

Form 990

OMB No 1545-0047 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social section social section and the internal revenue as it may be made public.

Open to Public Inspection

Inter	nal Rev	enue Service		Intermation	about Form 99	and its instri	uctions is at wi	ww.irs.gov	//form990.	<i>ن ا</i> لعان	- 2	inspection :
A	For t	he 2016 calend	dar year, or tax	year begin	ning		, 2016,	and endin	ıg			,
В	Check	if applicable:	C							D Employ	er Ideni	tification number
	\prod_{A}	ddress change	OREGON GOI	LF ASSO	CIATION					23-	2743	830
	ΠN	ame change	2840 HAZEI							E Telepho		
	\vdash	itial return	WOODBURN,	OR 970	71					503	-921	-4653
	\mathbf{H}	nal return/terminated								303	701	-4055
	Н					•				C 0.		¢ 0.000.674
	$\boldsymbol{\vdash}$	mended return	E No adds		1 -45				H(a) is these	G Gross r		7.00
	□ ^	pplication pending	F Name and addre	ess or principa	i omcer	4			1			□ ··· □ ···
			1 1-2	*!			T	(A)	H(b) Are all	attach a list.	(Sée ins	d? Yes No No Structions)
<u> </u>		exempt status		501(c) (<u>5</u>) ▼ (in:	sert no.)	4947(a)(1) or	<u> 527</u> ≠	Í			
<u>1</u>			W.OGA.ORG				i			exemption m		
<u>K</u> _		n of organization:	X Corporation	Trust	Association	Other ►	LY	ear of format	on 1924	4 M s	tate of	legal domicile: OR
<u> Pa</u>	rt I	Summar	у									
	1	Briefly descri	be the organizat	lion's missi	on or most s	ignificant ac	tivities: SE	E_SCHE	DULE_O_			
0					~							
Activities & Governance												
E	_											
Ò	2		x ► if the o								net as	
8 G	3		ting members o								3	16
S	4		dependent votin	-	-		•				4	15
¥	5		of individuals e of volunteers (e						• • • • • • • • • • • • • • • • • • • •		5	13
ŧ	72	Total unrelate	ed business reve	onue from l	Part VIII colu	mn (C) lin	a 12	• • • • • •			6 7a	220
A	/a	Not uprelated	business taxab	le income	from NTEFRING	L REVEN	E SERVICE			•• ••••	7b	99,430.
		Tiet di li Ciated	Bushiess was			RECEIVE	D		Р	rior Year		Current Year
	8	Contributions	and grants (Par	rt VIII. line	1h)					,379,7	52	1,287,782.
ne	9		rice revenue (Pa		•		2018			399,1		402,779.
Revenue	10	Investment in	come (Part VIII,	column (A	1). lines 3. 4.	and 7d)			<u> </u>	23,2		28,762.
Re										118,4		283,351.
	12	Total revenue	e (Part VIII, colu e – add lines 8 t	through 11	(must edual)	PER CENTER	Nukhh (A), lir	ne 12)	. 1	, 920, 5		2,002,674.
	13	Grants and si	imilar amounts p	aid (Part I	X. column (A	MANE PAIS	#272		. 	55,7		71,615.
	14											71,010.
	15									625,823.		663,800.
68		a Professional fundraising fees (Part IX, column (A), line 11e)						_	023,0	23.	003,000.	
Expenses										1		र का कुल्ला
ä			•	g expenses (Part IX, column (D), line 25) >							_	
_	17		es (Part IX, colu			-				793,9		832,236.
	18	•	es. Add lines 13	-	•	-	-			,475,4		1,567,651.
	19	Revenue less	expenses. Sub	tract line 1	8 from line 1:	<u> </u>				445,0		435,023.
8 8										g of Curren		End of Year
Beler			(Part X, line 16)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			,562,4		4,503,719.
		Total liabilitie	s (Part X, line 2	(5)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			· <u> </u>	,618,1	90.	1,500,239.
T'ES			fund balances.	Subtract li	ne 21 from li	ne 20			. 2	,944,2	41.	3,003,480.
Pa	rt II	Signatur	e Block									
Unde	r penal	bes of penury, I de	clare that I have example	mined this retu	m, including acco	mpanying sche	dules and staten	nents, and to	the best of m	y knowledge	and bel	ief, it is true, correct, and
- I		T. Piepa	der (odder dien onzer) 15 tased (III	an montation of	wisci preparei	Ties elly kilowied	ige.				
			re of officer	sum	uce_				Da Da	ha .		
Sig	ın											
He	re		BARA TRAMM	ELL_		 			EXECU	JTIVE I	DIRE	CTOR
	-		print name and title		15			IData /			, ,	DTIN .
		Print/Type p	reparer's name		Preparer's signa	Ball	2200	Date	10	Check [」 " ∣	PTIN
Pai	id	ANTHON			Herry	119		5/31	15	self-employ	ed	P00094697
Pre	pare	Er Firm's name			MPANY, LI	P, CPAS	<u> </u>					
US	e On	Ily Firm's addre	1127 2	STH ST	SE					Firm's EIN	<u>93</u>	-0572369
			SALEM,	OR 973						Phone no.	(50	3) 585-8414
May	the l	IRS discuss th	is return with th	e preparer	shown above	? (see inst	ructions)					. X Yes No
BA	A Fo	r Paperwork R	eduction Act No	otice, see t	he separate	nstruction	S.	TE	A0113L 11/	16/16	_	Form 990 (2016)
									\mathcal{O}	Q_{-}	4	\(\)
									9/	71	· L	<i>,</i> ,

Code	orm 990 (2016) OREGON GOLF ASSOCIATION	23-27	43830	1	age
Bretty describe the organization's mission: SEE SCHEDULE O	art III · Statement of Program Service Accomplishments				
Dot the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If Yes, 'describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services. If Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense section 5010(5) and 5010(6)(3) granizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported. a (Code					
Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-E2? If Yes, 'describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service sported. a (Code***) (Expenses \$ 1,378,067, including grants of \$) (Revenue \$ ADMINISTERED APPROXIMATELY 55 GOLF COMPETITIONS. b (Code***) (Expenses \$ 1,378,067, including grants of \$) (Revenue \$ PROVIDED HANDICAPPING SERVICES FOR APPROXIMATELY 39,220 INDIVIDUAL GOLFERS FOR 261 MEMBER CLUBS. c (Code***) (Expenses \$ 55,716, including grants of \$) (Revenue \$ ADMINISTERED AND/OR SANCTIONED APPROXIMATELY \$2 JUNIOR GOLF COMPETITIONS ENCOMPASSITAN ESTIMATED 4,390 JUNIOR COMPETITORS. d Other program services (Describe in Schedule O.) (Expenses \$ 11,363, including grants of \$) (Revenue \$) A Other program services (Describe in Schedule O.) (Expenses \$ 11,363, including grants of \$) (Revenue \$) A Other program services (Describe in Schedule O.) (Expenses \$ 11,363, including grants of \$) (Revenue \$) A Other program services (Describe in Schedule O.) (Expenses \$ 11,363, including grants of \$) (Revenue \$) A Other program services (Describe in Schedule O.) (Expenses \$ 11,363, including grants of \$) (Revenue \$)	·				
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form 990 or 990-EZ?		. -			
form 990 or 990-EZ?					
If Yes, describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes		or		_	
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If Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(6) organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service expenses and revenue, if any, for each program service ported. a (Code) (Expenses \$ 1,378,067, including grants of \$) (Revenue \$ ADMINISTERED APPROXIMATELY 55 GOLF COMPETITIONS. b (Code) (Expenses \$ 114,050, including grants of \$) (Revenue \$ PROVIDED HANDICAPPING SERVICES FOR APPROXIMATELY 39,220 INDIVIDUAL GOLFERS FOR 261 MEMBER CLUBS. c (Code) (Expenses \$ 55,716, including grants of \$) (Revenue \$ ADMINISTERED AND/OR SANCTIONED APPROXIMATELY 52 JUNIOR GOLF COMPETITIONS ENCOMPASSII AN ESTIMATED 4,300 JUNIOR COMPETITORS. d Other program services (Describe in Schedule O.) SEE SCHEDULE O (Expenses \$ 11,363, including grants of \$) (Revenue \$) t Other program services (Describe in Schedule O.) SEE SCHEDULE O (Expenses \$ 11,363, including grants of \$) (Revenue \$) t Other program service expenses > 1,559,196.					
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense section 50((c)3) and 50((c)40 organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported. a (Code	• • •	rvices?	∐ Y€	es X	N
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A TEEA0102L 11/16/16 Form 990 (2)	le Total program service expenses ► 1,559,196.				

Form 990 (2016) OREGON GOLF ASSOCIATION Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation?) **If *Yes, complete** 2 is the organization required to complete **Schedule B, Schedule G Contributors* (see instructions)? 3 Did the organization required to complete **Schedule B, Schedule of Contributors* (see instructions)? 4 Section \$51(c)(4) and the organization and the organization should be organization to a contributor in effect during the fax year **If **Yes, complete **Schedule C, Part** 5 Is the organization and and an analysis of the organization engage in losbying activities, or have a section \$01(h) election in effect during the fax year **If **Yes, complete **Schedule C, Part** 5 Is the organization and an 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 for **Wes, complete **Schedule D, Part** 6 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If **Yes, complete **Schedule D, Part** 7 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If **Yes, complete **Schedule D, Part** 7 Experiment of the organization manification of works of art, historical treasures, or other similar assets? If **Yes, complete **Schedule D, Part** 8 Did the organization manification and the organization in the part **Xes** (and the organization report an amount for levels organization, held by the through a related organization held to the part **Xes** (and the organization report anamount for investments — program related in Part X, line 15 histo				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization regage in direct or undirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I 4 Section 501(x)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the lax year? If "Yes," complete Schedule C, Part III 5 Is the organization as action 501(x)(h), 501(x)(5), or 501(x)(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 Is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 "res," complete Schedule D, Part II 5 Is the organization review 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 6 In the organization report an amount in part X, line 21 for escrow or custodial account liability, serve as a custodian services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part IV 12 Did the organization report an amount for investments— other securities in Part X, line 10? If Yes, complete Schedule D, Part IV 13 Did the organization repo	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	_	103	
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 II 3 Section 51((26) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the lax year? If Yes, complete Schedule C, Part II 5 Is the organization a section 501((24), 501((26)), or 501((26)	2		<u> </u>		
for public office? If Yes, complete Schedule C, Part II Section 501(K)3 regarisations. Did the organization engage in lobburg activities, or have a section 501(K) election in effect during the fax year? If Yes, complete Schedule C, Part III 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 92-19? If Yes, complete Schedule C, Part III Diprovide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in the part II Yes, complete Schedule D, Part III 7	_		-		^
in effect during the tax year? If Yes, 'complete Schedule C, Part III 5 Is the organization a section 501(c)(s), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, 'complete Schedule C, Part III 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 III 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 III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, 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 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, 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 10 Did the organization report an amount for fire some part in the part X, line 10° If Yes, 'complete Schedule D, Part VIII 11 If the organization report an amount for fire some part X, line 10° If Yes, 'complete Schedule D, Part VIII 12 Did the organization report an amount for rivestments – program related in Part X, line 10° If Yes, 'complete Schedule D, Part VIII 13 Did the organization report an amount for rivestments – program related in Part X, line 10° If Yes, 'complete Schedule D, Part XIII 13 Did the organization report an amount for rivestments – program related in Part X, line 10° If Yes, 'complete Schedule D, Part XIII 24 Did the organization report an amount for rivestments – program rela		for public office? If 'Yes,' complete Schedule C, Part L	3	_	X
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column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV .	16		Х
lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) OREGON GOLF ASSOCIATION

[Part IV | Checklist of Required Schedules (continued)

Y				No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 ⁹ If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a	-	
-	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, ,	
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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 art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_ X	
ı	o 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	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
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Par	tV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				П
				Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (⊣ ı		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gamıng	1 c	Х	
	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	2a 1:	3		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a	X	<u> </u>
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		3 b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f		4 a		х
b	If 'Yes,' enter the name of the foreign country		_		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	•			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?		7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained organization have excess business holdings at any time during the year?	by the sponsoring	8		
9	Sponsoring organizations maintaining donor advised funds.		—		
	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 per	rson?	9 b		
	Section 501(c)(7) organizations. Enter:		—		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь	1		
11	Section 501(c)(12) organizations. Enter		1		
а	Gross income from members or shareholders	11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 6]		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	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 Schedu	le O.			
b	Enter the amount of reserves the organization is required to maintain by the states in	196			
_	which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	130	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b		
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Fart VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Sec	tion A. Governing Body and Management							
			Yes	No				
1 a	a Enter the number of voting members of the governing body at the end of the tax year 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.							
Ŀ	Enter the number of voting members included in line 1a, above, who are independent 15							
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct cureous on							
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents	1						
_	since the prior Form 990 was filed?	4 5		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6	Х					
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х					
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	The governing body?	8 a	Х					
b	Each committee with authority to act on behalf of the governing body?	8 b	Х					
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	de.)				
			Yes	No				
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х				
b	o 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?	10Ь						
11 a	11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	11 a		X				
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			_				
	to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		х				
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15 a	х					
	Other officers or key employees of the organization	15 b		X				
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	135						
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16.		v				
b	of 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u> </u>				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply	only)	availa	able				
	Own website							
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year. SEE SCHEDULE O	ole to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	BARBARA TRAMMELL 2840 HAZELNUT DRIVE WOODBURN OR 97071 503-981-4653							

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more (A) Name and Title (B) than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation per week Officer employee Individua Institutional Key employee Highest compensated from the ormer organization and related organizations (list any hours for related organiza tions below linustee Itustee dotted (1) ERIC FISKUM 0 0 TOURN CHAIR X 0. 0. 0. (2) BOB HARRINGTON 0 DIRECTOR 0 X 0 0 0. JEFF ALLEN 0 TREASURER 0 X Х 0 0. 0. 0 (4) CAMERON AZARI DIRECTOR 0 X 0 0 0. (5) DON CLARK 0 DIRECTOR 0 Х 0 0 0. (6) MARK REED 0 IMMED PAST PRES 0 Х 0 0. 0. (7) ZACHARY HALL 0 DIRECTOR 0 Х 0 0. 0. TRAVIS SCHOEN 0 X DIRECTOR 0 0 0. 0. (9) LYNN M. MYRICK 0 DIRECTOR X 0 0 0. 0. (10) BARBARA GEE 0 0. HANDICP/CRS RTG 0 Х 0 0 (11) SCOTT BAINES 0 0 Х 0. 0. DIRECTOR 0. (12) RUSTY BECKEL 0 DIRECTOR 0 Х 0 0. 0. (13) LARA TENNANT 0 JR GOLF CHAIR ō X 0 0 0. (14) BARBARA TRAMMELL 40 CEO 0 139,545 0 0.

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Form 990 (2016)

Fart VIII Section A. Officers, Directors, 110	(B)			((-	i mgnost com	polisated Emp		3 (conti	nucuy
(A) Name and title	Average hours per	box	, unle	check ess pe	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	ame	(F) Estimated	her
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	co or a	mpensati from the ganizatio nd related ganization	on in d
(15) TOM GAFFNEY VICE PRESIDENT	0			х				0.	0.			
(16) ERIC SCHOENSTEIN	0]		^				0.				0
PRESIDENT	0			Х				0.	0.			0
(18)												
(19)												
(20)	-								.			
(21)									-			
(22)	-										_	
(23)												
(24)		-										
(25)												
1 b Sub-total		-					-	139,545.	0.			0
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0.			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the organization ► 1	to those I	sted	abo	ve) v	who	recei	ved	139,545. more than \$100,000	0. O of reportable com	pensatio	on .	0
T I											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h ındıvıdu	stee, al	key	em em	ploy	ee,	or h	ighest compensate	ed employee	3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportabler than \$1	le co 50,00	mpe 00?	ensa If 'Y	tion es,	and com	oth ple	er compensation f te Schedule J for	rom	4		x
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen s,' comple	satio	n fr	om : lule	any <i>J fo</i>	unre r suc	late ch p	d organization or i	individual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	catad ind	2000	don		atra	otoro.	tha	t received more th	on \$100,000 of			
compensation from the organization. Report comper	sated much	the c	alen	dar	year	endi	ng v	with or within the org	ganization's tax yea	r		
(A) Name and business add	ress							(B) Description o	f services	Comp	(C) ensatio	n
							_					
2 Total number of independent contractors (including l		ted to	o the	se I	ıstec	l abo	ve)	who received more	than			
\$100,000 of compensation from the organization	P 0											

<u> </u>		Check if Schedule O co	ontains a	esponse or	note to any	y line in this Part VI	IIL		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grasimilar amounts not included ab	ns)	1 a	87,782.				
ontri od O		Noncash contributions included i	n lines 1a-1f	\$					
	h	Total. Add lines 1a-1f	<u> </u>	Ruein	ess Code	1,287,782.			
Program Service Revenue	2a b	TOURNAMENTS	· ·	71391		402,779.	402,779.		
rvic	ч С								
M S	e				-				
gra	f	All other program service	revenue						
Pr	g	Total. Add lines 2a-2f			•	402,779.			
	3	Investment income (incluother similar amounts) Income from investment	-		•	26,762.	26,762.		
	5	Royalties			•				-
	b	Gross rents Less rental expenses	(i) Real	30.	Personal				
		Rental income or (loss) Net rental income or (loss)	99,4	30.	▶	00 420	İ	00 430	
		Gross amount from sales of assets other than inventory	(ı) Securiti	es (11) Other 2,000.	99,430.		99,430.	
	С	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			2,000.	2,000.	2,000.		
Other Revenue	b	Gross income from fundr (not including . \$_ of contributions reported See Part IV, line 18 Less' direct expenses	on line 10	a b					
٥		Net income or (loss) from Gross income from gami See Part IV, line 19		· —	-				
		Less: direct expenses Net income or (loss) from	n gamıng	b	>				
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b								
		Net income or (loss) from	n sales of	inventory	-				
		Miscellaneous Revenue			ess Code			•	
	11 a b	INCIDENTAL SALE	S			183,921.	183,921.		
	اب 5	All other revenue							
		Total. Add lines 11a-11d			•	183,921.			
		Total revenue. See instru			►	2,002,674.	615,462.	99,430.	0.
BAA					TEE	A0109L 11/16/16			Form 990 (2016)

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 (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 71,615 71,615 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0. trustees, and key employees 139,545 139,545 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 7 Other salaries and wages 395,153. 395,153 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 15,132 15,132 Other employee benefits <u>57,6</u>07. 57,607 10 Payroll taxes 56,363 56,363. 11 Fees for services (non-employees): a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 4,379 4,379 28,439. 28,439 Advertising and promotion 13 Office expenses 35,280. 35,280. 14 Information technology 10,249. 10,249. 15 Royalties Occupancy 52,592 52,592. 14,246 14,246 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 4,531. 4,531 20 Interest 70,356. 70,356. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 27,510. 27,510 7,855. 7,855 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 OGA CHAMPIONSHIPS 208,358 208,358 **b** EVENTS & EDUCATION 196,752 196,752 c HANDICAPPING 114,050 114,050 36,588 36,588 d INTERNET 21,051. 21,051. e All other expenses 1,567,651 0. 0. 25 Total functional expenses. Add lines 1 through 24e 1,567,651 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► If following SOP 98-2 (ASC 958-720).

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 55,571. 34,153 1 Savings and temporary cash investments 2 642,212 597,325. 3 Pledges and grants receivable, net 3 Accounts receivable, net 154,220 4 148,477. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 Inventories for sale or use 30,332 8 32,697. Prepaid expenses and deferred charges 31,689 9 36,797. 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 847,394 b Less: accumulated depreciation 10b 174,662 643,008 10 c 672.732. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14 26,071. 36,671 Other assets, See Part IV, line 11 2,990,146 15 2,934,049. Total assets. Add lines 1 through 15 (must equal line 34) 4,503,719. 240,239. 16 4,562,431 16 17 Accounts payable and accrued expenses 17 218,190 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 1,400,000 23 1,260,000. Unsecured notes and loans payable to unrelated third parties 24 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 liabilities. Add lines 17 through 25 26 1,618,190 1,500,239. X and complete Organizations that follow SFAS 117 (ASC 958), check here > Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 2,944,241 3,003,480. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 2,944,241 3,003,480. 34 Total liabilities and net assets/fund balances 34 4,562,431 4,503,719. BAA Form **990** (2016)

Par	rt XI . Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	002,	674.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	1,567,651		
3	Revenue less expenses, Subtract line 2 from line 1	3		435,023		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	944,	241.	
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) SEE SCHEDULE O	9	_	375,	784.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,	003,	480.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis X Consolidated basis Both consolidated and separate basis	ed on a	а			
ı	b Were the organization's financial statements audited by an independent accountant?		2)	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain		2	c X	1	
	in Schedule O.		1		l	
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3	a	х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit	3	Ь		
BAA			For	m 990	(2016	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-B.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Name	e of organization			Employer identific	ation number
ORI	EGON GOLF ASSOCIATI	ON		23-274383	0
Pai	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organi	zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		► \$	
3	Volunteer hours for political	campaign activities (see instructions)			
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	a Was a correction made?				☐Yes ☐No
ı	b If 'Yes,' describe in Part IV.				
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities >\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt ►\$	
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ail is received that were promptly and directly delal action committee (PAC). If additional span	mount paid from the flivered to a separate po	filing organization's fun- plitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	·- · · · · · · · · · · · · · · · · · ·				

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

chedule C (Form 990 or 990-EZ) 2016	OREGON	GOLF	ASSOCIATION	

23-2743830

Page 2

Part II-A Complete if section 501(the organization (h)).	n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under			
		igs to an affiliated group (an	d list in Part IV each affil	lated group member's name	 e.			
 /		nd share of excess lobbying		3 F	-,			
_		ecked box A and 'limited co						
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots l	obbying)					
b Total lobbying expendition	ures to influence a	legislative body (direct lob	bying)					
c Total lobbying expendite	ures (add lines 1a							
d Other exempt purpose	•							
e Total exempt purpose e	expenditures (add I	nes 1c and 1d)						
f Lobbying nontaxable an both columns	nount Enter the ar	mount from the following ta	able in					
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:					
Not over \$500,000		20% of the amount on line 1e.						
Over \$500,000 but not over \$1	<u> </u>	\$100,000 plus 15% of the exces						
Over \$1,000,000 but not over \$	1,500,000	s over \$1,000,000.						
Over \$1,500,000 but not over \$	17,000,000	over \$1,500,000						
Over \$17,000,000		\$1,000,000.						
-	g Grassroots nontaxable amount (enter 25% of line 1f)							
h Subtract line 1g from lin		•						
i Subtract line 1f from lin	i Subtract line 1f from line 1c. If zero or less, enter -0-							
j If there is an amount othe section 4911 tax for this	er than zero on eithe s year?	r line 1h or line 1i, did the oi	rganization file Form 472	0 reporting	. Yes No			
		4-Year Averaging Period		·-·				
(Som		at made a section 501(h) e elow. See the separate ins						
	Lob	bying Expenditures During	g 4-Year Averaging Pe	riod				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total			
2 a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								
BAA				Schedule C (Forr	n 990 or 990-EZ) 2016			

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(a)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-	
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			· · -
f Grants to other organizations for lobbying purposes? .			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		1	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or	

section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	-
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

OMB No 1545-00-47

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 www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number

Name of the organization

	OREGON GOLF ASSOCIATION		23-2743830
Par	Organizations Maintaining Done Complete if the organization ans	or Advised Funds or Other Similar Fu wered 'Yes' on Form 990, Part IV, line	inds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		-
3	Aggregate value of grants from (during year).		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in o organization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any other	nds can be used only er purpose conferring Yes No
Par		wordd 'Vos' on Form 900 Port IV Jun	
1	Purpose(s) of conservation easements held b	wered 'Yes' on Form 990, Part IV, line	e /.
'			of a historically important land area
	Preservation of land for public use (e.g.,	· L	of a historically important land area
	Protection of natural habitat Preservation of open space	Preservation	of a certified historic structure
2		hold a gualified concernation contains the fa-	
2	last day of the tax year.	held a qualified conservation contribution in the fo	orm of a conservation easement on the
	•		Held at the End of the Tax Year
ā	Total number of conservation easements		2 a
ŧ	Total acreage restricted by conservation ease	ments .	2 b
•	: Number of conservation easements on a certi	fied historic structure included in (a)	2c
•	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a hist	oric 2 d
3	<u> </u>	nsferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, ha	andling of violations,
6		inspecting, handling of violations, and enforcing c	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expe to the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' on Form 990, Part IV, Inc	or Other Similar Assets. e 8.
1 a	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), not to report in its revelled for public exhibition, education, or research in	renue statement and balance sheet works of
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, herance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	►\$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets for fina 116 (ASC 958) relating to these items:	ancial gain, provide the following
ā	Revenue included on Form 990, Part VIII, line		► \$
	Assets included in Form 990, Part X		▶\$

Partille Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contini	ued)
3 Using the organization's acquisition items (check all that apply):	, accession, and	other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	rations					
4 Provide a description of the organiz Part XIII.	zation's collections	and explain how they	y further the organization's	s exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	<u>han to be mainta</u>	ined as part of the o	organization's collection	7	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangemer amount on Fo	n ts. Complete if to orm 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	rm 990, Pa	rt ï∨,
1 a Is the organization an agent, trus on Form 990, Part X ²	stee, custodian o	r other intermediary	for contributions or other	er assets not included	☐ Yes	
b If 'Yes,' explain the arrangement	in Part XIII and	complete the follow	ing table.		□ !	
D					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a				-	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII Che	eck here if the explai	nation has been provide	d on Part XIII		
Part V Endowment Funds. C	omplete if the	organization ar	iswered 'Yes' on Fo	orm 990, Part IV, III	ne 10.	
	(a) Current year	r (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current y	ear end balance (lin	ne 1g, column (a)) held	as [,]		
a Board designated or quasi-endowm	ent ►	8				
b Permanent endowment ▶	8					
c Temporarily restricted endowmer	nt ►	%				
The percentages on lines 2a, 2b, ar	nd 2c should equa	l 100%.				
3a Are there endowment funds not in to organization by.	he possession of	the organization that a	are held and administered	for the	Yes	No
(i) unrelated organizations.					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organization	s listed as required	on Schedule R?		3b	
4 Describe in Part XIII the intended	=				<u></u>	
Part VI Land, Buildings, and			_			
Complete if the organi	• •	red 'Yes' on Fori	m 990, Part IV, line	11a. See Form 99	0, Part X, I	ine 10.
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		,	611,378.		611	,378.
b Buildings						<u>,</u>
c Leasehold improvements	 		4,858.	4,774.		84.
d Equipment			231,158.	169,888.	61	,270.
e Other	<u> </u>		231,130.		- 01	1210.
Total. Add lines 1a through 1e (Colum	nn (d) must equa	l Form 990, Part X.	column (B), line 10c)	. •	672	732.
ВАА		·		Sched	ule D (Form 990	0) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of	-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
3)			
c)			
D)			
C) D) E)			
; (F)			
 G)			
H)		· · · · ·	
(I)			'
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.		N/A	20 David V June 1:
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	
(1)	(b) Book value	(c) Method of Valuation Cost of Cha-	or-year market value
(2)			
(3)			-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
LIU)			
		-	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De		90, Part IV, line 11d. See Form 9	(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3)	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4)	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5)	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9)	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10)	l 'Yes' on Form 99 scription	90, Part IV, line 11d. See Form 9	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	l 'Yes' on Form 99 scription		(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1.2.	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability	l 'Yes' on Form 99 scription	11e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Other Assets. Complete if the organization answered (a) De (b) INVESTMENT IN OGA PROPERTIES (c) INVESTMENT IN ST OGAGC (d) (d) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X) Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) De (1) INVESTMENT IN OGA PROPERTIES (2) INVESTMENT IN ST OGAGC (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	I 'Yes' on Form 99 scription B) line 15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 1,916,589 1,017,460

Schedule D'	(Form 990) 2016	OPECON	COLE	ACCOCTATIO	١N
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Part XI. Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12:	а.	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	 	4 c	
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expe	ses per Return N/A	
Complete if the organization answered 'Yes' on Form			
Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	11	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		 	
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	1 1	
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18)	5	
Part XIII 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.

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2016

OMB No 1545-0047

Open to Public inspection

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Yes

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

Employer identification number 23-2743830 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I | General Information on Grants and Assistance OREGON GOLF ASSOCIATION Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(i)							TO PROMOTE AND
OREGON JUNIOR GOLF FUND, INC. 2840 HAZELNUT DRIVE							ADVANCE JUNIOR GOLF IN OREGON
(Z) WOODBURN, OR 97071	94-3091689 501	501 (C) 3	71,615.	0			AND SW WASHINGT
<u>(3)</u>							
(4)							
<u>(6)</u>							
<u>(9</u>)							
<u>e</u> -							
(<u>8)</u>							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government or	ganizations listed in	n the line 1 table			A	1
3 Enter total number of other organizations listed in the line 1 table.	ons listed in the line	1 table				•	0

Schedule I (Form 990) (2016)

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

Parally Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
8					
Þ					
ĸ					
9					
7					
Part W. Supplemental Information. Provide the information required in Part I. line 2: Part III. column (b): and any other additional information.	de the information	required in Part I.	line 2: Part III. col	umn (b): and any other	er additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

OREGON GOLF ASSOCIATION

Employer identification number 23-2743830

FORM 990, PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE OREGON GOLF ASSOCIATION IS LICENSED BY THE UNITED STATES GOLF ASSOCIATION AS GUARDIAN OF THE GAME OF GOLF FOR THE OREGON AND SW WASHINGTON REGION. IT PROMOTES ENHANCEMENT AND EXPANSION OF THE GAME OF GOLF BY PROTECTING THE GAME'S INTEGRITY AND VALUED TRADITIONS, AS WELL AS PROMOTING OPPORTUNITIES FOR ALL THAT WANT TO PLAY BY LEADING IN THE DEVELOPMENT OF MEMBER AND INFORMATION SERVICES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE OREGON GOLF ASSOCIATION IS LICENSED BY THE UNITED STATES GOLF ASSOCIATION AS GUARDIAN OF THE GAME OF GOLF FOR THE OREGON AND SW WASHINGTON REGION. IT PROMOTES ENHANCEMENT AND EXPANSION OF THE GAME OF GOLF BY PROTECTING THE GAME'S INTEGRITY AND VALUED TRADITIONS, AS WELL AS PROMOTING OPPORTUNITIES FOR ALL THAT WANT TO PLAY BY LEADING IN THE DEVELOPMENT OF MEMBER AND INFORMATION SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

MEASURED AND RATED 13 AND 26 GOLF COURSES, RESPECTIVELY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION'S FORM 990 IS REVIEWED BY THE SENIOR DIRECTOR OF FINANCE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED AFTER AN ANNUAL REVIEW CONDUCTED BY
THE EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INCOME FROM SUBSIDIARY

TOTAL $\frac{$}{$}$ $\frac{-375,784}{-375,784}$.

OMB No 1545-0047 23-2743830 Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships OREGON GOLF ASSOCIATION Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

2016

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(f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity

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(g) Sec 512(b)(13) controlled entity? Ŷ × Yes × (f)
Direct controlling
entity N/A N/A (e)
Public charity status (if section 501(c)(3)) SCH A, PART 6# (d) Exempt Code section 50103 (c)
Legal domicile (state or foreign country) g PROMOTION AND JUNIOR GOLF ADVANCE OF (b)
Primary activity (a) (a) Name, address, and EIN of related organization (2) OGA GOLF COURSE INC 2840 HAZELNUT DRIVE - WOODBURN, OR 97071 -93-1136584 **a** |ତ|

Schedule R (Form 990) 2016

TEEA5001L 09/09/16

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

∱age 2

| Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 | because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	ncome Share of total lated, income n tax		(g) Share of Dend-of-year all	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	or Percentage ownership	ntage rship
		country)		512-514)	_		×	Yes No	(690)	Yes	No	
(I)												
											_	
(2)											_	
(3)											<u> </u>	
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answaline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	i zations T ore relate		e as a Corporation or Trust Complete if the organization answered 'Yes' anizations treated as a corporation or trust during the tax year.	n or Trust Co as a corpora	mplete if the tion or trust d	organization uring the tax	answer year.	ed 'Yes' on F	on Form 990, Part IV,	Part IV,	
(a) Name, address, and EIN of related organization	of related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	(C corp, S corp,	Share of total income		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(13) ntıty?
				country)	enuty	()spin io					Yes	<u>گ</u>
(1) OGA GOLF COURSE, 2840 HAZELNUT DR WOODBURN, OR 9707	INC.	GCOU WAIN	GOLF COURSE MAINTENANC F	OR.	OREGON GOLF ASSOCTAT	CCORP	-349,184	_	967 766 8	100 00		×
(2)		 -						<u> </u>	+			;
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>										
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	- 1										
(3)												
									-			
												
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23-2743830

Schedule R (Form 990) 2016 OREGON GOLF ASSOCIATION

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

					ų,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 April 2 Part 1979			Yes	٤
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	וובמוסוס ווסנפת ווו זי מונס וויוע :		la e	×	_
b Gift, grant, or capital contribution to related organization(s)			1 P	×	
c Gift, grant, or capital contribution from related organization(s)			<u>-</u>		×
d Loans or loan guarantees to or for related organization(s)			1		×
e Loans or loan guarantees by related organization(s)			1e		×
			T		;
† Unidends from related organization(s)					<u> </u>
g Sale of assets to related organization(s)			6		×
h Purchase of assets from related organization(s)			<u>-</u>		×
i Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)			=		×
k Lease of facilities, equipment, or other assets from related organization(s)			-		×
Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			r L		×
o Sharing of paid employees with related organization(s)			10		×
p Reimbursement paid to related organization(s) for expenses			٦		×
q Reimbursement paid by related organization(s) for expenses		:	19		×
r Other transfer of cash or property to related organization(s)			11		×
ر.			15		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	iding covered relationships and trai	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	l) detern involv	mınıng /ed
(1) OREGON JUNIOR GOLF FUND, INC.	В	71, 615.0	CASH		
(2) OGA GOLF COURSE INC	A	99, 430.0	CASH		
(3)					
(4)					
(5)					
(9)					
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OREGON GOLF ASSOCIATION

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(K) Percentage ownership	•											 		 							Schedule R (Form 990) 2016
General or managing partner?	å													 		·	_			_	orm 99
Gene mana parti	Yes									-											е ж
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)																	_				Schedul
(h) Disproportionate allocations?	Yes No																		_		
Share of End-of-year alsets al	<u> </u>	_																			
Share of total income																			·		
(e) Are all partners section 501(c)(3) organizations?	ş													•							TEEA5004L 09/09/16
Are all p sect 501(organiz	Yes								·												A5004L
(d) Predominant income (related, unre- lated, excluded from tax under	sections 512-514)																				TE
(c) Legal domicile (state or foreign country)																					
(b) Primary activity																					
Name, address, and EIN of entity Primary activity		(<u>()</u>		(2)		(3)		(4)			(5)		(9)		<u>@</u>			(8)			ВАА

Schedule R (Form 990) 2016 OREGON GOLF ASSOCIATION 23-27438:

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.