

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Depa Inter	artment of the	Treasury Service		► The	organization	may have to u	se a copy of t	his return to sa	itisfy state repo	rting require	ments		Insp	ection	
Ā	For the 20	011 calen	dar year, or						11, and end				,		
	Check if app		С		<u> </u>						D Em	ployer Ident	ification Nu	ımber	
	Address	change	VERMONT	' G0	LF ASS	OCIATION	Ŋ				0.3	3-0289	304		
	Name c	•	P.O. BC	X 1	612, S	TATION A					E Telephone number				
	Initial re	•	RUTLAND	), V	T 0570	1-0612					80	2 773	-7180		
	Termina											<del></del>			
	$\vdash$	ed return									G Gro	ss receipts	Ś	443,9	88.
	$\vdash$		F Name and	addre	s of principa	l officer				H(a) Is this		eturn for affi	<del> ,</del>		X No
	Аррііса	tion pending	SAME AS			, omec.				H(b) Are a			-	Yes	No
_	Tax ayam	nt etatus	501(c)(3)	_	501(c) (	7 \ \ (1)	nsert no )	4947(a)(1)	or 527	If 'No	,' attach a	list (see ins	itructions) L		
÷	Tax-exem Website		W.VTGA.		301(c) (	<u>/</u>	nsert no )	[ 4547(4)(1)	01 327			n number	•		
<del>,</del>					Trust X	Annanahan	Other ▶		L Year of Form	<del></del>	<del></del>	M State of I		le VT	
K		rganization	Corporation	on [	I rust A	Association	Other		L Year of Form	ation 190	/2	VI State of I	egai domici	ie VI	
Г	1 Dru	Summar	y ho the erec	nizati	on's missi	on or most	cianificant	activities	PROMOTE	TUC CI	рорт	OF COI	ETNC		
	<b>1</b> Brie	eny descri	be the organ	ınzalı	011.5 (11155)	011 01 111051	Significant	activities .	PROMO16	TUE 71	FOKT.	Ot GOT	TING .		
ဥ															
3 ∤ਛੂ															
ರಲ್ಲಿ ಪ್ರಕ್ರೀಡ Activities & Governance	2 2 Che	eck this bo	ox ▶ If	the o	roanizatio	n discontini	ed its oper	ations or d	sposed of n	ore than	25% of	ıts net as	sets		
ခွဲတို						ning body (			оросси с			3			22
ິ oర ∜ ທ						s of the gov			ine 1b)			4			22
≘ie	<b>5</b> Tot	al number	of individua	als er	nployed ir	n calendar y	ear 2011 (F	Part V, line	2a)			5			6
ર્કે ફે	6 Tot	al number	of voluntee	ers (e	stimate if	necessary)						6			0
λ ₹						Part VIII, co						7a			<u>0.</u>
	<b>b</b> Net	unrelated	l business t	axabl	e income	from Form 9	990-T, line	<u>34</u>		<del></del>		7b			0.
Revenue											Prior Ye		Cur	rent Yea	r
3.			and grants									,400.			
ζξ		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							380	,946.	· · · · · <del>· · · · · · · · · · · · · · </del>		<u> 125.</u>		
<b>₹</b>									6.				10.		
J &	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									,163.	<del></del>		<u>353.</u>		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)							416	,515.		443,9	<u> </u>			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)														
	<b>14</b> Ber	nefits paid	to or for m	embe	rs (Part I)	X, colum <del>n (</del> /	4), line_4),	5-4: 18-7	1						
ø	<b>15</b> Sal	aries, oth	er compens	ation	employe	e benefits (f	art IX, col	umn (A), li	es 5-10).		99	,673.		65,0	<u>)21.</u>
Expenses	16a Pro	fessional	fundraising	fees	(Part IX, o	column (A))	ine 11e)		ျပ္ကု						
je je	<b>b</b> Tot	al fundrai	sing expens	es (F	art IX, co	lumn (D), lir	ie 25)/*/	1 1 2012	080			,			1
ũ	i .					nes 11a Ho			(3)	_	317	,485.		334,2	232.
	1	-				equal Part I	1	(A): liñe 25	, -1' -1			,158.		399,2	
	19 Rev	enue less	expenses	Subt	ract line 1	8 from line	12 (15)		N A			-643.			735.
× 8	10		, <u> </u>	000			-		-9-9-1	Beginn	ing of Cu	rrent Year	En	d of Year	
\$ E	20 Tot	al assets	(Part X, line	e 16).								,375.	<u> </u>		960.
88			s (Part X, I		5)							,537.			387.
Net Assets or Fund Balances	22 Net	accate ni	r fund halan	201	Subtract li	ne 21 from	line 20					,838.			573.
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COL	ier penaities iplete Declai	ration of prep	erer (other that	ve exa office	ninen this re	air information	of which prepa	arer has any kn	statements, and owledge	to the best of	my knowi	euge and be	mer, it is tru	ie, correct, a	2110
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Sig	n	Signaki	ire of officer	M	qui /				<del></del>		Date	7 7 2			
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			print name and							- 11111					
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US	o Only	Firm's addr			STREET	0.1		4	-		1	IN ► 03-			
		1	RUTI	_AND.	VT 057	U1					Phone :	no (802	) 775-3	3221	

No

X Yes

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

Form	n 990 (2011) VERMONT GOLF ASSOCIATION	03-028930	4 Page 2
Pai	松川家 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	<b>,</b>		
	PROMOTE THE SPORT OF GOLFING		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	🙃
	Form 990 or 990-EZ?		Yes X No
	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 set	rvices?	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 service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar	ices, as measure	d by expenses. Indiallocations to
	others, the total expenses, and revenue, if any, for each program service reported	nount or grants a	ina anocations to
4 8	a (Code: Expenses \$ 252,679. including grants of \$ ) (R	tevenue \$	418,190.)
	PROVIDE HANDICAP SERVICES AND TOURNAMENTS		
41	<b>b</b> (Code: (Expenses \$ including grants of \$ ) (F	Revenue \$	
•	7 (copp.)		
	**************************************		
	**		
	c (Code) (Expenses \$ including grants of \$) (F	Payanua \$	
	(Code) (Expenses $\varphi$ ) (i	revenue \$	
		. – – – – – -	
			- <b></b>
	dollar and a control of the day o		
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4	e Total program service expenses ▶ 252,679.		

VERMONT GOLF ASSOCIATION 03-0289304 Form **990** (2011) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A. 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, 6 Х Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21, 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 X Schedule D. Part IV 9 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 Х 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI 11 a 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 Х 11 b c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х 11 e Х e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part 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 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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, Х 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X

Х

20

20 b

complete Schedule G, Part III

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

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

Form 990 (2011) VERMONT GOLF ASSOCIATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and It	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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? <i>If 'Yes,' complete Schedule J</i>	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
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		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) 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		
ł	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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
	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):			<u>::</u> -
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
55	contributions? If 'Yes,' complete Schedule M	30		Х
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		_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, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990	(2011)

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable       1a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	gaming 1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	6		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	ЬХ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a	x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3	<del></del>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)?	over, a	a	х
b If 'Yes,' enter the name of the foreign country ▶		1	
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		1	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a	x
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	<del></del>	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5.		1
, , , , , , , , , , , , , , , , , , ,			1
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz solicit any contributions that were not tax deductible?	ation 6	a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	s were 6	ь	
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 partly for goods and services provided to the payor?	d <b>7</b> .	a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	ь	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	<b>—</b>		1
Form 8282?	7	с	
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			-
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	е	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	f	
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	a <b>7</b>	h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busine holdings at any time during the year?	Did the ess		X
9 Sponsoring organizations maintaining donor advised funds.	Ţ		
a Did the organization make any taxable distributions under section 4966?	9	a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	0.		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0.		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			1
against amounts due or received from them )		}	1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	<b>↓</b>
<b>b</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.		1	-
a Is the organization licensed to issue qualified health plans in more than one state?	13	a	↓
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14	a	Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14	b	

Form 990 (2011) VERMONT GOLF ASSOCIATION 03-0289304 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 22 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O Х Did the organization have members or stockholders? 6 7a 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? SEE SCHEDULE Q 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х Х b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O

► DAVID PFANNENSTEIN P.O. BOX 1612 RUTLAND VT 05701-0612 802 773-7180

TEFA0106L 01/23/12

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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	n nor any	relate	d or	gan	ızatı	on co	mpe	nsated any current of	ficer, director, or trus	tee
	-			((	<b>(</b> )				-	
(A) Name and title	(B) Average hours per week	unles	s per	son is	s both	an one n an offi ustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) PAT MURRAY										
PRESIDENT	10			Х				0.	0.	0.
(2) MARK WOLINSKY						i				
INTERIM EXEC DI	40		$\Box$	Χ				13,000.	0.	0.
(3) RICHARD SIMPSON										
SECRETARY	4			Х				0.	0.	0.
_(4)_BOB_BLANCHARD									_	
ASST TREASURER	2			Х			ļ	500.	0.	0.
_(5)_DAVE_PFANNENSTEIN									_	
EXECUTIVE DIR.	40			X				3,654.	0.	0.
(6) JACOB RIGOPOULOS	2.5							4- 4-		_
ASSIST ED	36		$\vdash$	X				15,640.	0.	0.
(7) JAMES BASSETT EXECUTIVE DIR.	40			Х				4,000.	0.	0.
(8) JACOB_RIGOPOULOSTREASURER	4			Х				2,000.	0.	0.
_(9)	-							27000.		<u> </u>
<u>(10)</u>										
			Н							
(11)										
(12)										
<u>(13)</u>								-		
(14)										
					L ,					_:

Part VII   Section A. Officers, Directors, Trust	ees, I	<b>∖ey</b>	Em			es,	anc	l Highest Com	pensated Empl	oyees (cont)
(A) Name and title	(B) Average hours per	offic	unle er an	Pos heck ss pe	rson Irecto	than is boti or/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	Sch O)		tee		ļ	sated				,
(15)										
<u>(16)</u>										
(17)										·
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)	<del>                                     </del>									
(25)										
b Sub-total     c Total from continuation sheets to Part VII, Section     d Total (add lines 1b and 1c)	A	1			1		<b>&gt; &gt;</b>	38,794. 0. 38,794.	0. 0. 0.	0. 0. 0.
<ul> <li>Total number of individuals (including but not limite from the organization ► 0</li> </ul>	d to th	ose l	iste	d ab	ove	) wh	o re	ceived more than	\$100,000 of report	able compensation
3 Did the organization list any former officer, director	or trus	stee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	Yes No
<ul> <li>on line 1a<sup>3</sup> If 'Yes,' complete Schedule J for such in</li> <li>For any individual listed on line 1a, is the sum of rethe organization and related organizations greater in</li> </ul>	portab	le co	mpe	ensa If '\	ition Yes'	and com	l oth	er compensation e Schedule J for	from	3 X
such individual  5 Did any person listed on line 1a receive or accrue of acc	comper	satio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	4 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compie	te S	cnec	iuie	J 10	rsu	cn p	erson		5   X
Complete this table for your five highest compensa compensation from the organization. Report compe	ted ind	epen	den	t col	ntra	ctors	tha	it received more t	han \$100,000 of	s tax vear
(A) Name and business addres				-				(B Description	)	(C) Compensation
		<del></del>								
							·			
2 Total number of independent contractors (including		t lim	ıted	to t	hose	e list	ed a	bove) who receiv	red more than	
\$100,000 in compensation from the organization >	U									

Fai	t viii   Statement of Revenue					
1			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a					
A S	b Membership dues 1 b					
용질	c Fundraising events 1c					
ž.Š	-					
흉칠	d Related organizations 1 d					
Ϋ́Ε̈́	e Government grants (contributions)					
토빏	f All other contributions, gifts, grants, and similar amounts not included above					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS						
A SON	g Noncash contributions included in lns 1a-1f \$					
<del>-</del>	h Total. Add lines 1a-1f	ess Code		-		
S.	<del></del>	33 ÇOUE	266 500			266 500
اق	2a TOURNAMENTS		266,500.	· · · · · · · · · · · · · · · · · · ·	<u></u>	266,500.
<u> </u>	b USGA HANDICAP CARDS		151,690.			151,690.
₹	c MEMBERSHIP DUES & ASSESSMENTS		22,935.			22,935.
I SE	d		<del></del>			
A A	e		*			
PROGRAM SERVICE REVENUE	f All other program service revenue		441 105			
	g Total. Add lines 2a-2f		441,125.			
	3 Investment income (including dividends, interes other similar amounts).	st and	10.			10.
	4 Income from investment of tax-exempt bond pr	ocoods ►				10.
	· · · · · · · · · · · · · · · · · · ·	oceeus -				
	5 Royalties (i) Real (ii)	Personal				
	<del></del>	rersonal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss).				-	
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of (i) Securities (ii) assets other than inventory	) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
UE	8a Gross income from fundraising events					
EN	(not including \$ of contributions reported on line 1c)					
OTHER REVEN	· 1					
监	See Part IV, line 18 a					
6	b Less direct expenses b					
	c Net income or (loss) from fundraising events.  9a Gross income from gaming activities				*	
	See Part IV, line 19 a					
	<b>b</b> Less: direct expenses <b>b</b>					
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances a					
	<b>b</b> Less: cost of goods sold <b>b</b>					}
	c Net income or (loss) from sales of inventory	<b>&gt;</b>				
		ess Code				
	11a MISCELLANEOUS		2,853.		<u> </u>	2,853.
	b					
	c					
	d All other revenue.					
	e Total. Add lines 11a-11d	•	2,853.		<del></del>	,
	12 Total revenue. See instructions	•	443,988.	0.	0.	443,988.

#### 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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	<del></del>		, 2/4 (2)	
		(A)	(B)	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	38,794.	0.	38,794.	0.
6	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.	0.	0.
7	Other salaries and wages	14,600.		14,600.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	4,736.		4,736.	
9	Other employee benefits	1,208.		1,208.	
10	Payroll taxes	5,683.		5,683.	
	Fees for services (non-employees)				
ä	Management				
	Legal	15,870.		15,870.	<del></del>
	Accounting	1,250.		1,250.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,704.		1,704.	
	other Advertising and promotion	1,704.		1,704.	
13	Office expenses	6,130.		6,130.	
14	Information technology	0,130.		0,130.	<del> </del>
15	Royalties				
16	Occupancy	2,700.		2,700.	
17	Travel	534.		534.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	3,705.		3,705.	
20	Interest				
21	Payments to affiliates	9,410.		9,410.	
	Depreciation, depletion, and amortization	1 040		1 046	
	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.)	1,249.		1,249.	
,	TOURNAMENT EXPENSES	212,243.	212,243.		
	HANDICAP SERVICES	34,435.	34,435.		
	MISCELLANEOUS	11,048.	52, 155.	11,048.	
	DUES	8,159.	·-	8,159.	
	e All other expenses	25,795.	206.	25,589.	
	Total functional expenses. Add lines 1 through 24e	399,253.	246,884.	152,369.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2011)

BAA

Form **990** (2011)

Pa	πX	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1_	
	2	Savings and temporary cash investments	21,375.	2	64,960.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	-
	6	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)		6	
A	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	·
ASSETS	_	Prepaid expenses and deferred charges	<del></del>	9	
		Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	Ь	Less accumulated depreciation . 10b	-	10 c	
		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	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,375.	16	64,960.
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
AB-L-	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
E S	24			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	2,537.	25	1,387.
	26	Total liabilities. Add lines 17 through 25	2,537.	26	1,387.
N		Organizations that follow SFAS 117, check here ▶ and complete lines	=755		
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► X and complete			
F 320		lines 30 through 34.		-	·
Ď	30	Capital stock or trust principal, or current funds	<u> </u>	30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	18,838.	32	63,573.
Ë	33	Total net assets or fund balances	18,838.	33	63,573.
\$	34	Total liabilities and net assets/fund balances	21,375.	34	64,960.

form 990 (2011) VERMONT GOLF ASSOCIATION	03-0289304		Pa	ige <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				$oldsymbol{oldsymbol{\sqcup}}$
Tabel account and Dark VIII askuren (A), has 12)	111	1	/3 C	88.
1 Total revenue (must equal Part VIII, column (A), line 12)	2			253.
2 Total expenses (must equal Part IX, column (A), line 25)	3			. <u></u> 135.
Revenue less expenses. Subtract line 2 from line 1	4			338.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		10,0	
5 Other changes in net assets or fund balances (explain in Schedule O).	3			0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		63,5	573.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
	ſ		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		_		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b Were the organization's financial statements audited by an independent accountant?		2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ın			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:	ere issued on a			
Separate basis Consolidated basis Both consolidated and separate basis		. :		~
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	ın the Single	3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3 b		
BAA		Form	990	(2011)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2011

Open to Public Inspection
Employer identification number

	RMONT GOLF ASSOCIATION	A 1 ' 18 1 OII	6: 1. E . I	03-02		,
Pai	the organizations Maintaining Dono the organization answered 'Yes'	to Form 990. Part IV. line	er Similar Funds or A	ccounts.	Complete	IT
	the organization unswered Tes	(a) Donor advised	<del></del>	(b) Funds and	l other sees	unto.
1	Total number at end of year	(a) Donor advised	iulius (	b) Fullus allu	other accor	unis
2	Aggregate contributions to (during year)		<del></del>			
2	Aggregate contributions to (during year)  Aggregate grants from (during year)		<del> </del>	<del></del>	<del> </del>	
J 1	Aggregate value at end of year.		<del></del>	<del></del>		<del></del>
_						<del></del>
5	Did the organization inform all donors and do funds are the organization's property, subject			sed [	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ing that grant funds can be nor advisor, or for any oth	er [	Yes	□No
Pai	t IIx Conservation Easements. Comp	lete if the organization a	nswered 'Yes' to Forr	n 990. Par	t IV. line	<u></u> 7.
	Purpose(s) of conservation easements held b	· · · · · · · · · · · · · · · · · · ·		555, ,		•
	Preservation of land for public use (e.g.,	• •	Preservation of an hist	orically impor	rtant land ar	ea
	Protection of natural habitat	,	Preservation of a certi	•		
	Preservation of open space					
2	Complete lines 2a through 2d if the organizat last day of the tax year.	ion held a qualified conservati	on contribution in the form	of a conserv	ation easen	nent on the
			• (	Held at the	e End of the	Tax Year
ā	a Total number of conservation easements		2a	1		
1	Total acreage restricted by conservation ease	ements	2b	,	· · · · · · · · · · · · · · · · · · ·	
•	Number of conservation easements on a cert	ified historic structure included	l ın (a) 2 d			
•	d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, a	and not on a historic 2d	1		
3	Number of conservation easements modified, tax year ►	, transferred, released, extingu	ished, or terminated by th	e organizatioi	n during the	
4	Number of states where property subject to c	onservation easement is locate	ed •			
5	Does the organization have a written policy roand enforcement of the conservation easeme	egarding the periodic monitoring its it holds?	ng, inspection, handling of	violations,	Yes	No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing	conservation easements d	luring the yea	r	
7	Amount of expenses incurred in monitoring, i	inspecting, and enforcing cons	ervation easements during	the year		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	equirements of section	ļ	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote					
Pa	conservation easements.  Till: Organizations Maintaining Colle	ections of Art, Historical	Treasures, or Other	Similar As	sets.	<del></del>
	Complete if the organization ans	<del> </del>	<del></del>	<del></del>	··-·	
1:	a If the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, ed	ducation, or research in fu	ement and bartherance of p	lance sheet oublic servic	works of e, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to repelled for public exhibition, educa	ort in its revenue stateme tion, or research in further	nt and baland rance of publi	ce sheet wor c service, p	rks of art, rovide the
	(i) Revenues included in Form 990, Part VIII	l, line 1		▶ 5	\$	
	(ii) Assets included in Form 990, Part X			▶ \$	\$	
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or oth 116 (ASC 958) relating to the	er similar assets for financi se items	al gain, prov	ride the follo	wing
i	a Revenues included in Form 990, Part VIII, lin	e 1		► \$	\$	
	h Assets included in Form 990. Part X			<b>▶</b> 9	<b>*</b>	

Part III   Organizations Maintainin	g Collections	of Art, Histo	<u>rical Treasures, o</u>	r Other Similar Ass	ets (conti	ınued)			
3 Using the organization's acquisition, items (check all that apply)	accession, and o	ther records, che	eck any of the following	g that are a significant i	use of its col	llection			
a Public exhibition		<b>d</b> Loan o	r exchange programs						
<b>b</b> Scholarly research		e Other							
c Preservation for future generation	ns								
4 Provide a description of the organiza Part XIV		·			se in				
5 During the year, did the organization assets to be sold to raise funds rather					Yes	No			
Escrow and Custodial And line 9, or reported an am	rangements. ount on Form	Complete if the 1990, Part X, I	ne organization an ine 21.	swered 'Yes' to Fo	rm 990, P	art IV,			
1a Is the organization an agent, trustee, included on Form 990, Part X?				ner assets not	Yes	No			
<b>b</b> If 'Yes,' explain the arrangement in F	Part XIV and com	plete the following	ng table:	r					
					Amount				
c Beginning balance	•			1c		<del></del>			
<b>d</b> Additions during the year	•	•		1 d					
e Distributions during the year	1 e								
f Ending balance									
2a Did the organization include an amou		Part X, line 21?			Yes	∐ No			
<b>b</b> If 'Yes,' explain the arrangement in F			· · · · · · · · · · · · · · · · · · ·		<del></del>				
Part V Endowment Funds. Comp	lete if the org			m 990, Part IV, line	<u>e 10.</u>				
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four	years back			
1 a Beginning of year balance	_								
<b>b</b> Contributions									
c Net investment earnings, gains, and losses	:								
d Grants or scholarships									
e Other expenditures for facilities and programs					, , ,	,			
f Administrative expenses						,			
<b>g</b> End of year balance				<u> </u>	, ·	<b>5.</b>			
2 Provide the estimated percentage of	the current year	end balance (line	e 1g, column (a)) held	as					
a Board designated or quasi-endowme	nt ►	%							
<b>b</b> Permanent endowment ▶	%								
c Temporarily restricted endowment	·	_%							
The percentages in lines 2a, 2b, and	2c should equal	100%							
3a Are there endowment funds not in th	e possession of t	the organization	that are held and adm	inistered for the					
organization by	р	g			Ye	s No			
(i) unrelated organizations.					3a(i)				
(ii) related organizations					3a(ii)				
<b>b</b> If 'Yes' to 3a(ıı), are the related orga		•			3b				
4 Describe in Part XIV the intended us									
Part VI   Land, Buildings, and Equ	uipment. See	<u>Form 990, Pa</u>	rt X, line 10.						
Description of property		t or other basis ivestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	k value			
1 a Land					_				
<b>b</b> Buildings									
<b>c</b> Leasehold improvements									
<b>d</b> Equipment	<u> </u>								
e Other									
Total. Add lines 1a through 1e. (Column (	d) must equal Foi	rm 990, Part X, c	column (B), line 10(c) )	<b>▶</b>		0.			
BAA				Sched	dule <b>D</b> (Form	1 990) 2011			

03-0289304

Schedule **D** (Form 990) 2011

Page 2

Schedule **D** (Form 990) 2011 VERMONT GOLF ASSOCIATION

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Schedule D (Form 990) 2011 VERMONT GOLF ASSOCIATION

03-0289304

Sche	edule <b>D</b> (Form 990) 2011 VERMONT GOLF ASSOCIATION	03-02893	304	Page 4
	t XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/	/A	
	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		<u>-</u>	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV )			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1	<u> </u>	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	' -		
	Donated services and use of facilities			
	Recoveries of prior year grants	-		
	d Other (Describe in Part XIV.)			
	e Add lines 2a through 2d			
,	Subtract line 2e from line 1	3		
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
4	a Investment expenses not included on Form 990, Part VIII, line 7b			
	1 . 1			
	b Other (Describe in Part XIV) c Add lines 4a and 4b.	4c		
		5		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  It XIII Reconciliation of Expenses per Audited Financial Statements With Part Province Per Audited Financial Statements Per Audited		N/A	
Fai		1	1 11/ 21	
1	Total expenses and losses per audited financial statements	<del>  •  </del>		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  2a			
	**************************************	$\dashv$		
		$\dashv$ $\mid$		
		<del> </del>		
,	e Add lines 2a through 2d	3	··	
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  4a  4b			
	b Other (Describe in Part XIV ) c Add lines 4a and 4b.	4c		
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5		
	rt XIV Supplemental Information			
Con	hoplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compadditional information	t IV, lines 1t blete this pa	o and 2b, rt to provid	e
- <b>-</b>				

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Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 VERMONT GOLF ASSOCIATION  Part XIV   Supplemental Information (continued)	03-0289304	Page 5
Part XIV   Supplemental Information (continued)	<del></del>	
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# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

VERMONT GOLF ASSOCIATION	03-0289304				
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR S	SHAREHOLDER				
MEMBERSHIP IS MADE UP OF PERSONS WHO PURCHASE HANDICAP CARD	S AND EACH GOLF CLUB IS A				
MEMBER.					
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT G	GOVERNING BODY				
MEMBERS ELECT DIRECTORS. DIRECTORS HAVE AUTHORITY TO ACT O	N BEHALF OF THE				
ORGANIZATION. COMMITTEES CAN ACT ON BEHALF OF THE ORGANIZA	TION.				
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS					
DIRECTORS HAVE AUTHORITY TO MAKE DECISIONS FOR ORGANIZATION	HOWEVER, MEMBERSHIP				
WOULD NEED TO AUTHORIZE UNUSUAL ITEMS THAT ARE NOT DONE IN	THE NORMAL COURSE OF				
BUSINESS.					
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS					
THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR. NO FORMAL R					
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICL	Y AVAILABLE				
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.					