K. If Yio. "go to the 25a 24b D I dit the organization in west any proceeds of bas-essempt bonds beyond a temporary period exception? 24b D I dit the organization mantain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24c D I did the organization that so a no no behalf of "issuer for bonds outstanding at any time during the year? 24d D I did the organization and so an o'n behalf of "issuer for bonds outstanding at any time during the year? 24d Sa 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 of uniting the year? 8" Yes," complete Schedule L, Part I . 25s X Is this organization has not been reported on any of the organization engage 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 prior for any organization report any amount on Part X, line 5, 6, or 22 for necesvables from or payables to any current or former officers, effectors, mustees, key employees, lightest compensated employees, or disqualified persons? 8" Yes," complete Schedule L, Part II . 25b X D the organization provide a grant or other assistance to an officer, director, mustee, key employees, substantial contributior or employee thereof, a grant selection committee member, or to a 30% controlled entity or family member of any of these persons? 18" Yes," complete Schedule L, Part II . 27c X X Was the organization provide a grant or other assistance to an officer, director, mustee, key employees, and the following parties (see Schedule L, Part I V. 28a X A current or former officer, director, trustee, or key employee? 18" Yes," complete Schedule L, Part I V. 28a X A current or former officer, director, trustee, or key employee? 18" Yes," complete Schedule L, Part I V. 28b X A family member of a current or former officer, director, trustee, or key employee	24 a	• • •	1		
b Did the organization minest any proceeds of tex-esempt bends beyond a temporary period exception? c Did the organization mantain an escentiv account other than a reflunding scrow at any time during the year to defease any tex-exempt bonds? 24c d Did the organization act as an *on behalf of *issuer for bonds outstanding 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? 24d d Did the organization with a disquadified person during the year? If *Yes,* complete Schedule L, Part I. b Is this organization aware that it engaged in an excess benefit transaction with a disquadified person in a prior year, and that the transaction has not been reported on any of the organizations proof forms 900 or 900-E2? If *Yes,* complete Schedule L, Part I. 25d Did the organization granulum or Part X, tine 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. 27d Did the organization provide or 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 rainity number of any of these persons? If *Yes,* complete Schedule L, Part III. 27 X 28 Was the organization review or officers, director, trustee, and exceptions): a A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV. 28 A rainity member of a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV. 29 A rainity of which a current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule M. 29 A rainity of which a current or former officer, or key employee? If *Yes,* complete Schedule M. 29 A rainity of which a current or former officer, or key employee? If *Yes,* complete Schedul			242		¥
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25a Section 591(c)(3), 501(c)(4), and 591(c)(29) organizations. Did the organization engage in an excess benefit transaction with disqualified person furning the year? If "Yes," complete Schedule L, Part I	4	•		-	—
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		•	200		
b Is this 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 #"Yes," complete Schedule L. Part I. 25b X 26 Dut the organization report any amount on Part X, fine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, flustees, key employees, highest compensated employees, or disqualified persons? #"Yes," complete Schedule L. Part II . 27 Dut the organization provide a grant or other assistance to an officer, director, flustee, 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? #"Yes," complete Schedule L. Part III . 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV . 28 Yes the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV . 28 A current or former officer, director, trustee, or key employee? #"Yes," complete Schedule L. Part IV . 28 A family member of a ourrent or former officer, director, trustee, or key employee? #"Yes," complete Schedule L. Part IV . 28 C An entity of which a current or former officer, director, trustee, or key employee? #"Yes," complete Schedule L. Part IV . 28 Did the organization receive more than 325,000 in non-action contributions? #"Yes," complete Schedule M. 29 Did the organization receive more than 325,000 in non-action contributions? #"Yes," complete Schedule M. 29 Part I. 30 Did the organization fluidate, terminate, or dissolve and cease operations? #"Yes," complete Schedule M. 29 Part II. 30 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-27 #"Yes," complete Schedule R. Part II, III, or IV, in 1. 31 Did the organization on related to an	43 a		250		₩.
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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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of ert, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 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 X 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, kine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization. Did the organization make any transfers to an exempt non-chantable related 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? Note, All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.					
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	а		28a		x
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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 X 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 X 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 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a If "Yes" to line 35a, 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 V, line 2 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, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 X		conservation contributions? If "Yes," complete Schedule M	30		X
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Part II 32 X 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 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, 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 V, line 2 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. 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 X		Part I	31		X
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		19? Note. All Form 990 filers are required to complete Schedule O	38		L

Form 99	0 (2015) Florida Golf Course Superintendents, Inc. 59-25	067	77 F	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	···			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
•	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	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	2b	x	
Ъ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
2 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
3 a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4.5		30	*	-
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		40		X
	account)?	4a		
ь	· · · · · · · · · · · · · · · · · · ·			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	6-		•
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
C	If "Yes," to line 5a or 5b, drd the organization file Form 8886-T?	5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	ĺ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b	<u> </u>	
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			1
	and services provided to the payor?	7a		
Đ	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			1
_	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year	7c	-	
đ		'		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
40 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├	<u> </u>
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	ļ
11	Section 501(c)(12) organizations. Enter:		1	
8	Gross income from members or shareholders		1	
р	Gross income from other sources (Do not net amounts due or paid to other sources		1	1
	against amounts due or received from them)		1	1
12 a	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 duning the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 -	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 -	—
	Note. See the instructions for additional information the organization must report on Schedule O.		}	1
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			ļ
	the organization is licensed to issue qualified health plans		}	}
c	Enter the amount of reserves on hand	 	—	<u> </u>
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Response to the Reb. 80, or 100 below, describe the circumstances, processes, or changes in Schedule O. See instructions. Chock (Schedule O contains a response or not to any line in this Part VI		Governance, Management, and Disclosure For each "Yes" response to lines 2 through			77 F	Page 6
1.a. Either the number of voling members of the governing body at the end of the tax year. 1.a. Either the number of voling members of the governing body at the end of the tax year. 1.b. If there are metalet differences in vivolang pides among members of the governing tody, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b. Einter the number of volting members included in fine 1st, above, who are independent. Did any officer, director, busiles, or key employee have a family readmonship or a business relationship with any othar officers, director, busiles, or key employee have a family readmonship or a business relationship with any othar officers, director, busiles, or key employees to a management company or othar present. Did the organization to integrate control over management difference customating or othar present. Did the organization name any significant changes to its governing documents since the prior form \$90 was filted? Did the organization have members or stochholders? 1.a. Did the organization have members or stochholders? 2.b. Did the organization have members or stochholders? 3.b. Ax years of the properties of the organization name of the governing documents there is no or more members of the governing body? 3.b. Are any operaneance decisions of the organization necesived to organization with the properties, shochholders, or persons other than the governing body? 3.b. Are any operaneance decisions of the organization necesived to (or subject to approval by) members, stochholders, or persons other than the governing body? 3.b. Are any operaneance decisions of the organization necesived to (or subject to approval by) imembers, stochholders, or persons other than the decision necesived to organization of the organization necesived to the organization of		· · · · · · · · · · · · · · · · · · ·				-
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Jennifer Bryan PO Box 65 Jensen Beach, FL 34958	20		monde: \$ 1772\	214	_52	3.5
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Form 990 (2015) Florida Golf Course Superintendents, Inc.	59-2506777 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated Employees, and
Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	oyees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year endi	
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 definintion of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

*- **		ł		(C	;)				I	
(A)	(B)			Posi	•			(D)	(E)	(F)
Name and Title	Average	(do n				than o	ne	Reportable	Reportable	Estimated
	hours per	box.	unles	s pe	rson	ıs both	an	compensation	compensation from	amount of
	week (list any	office	er and	da di	recto	orfluste	œ)	from	related	other
	hours for related	익方	큺	õ	6	8 I	Fo	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual or director	Ê	Officer	y er	aple s	Former	(W-2/1099-MISC)	(,	organization
	below dotted	S E	ğ		힞	yee yee	-	(0.2 1003 11100)		and related
	line)	Individual trustee or director	Institutional trustae		Key employee	ğ				organizations
		fee	Bte			87.9				
			ů			Highest compensated employee				
(1) Ricky Reeves	10.00									
Vice President	10.70			x						
(2) David Dore-Smith	10.00	 		H	-		\vdash		· · · · · · · · · · · · · · · · · · ·	
President	- 10.00			x						
(3) John Curran	10.00		\Box				М			
Secretary/Treasurer	-F3333	İ		x						
(4) Bill Davidson	10.00		Н	-	_					
Past President	10.00		1	x						
(5) Mark Thomas	05.00				\vdash					
Director		x								
(6) Rickey Craig	05.00									
Director		X							1	
(7) Aaron Ohloff	05.00									
Director	1	X								
(8) Mike Stevens	05.00									
Director		х			ŀ					
(9) Steve Wright	05.00									
Director		x			L '		L		<u> </u>	
10) Tyler Green	05.00									
Director		X			L					
11) Andy Jorgensen	05.00									
Director		X					L			
12) Rolando Molina	05.00	1								-
Director		X			<u> </u>					·
13) Nick Kearns	05.00							i		
Director		X			L_		L			·
14) John Curran	05.00							}		
Director		X_			L		L			

59-2506777 Page 8

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business from tax under sections 512-514 revenue Grants and Other Similar Amounts 104,167. 16 GIffs, 1c d Related organizations 1d Contributions, e Government grants (contributions) ! 1e f All other contributions, gifts, grants, 32,456. and similar amounts not included above. . If g Noncash contributions included in lines 1a-1f. \$ 136,623. h Total. Add lines 1a-1f. Business Code Program Service Revenue 2a Publications 541800 136,487. 136,487. b Tournaments and Other 713910 22,926. 22,926 f All other program service revenue 159,413. investment income (including dividends, interest, 9,858 and other similar amounts)........ 9,858. Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) -7a Gross amount from sales of (1) Secunbes (ii) Other 74,252 assets other than inventory b Less: cost or other basis 77,996. and sales expenses . . . -3,744. c Gain or (loss) -3,744. -3,744. d Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on fine 1c). 66,195 34,859. 31,336. c Net income or (loss) from fundraising events . 31,336. 9a Gross income from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales inventory . Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d . . Total revenue. See instructions 333,486. 22,926. 136,487. 37,450. Form **990** (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX. (B) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, Total expenses Program service Management and Fundraising and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. 31,470. 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, Compensation of current officers, directors, trustees, 59,794. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,642. 11 Fees for services (non-employees): 3,000. Professional fundraising services. See Part IV, line 17 . . . 2,794. 9 Other (If line 11g amount exceeds 10% of line 25, column 2,224 (A) amount, list line 11g expenses on Schedule O) 5,030. 12 18,522.14 11,378. 15 5,400. 16 7,695. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 21 22 4,137 24 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.) a Publications 70,113 b Directory 23,332. c Golf Outings 22,719. d e All other expenses 273,250. Total functional expenses. Add lines 1 through 24e 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).

	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u> .	<u></u>
		(A)		(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing.	185,852.	1	269,532
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	10,698.	4	9,410
5	Loans and other receivables from current and former officers, directors, trustees, key employees,			
	and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
	beneficiary organizations (see instructions).			
	Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or			
-	other basis. Complete Part VI of Schedule D			
l t	Less: accumulated depreciation		10c	
111	Investments — publicly traded securities	231,367.	11	226,896
12	Investments — other securities. See Part IV, line 11		12	
13	Investments — program-related. See Part IV, line 11	· ···· · · · · · · · · · · · · · · · ·	13	······································
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34).	427,917.	16	505,838
17	Accounts payable and accrued expenses	5,575.	17	5,700
18	Grants payable		18	
19	Deferred revenue	51,784.	19	93,147
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties.		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24) Complete Part X of Schedule D		25	
26	Total fiabilities. Add lines 17 through 25	57,359.	26	98,847
<u> </u>	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27	3.7333.		20,011
	through 29, and lines 33 and 34.			
27	Unrestructed net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·
27 28 29	Organizations that do not follow SFAS 117 (ASC 958), check here			
	lines 30 through 34.			
30	- · · · · · · · · · · · · · · · · · · ·	370 EED	20	406 001
31	Capital stock or trust principal, or current funds	370,558.	30	406,991
32	Retained earnings, endowment, accumulated income, or other funds		31	* ************************************
33	Total net assets or fund balances	370,558.	33	405 001
•			_	406,991 505,838
Net Assets or 30 31 33 34	Total liabilities and net assets/fund balances	427,917.	34	5(

Form 99	0(2015) Florida Golf Course Superintendents, Inc.	59-250	677	7 Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1			86.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>50.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	0,5	<u>58.</u>
5	Net unrealized gains (losses) on investments	5			
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	43	0,7	94.
Part	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: X Cash Accrual Other				F==
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)		ŀ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i></i>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a separate			
	basis, consolidated basis, or both:	•	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?	.	25	1	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I	asis, consolidated			
	basis, or both:	•	l		
	Separate basis Consolidated basis Both consolidated and separate basis		1	1	1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		l		l
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ŀ	1
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	1	
	the Single Audit Act and OMB Circular A-133?		3a	ł	х
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.		3b	1	
UYA			For	n 99 0	(2015)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Florida Golf Course Su	perintend	dents,	Inc.		59-250677	7
Part I Fundraising Activities Form 990-EZ filers are r	. Complete if the	he organiz	ation ans	wered "Yes" on	Form 990, Part IV,	line 17.
		··········				
1 Indicate whether the organization raise	ed funds through a	ny of the follo				
a Mail solicitations		e L	=	n of non-government	-	
 b Internet and email solicitations 		f [Solicitation	n of government gran	nts	
c Phone solicitations		g [Special fu	ndraising events		
d n-person solicitations			-	_		
2a Did the organization have a written or	oral agreement wit	h anv individu	al (includino	officers, directors, tr	rustees or kev employees	•
listed in Form 990, Part VII) or entity in	-	-	, .		,,,	Yes No
Mi Miles Willed Alex Anna Ballenga and a state of the					ch the fundraleer is to be	
-	•	indiadacis) pi	nsuan wag	reaments under with	AT UTC TOTAL BOOK BY TO DO	
compensated at least \$5,000 by the o	ryanization.					
(i) Name and address of individual	(ii) Activity	(iii) Did fund	traiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custody	or control of	from activity	(or retained by)	(or retained by)
		contr	ibutions?	i i	fundraiser listed in col (i)	organization
		Yes	No	tt		
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				1		
Total	 	· · · · <u></u>	<u> Þ</u>			L
3 List all states in which the organiza	tion is registere	d or license	d to solicit	contributions or h	nas been notified it is	exempt from
registration or licensing.						
		·····				
						
-					· · · · · · · · · · · · · · · · · · ·	

	edule (than \$15,000 of fundraising	plete if the organization gevent contributions an	answered "Yes" on For	rm 990, Part IV, line 10	8, or reported more
		gross receipts greater than	\$5,000. (a) Event #1 Reception (event type)	(b) Event #2	(c)Other events 0 (total number)	(d) Total events (add col. (a) through
Revenue	1	Gross receipts	66,195.	(evalt type)	(loa nansa)	col. (c))
-	2 3	Less: Contributions Gross income (line 1 minus line 2)	66,195.			66,195.
	4	Cash prizes				
	5	Noncash prizes				
Sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	34,859.			34,859.
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the of than \$15,000 on Form 990	act line 10 from line 3, or rganization answered "	column (d)	.	34,859. 31,336. d more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col. (a) through col. (c))
~ &	1	Gross revenue				
Sest	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	☐ Yes %	☐Yes %	☐Yes %	
	6	Volunteer labor	No /	□ No	No No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		0.
	8	Net gaming income summar	y. Subtract line 7 from	ine 1, column (d)	>	0.
9	a l	Enter the state(s) in which the o s the organization licensed to co f "No," explain:	rganization conducts ga onduct gaming activitie	s in each of these state	s?	· · · · · · · · · · · · · · · · · · ·
	_					
10	a \widetilde{V}	Were any of the organizaton's g	aming licenses revoked	l, suspended or termina	ited during the tax year	r? Yes No

Schedu	te G (Form 990 or 990-EZ) 2015 Florida Golf Course Superintendents, Inc 59-2506777 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	•
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party▶ \$
C	If "Yes," enter name and address of the third party:
	Name >
	Address >
16	Gaming manager information:
	Name >
	Gaming manager compensation ▶ \$
	Description of services provided
	☐ Director/officer ☐ Employee ☐ Independent contractor
4-	
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? [Yes No
Ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
Box	spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see
	instructions).
	ແກ່ສາຍ ຜິດພວກສົ່ງ.
UYA	Schedule G (Form 990 or 990-EZ) 2015
	Advisor of the suit and all sources are

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, Ene 21 or 22. Mattach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service		Information at	an	Open to Public Inspection				
Name of the organization		P WHOTHKESON GE	OII OCHECUMO I (I	om 330, and its i	ISO OCTIONS (S GI)			Employer identification number
Florida Golf Con	ırse Superi	ntendents.	Inc.					59-2506777
	ormation on Gra							33-2300777
1 Does the organization				a grants or assis	ance, the grant	es' eligibility for t	he grants or assistar	ice, and
the selection criteria								
2 Describe in Part IV to								
							he organization ans	swered "Yes" on Form 990
Part IV, line 2	1, for any recipie	nt that received	more than \$5,	000 Part II can	be duplicated		ace is needed	
1 (a) Name and address or govern		(b) ERN	(c) IRC section of applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of	Florida							
Gainesville, FL	32603		L	15,000.		i [
(2)						,		
(3)				 		-		
(4)	- 11 17					 		
(5)								
(6)								
(7)							 -	
(8)						-		-
(9)								
(40)				ļ				
(10)	··							
(11)								
(12)		!	·					
2 Enter total number of s	section 501(c)/3) a	nd government or	nanizations lists	d in the line 1 to	hle	<u> </u>		<u> </u>
3 Enter total number of o	other organizations	listed in the line	table			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0

Part III Grants and Other Assista	lf Course Super: ance to Domestic Indiv	iduals. Complete	s it tipė oldavisatiou	iompäärien Leb mittoliu	990, Part IV, line 22.
Part III can be duplicated if (a) Type of grant or assistance	f additional space is nee	ded.	(d) Amount of	(a) Mathod of unberton (book	(f) Description of non-cash assistance
(a) Type or great or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of Nor-Cash assistant
1					
2		<u> </u>		<u> </u>	
3		ļ			
4					
5			İ	·	
6		 		<u> </u>	
				1	
7 Part IV Supplemental Informatio	n. Provide the informat	ion required in Par	t I, line 2, Part III, o	column (b), and any other	additional information.
	n. Provide the informat	ion required in Par	t I, line 2, Part III, o	column (b), and any other	additional information.
	n. Provide the informat	ion required in Par	 t I, line 2, Part III, c	column (b), and any other	
	n. Provide the informat	ion required in Par	L 11, line 2, Part III, o	column (b), and any other	
	n. Provide the informat	ion required in Par	t I, line 2. Part III, o	column (b), and any other	
	n. Provide the informat	ion required in Par	t I, line 2, Part III, o	column (b), and any other	
	n. Provide the informat		t I, line 2. Part III, o	column (b), and any other	
	n. Provide the informat		t I, line 2, Part III, o	column (b), and any other	
			t I, line 2. Part III, o	column (b), and any other	
			t I, line 2. Part III, o	column (b), and any other	
			t I, line 2, Part III, o	column (b), and any other	
Part IV Supplemental Informatio			t I, line 2. Part III, o	column (b), and any other	

r

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.

Department of the Treasury Internal Revenue Service

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

2015
Open to Public Inspection

Name of the organization	Employer identification number
Florida Golf Course Superintendents, Inc.	59-2506777
Part 1 Line 1	
Description of Organization Mission: Unify the	golf course
superintendents of the State of Florida.	
Part 6 Line 11	
Copies of the 990 are distributed to all office	ers and directors
SOPEON OF SHE JAN SEC STRUCTURE CO SEE OFFICE	
prior to filing.	
Part 6 Line 19	
The tax returns and financial statements are a	vallable upon request.
V	
Part 12	
The hybrid method accounts for certain accrual	
revenue.	
	
No and a principal control of the co	
Application with the state of t	
	Morale, about
	· ·

Name of		suisatiou uu aan or a	30-CZ) (2	V 13)			Employer identification number
Flor	ida	Golf	_Cou	rse	Superintendents,	Inc.	59-2506777
Part	VI	Line	15a	or	b		
		ember					
		Line quest					
Part	I.X	Line	11g				
Credit C	ard Pr	ocessing T	otal exp	enses -	\$2224.00 Program service expense	s - \$0.00 Mgmt and general expenses - \$	0.00 Pundraising expenses - \$0.00
		~					
				··			
		···					· -
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UYA							Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)