

## 2025 Property Income and Expense Questionnaire GOLF PROPERTY TYPES

\*Information for year ending December 31, 2023\* Page 1 of 2

| GENERAL ACCOUNT INFORMATION           |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
|---------------------------------------|--------------------|-----------|---------------------------|--|-------------------------|--------------------------|-----------------------|-----------------------|--|--|--|--|
| Main Assessment Account Number        |                    |           |                           | «AAN»  |                         |                          |                       |                       |  |  |  |  |
| Golf Course Name                      |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Property Location                     |                    |           |                           | «CIVIC_ADDRESS»                              |                         |                          |                       |                       |  |  |  |  |
| Owner                                 |                    |           | «OWNER_NAME»              |  |                         |                          |                       |                       |  |  |  |  |
| GOLF COURSE OPERATION                 |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Length of Course                      |                    |           |                           | Fi   |                         |                          | irst Y                | st Year Course Opened |  |  |  |  |
| Architect / Designer of Course        |                    |           |                           |  |                         | Land Area Covered by Cou |                       |                       | se                                     |  |  |  |
| Number of Rounds Started**            |                    |           |                           |  |                         |                          | Days Open             |                       |  |  |  |  |
| Number of Members                     |                    |           |                           |  | Average Initiation Fee  |                          |                       |                       |  |  |  |  |
| Number of New Members                 |                    |           |                           |  | Average Membership Dues |                          |                       |                       |  |  |  |  |
| ** Rounds should be expressed in ter  |                    |           | in tern                   | ns of 18-hole rounds Average Restaurant Dues |                         |                          |                       |                       |  |  |  |  |
| COURSE TYPE (Check where appropriate) |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Municipal                             |                    |           |                           | Private - equity                             |                         |                          |                       |                       |  |  |  |  |
| Public                                |                    |           |                           | Private - non-equity                         |                         |                          |                       |                       |  |  |  |  |
| Semi-private, some members            |                    |           |                           | · · ·  |                         |                          |                       |                       |  |  |  |  |
| NUMBER OF HOLES                       |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
|                                       |                    | No.       | Par                       | RCGA / Golf Canada S                         | Slope                   | Rati                     | ng                    | Typical Weekend Fee   | )                                      |  |  |  |
| Championship                          | hampionship        |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Regulation                            |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Executive                             | Executive          |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Par 3                                 |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| <b>FACILITIES INF</b>                 | ORMA               | ATION     |                           |  |                         |                          |                       |                       |  |  |  |  |
| * Check Where                         | approp             | oriate    |                           | Area (Sf)                                    |                         |                          |                       |                       |  |  |  |  |
| Clubhouse                             |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Maintenance Garage(s)                 |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Golf Cart Storage Building (s)        |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Health Club                           |                    | Club      |                           | Banquet Faci                                 | lities                  |                          |                       | Other:                |  |  |  |  |
| Dining Room                           |                    |           | •                         | Shop   | -                       |                          |                       |                       |  |  |  |  |
| Lounge / Bar                          |                    |           | Driving R                 | ange   |                         |                          |                       |                       |  |  |  |  |
| Tennis Courts                         |                    |           |                           | Lockers                                      |                         |                          |                       |                       |  |  |  |  |
| Return ALL PAG                        | GES to I           | PVSC b    | y ema                     | il, mail and/or fax:                         | Con                     | tact                     | PVS                   | C regarding any que   | estions or information:                |  |  |  |
| Email: inquiry@pvsc.ca                |                    |           |                           | Phone:                                       |                         |                          | Within North America) |                       |  |  |  |  |
|                                       |                    |           | 55 (Within North America) |  |                         |                          |                       | 1-902-893-5800 (      | 1-902-893-5800 (Outside North America) |  |  |  |
|                                       | 1-902-893-6101 (Ou |           |                           | tside North America) We                      |                         | Vebsite:                 |                       | www.pvsc.ca           |  |  |  |  |
| Mail:                                 | Suite 6            | 5, 15 Arl | ington                    | Place  |                         |                          |                       |                       |  |  |  |  |
|                                       | Truro, NS B2N 0G9  |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| ***OFFICE USE ONLY***                 |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |
| Date Received:                        |                    |           |                           | Date Scanned:                                | D                       |                          |                       | ate Logged:           | Date Input:                            |  |  |  |
|                                       |                    |           |                           |  |                         |                          |                       |                       |  |  |  |  |



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\*Information for year ending December 31, 2023\* Page 2 of 2

| Main Assessment Account Number: «AAN»  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
|--|--|--------|-------------------|-----------|---|------------|--|--|--|--|--|--|--|
| FINANCIAL INFORMATION for fiscal period ending (DD/MM/YYYY):   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| REVENUES   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Green Fees   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Membership Dues  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Initiation & Transfer Fees   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Other Club / Locker Revenues   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Gross Sale Revenue (Pro Shop, Restaurant, etc.)  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Commercial Rents (If Applicable)   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| (Specify Leased Space - Restaurant, Pro Shop, etc.)  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Events - Weddings, etc. (including catering if not included in restaurant revenue)                                   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Revenue  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| GROSS SALES  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Restaurant / Lounge / Concessions  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Pro Shop   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Driving Range  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Golf Cart  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Other  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Gross Sales  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| EXPENSES   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Maintenance & Operations   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Management, Admin. & Marketing   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Water  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Heat and Utilities   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Property Insurance (12 months)   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Other Expense (Specify)  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Total Operating Expenses   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Property Taxes   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| NET OPERATING INCOME   |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Identify Major Renovations or Capita   | l Expenditures                                 |        |                   |           |   |            |  |  |  |  |  |  |  |
| Have there been Capital Improvements o   | -  | mplete | ed during         | Yes [ ]   |   | No [ ]     |  |  |  |  |  |  |  |
| this reporting period? If yes, please specific   | •  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Item 1:  | <u>,                                      </u> | Asso   | ciated Cost:      |           |   |            |  |  |  |  |  |  |  |
| Item 2:  |  |        | ssociated Cost:   |           |   |            |  |  |  |  |  |  |  |
| Please attach a detailed list if space provi   | ded is insufficient.                           |        | tal Capital Cost: |           |   |            |  |  |  |  |  |  |  |
| CERTIFICATION: As per my signature below, I certify that all information, accompanying schedules and statements have |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| been reviewed by me and to the best of my knowledge and belief are true, correct and complete.                       |  |        |                   |           |   |            |  |  |  |  |  |  |  |
| Name (Please Print)  | Position                                       |        |                   | wner / En |   |            |  |  |  |  |  |  |  |
| ,  |  |        |                   |           |   | nt Company |  |  |  |  |  |  |  |
|  |  |        |                   |           | _ | . ,        |  |  |  |  |  |  |  |
| Signature and Email of Signatory   | Phone  |        | Date (DD/N        | 1M/YYYY)  |   |            |  |  |  |  |  |  |  |
|  |  |        |                   |           |   |            |  |  |  |  |  |  |  |
|  |  |        |                   |           |   |            |  |  |  |  |  |  |  |