

# GOLF COURSE INCOME AND EXPENSE QUESTIONNAIRE

## INCOME QUESTIONNAIRE FOR THE 36 MONTHS FROM 2009 TO 2011

NAME AND LOCATION OF PROPERTY \_\_\_\_\_

OWNER AND ADDRESS OF RECORD \_\_\_\_\_

Check course characteristics: Driving Range ( ) Practice Green ( ) Cart Paths ( ) Club House ( ) Pro Shop ( )  
 USGA sanctioned ( ) #Tees/hole \_\_\_\_\_ Type of Grass \_\_\_\_\_ Width of Fairways \_\_\_\_\_ Water Source \_\_\_\_\_  
 Type of Irrigation \_\_\_\_\_ #Water Hazards \_\_\_\_\_ Longest Yardage \_\_\_\_\_ Par \_\_\_\_\_ Slope \_\_\_\_\_  
 Number of Members \_\_\_\_\_ Initiation Fee for New Members \_\_\_\_\_ Are Fees Refundable? \_\_\_\_\_  
 Number of Holes \_\_\_\_\_ Rates per round (including cart): Weekday \_\_\_\_\_ Weekend \_\_\_\_\_ Twilight \_\_\_\_\_ 9 Hole \_\_\_\_\_

	2011	2010	2009
Number of rounds played	_____	_____	_____
<b>Annual Income:</b>			
Membership Fees	\$ _____	\$ _____	\$ _____
Greens fees	\$ _____	\$ _____	\$ _____
Cart rental	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Beverage	\$ _____	\$ _____	\$ _____
Pro Shop	\$ _____	\$ _____	\$ _____
Practice Facilities	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____
<b>Expenses:</b>			
<b>Cost of Goods Sold:</b>			
Food	\$ _____	\$ _____	\$ _____
Beverage	\$ _____	\$ _____	\$ _____
Pro Shop	\$ _____	\$ _____	\$ _____
Cart Expense	\$ _____	\$ _____	\$ _____
Practice Fac. Exp.	\$ _____	\$ _____	\$ _____
<b>Other Expenses:</b>			
Payroll	\$ _____	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____	\$ _____
Marketing	\$ _____	\$ _____	\$ _____
Management Fee	\$ _____	\$ _____	\$ _____
Administrative	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Course Maintenance	\$ _____	\$ _____	\$ _____
Building Repairs	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____
Amusement Tax	\$ _____	\$ _____	\$ _____
Water/Sewer	\$ _____	\$ _____	\$ _____
Misc. Expenses	\$ _____	\$ _____	\$ _____
<b>Total Expenses:</b>	\$ _____	\$ _____	\$ _____
<b>Net Operating Income:</b>			
Real Estate Taxes	\$ _____	\$ _____	\$ _____
Mortgage Payments	\$ _____	\$ _____	\$ _____
Building Depreciation	\$ _____	\$ _____	\$ _____
Reserves for Replacement	\$ _____	\$ _____	\$ _____
Capital Expenditures (list)	\$ _____	\$ _____	\$ _____

**MORTGAGE & SALES INFORMATION**

1. Is there a mortgage on this property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. If "Yes", please provide the following data:

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
 Name of Mortgagee Mortgage Amount Interest Rate  
 (d) \_\_\_\_\_ (e) \_\_\_\_\_ (f) \_\_\_\_\_  
 Term of Mortgage Date 1<sup>st</sup> Payment Monthly Payment

3: Date Purchased: \_\_\_\_\_ Consideration: \_\_\_\_\_

I declare, under the penalties of perjury, that the contents of this form and all accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Title of Signer \_\_\_\_\_ Date \_\_\_\_\_

Print/Type Name of Signer \_\_\_\_\_ Phone Number \_\_\_\_\_