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Department of the Treasur

Internal Revenue Service

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 security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www IRS gov/form990

DLN: 93493134028009 OMB No 1545-0047

Inspection

For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization D Employer identification number B Check if applicable THE PROFESSIONAL GOLFERS ASSOC ☐ Address change OF AMERICA 59-0785835 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) PO BOX 109601 ☐ Application pending (561) 624-8400 City or town, state or province, country, and ZIP or foreign postal code PALM BEACH GARDENS, FL $\,$ 334109601 G Gross receipts \$ 99,745,809 Name and address of principal officer H(a) Is this a group return for PETE BEVACQUA □Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status 501(c)(3) \checkmark 4947(a)(1) or 501(c) (6) **◄** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ J Website: ▶ L Year of formation 1916 M State of legal domicile FL K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE THE ENJOYMENT & INVOLVEMENT IN THE GAME AND TO CONTRIBUTE TO THE GROWTH OF THE GOLF PROFESSIONAL AND THE GOLF INDUSTRY THE PGA WILL ACCOMPLISH THIS MISSION BY ENHANCING THE SKILLS OF GOLF PROFESSIONALS AND THE OPPORTUNITIES FOR AMATEURS, MANUFACTURERS, AND THE GENERAL PUBLIC AS A RESULT, THE PGA WILL ELEVATE THE STANDARDS Activities & Governance OF THE PROFESSIONAL GOLFERS' VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF, AND PROMOTE THE OVERALL VITALITY OF THE GAME Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 119 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 99 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) . . . 6 1,021 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 21,785 **b** Net unrelated business taxable income from Form 990-T, line 34 -9,090 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 115,420,686 76,919,746 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11,522,305 20,179,249 1,678,243 1,606,407 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 98,705,402 128,621,234 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 282,964 51.320 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 110,410,553 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 114.879.005 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 115,161,969 110,461,873 **19** Revenue less expenses Subtract line 18 from line 12 . . . 13,459,265 -11,756,471 Assets or defined by designation **Beginning of Current Year End of Year** 356,348,049 360,125,673 20 Total assets (Part X, line 16) . 83,719,358 101,821,031 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 272.628.691 258.304.642 Signature Block Under penalties of perjury, I declare that I have examined this return, included the second control of the se

knowledge and belief, it is true, correct, and complete. Declaration of prepa any knowledge

Signature of officer

RHONA AIME CFO Type or print name and title



Use Only

Sign Here

> Print/Type preparer's name RANDY M CLOUGH CPA Preparer's signature RANDY M CLOUGH CPA Firm's name THOMAS & CLOUGH CO PA Firm's address ► 1520 10TH AVE N STE C LAKE WORTH, FL 33460

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2017) | | | | Page 2 |
|-------------|---|---|--|--|------------------------------------|
| Par | t IIII Statement | t of Program Service Ac | complishments | | |
| | Check if Sch | edule O contains a response o | or note to any line in this Part III . | | 🗹 |
| 1 | Briefly describe the | organization's mission | | | |
| INDU AMA | JSTRY THE PGA WILL TEURS, MANUFACTUR | . ACCOMPLISH THIS MISSION ERS, AND THE GENERAL PUB | GAME AND TO CONTRIBUTE TO THE C BY ENHANCING THE SKILLS OF GOLF LIC AS A RESULT, THE PGA WILL ELE ME OF GOLF, AND PROMOTE THE OVE | PROFESSIONALS AND THE OI VATE THE STANDARDS OF TH | PPORTUNITIES FOR E PROFESSIONAL |
| 2 | - | • • | ogram services during the year which v | were not listed on | |
| | the prior Form 990 | | | | 🗌 Yes 🗹 No |
| | • | ese new services on Schedule | | | |
| 3 | - | 3 , | ignificant changes in how it conducts, | any program | |
| | | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe th | ese changes on Schedule O | | | |
| 4 | Section 501(c)(3) a | | mplishments for each of its three large e required to report the amount of gra service reported | | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | SEE THE THREE LARGE | ST PROGRAM SERVICE ACCOMPLI | SHMENTS NOTED ABOVE | | |
| 4d | | rices (Describe in Schedule O | • | | |
| | (Expenses \$ | ıncludıng | grants of \$ | (Revenue \$ |) |
| 4e | Total program ser | rvice expenses ▶ | | | |

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

Nο

No

No

Nο

No

Nο

No

No

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Nο

No

Nο

Nο

Nο

No

Nο

No

Nο

Form **990** (2017)

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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*

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11c

11d

11e

11f

12a

12b

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14a

14h

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Yes

Yes

Yes

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| Form 990 (2017) | | | | | | |
|---|-----|-----|----|--|--|--|
| Part IV Checklist of Required Schedules (continued) | | | | | | |
| | | Yes | No | | | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No | | | |

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,

24a 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20b 21

22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Yes

Yes

Yes

Yes

Form 990 (2017)

Yes

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Nο

Nο

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

| | t V Statements Regarding Other IRS Filings and Tax Compliance | | | Page 5 |
|-----|--|------------|---------------|----------------|
| Fal | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check if Schedule O Contains a response of flote to any line in this Part V | • | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 621 | | 103 | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| · | (gambling) winnings to prize winners? | 1c | | |
| 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 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| b | 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? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| h | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| _ | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | -50 | | |
| · | If les, to line 3a of 3b, did the organization me Form 8880-17 | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | 6a | | No |
| | solicit any contributions that were not tax deductible as charitable contributions? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | | 90 | | |
| | | 7a | | |
| а | 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? | /a | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | |
| | Form 8282? | 7 c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| • | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | | | |
| _ | 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during | | | |
| | the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| - | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | 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? Note. See the instructions for additional information the organization must report on Schedule O | 43- | | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in | 13a | | |
| J | which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | • | F | orm 99 | 0 (2017 |

| OHIII | 1 990 (2017) | | | Page c | | | |
|-------|---|---------------|-----------|---------------|--|--|--|
| Par | Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a | "No" respo | nse to li | nes | | | |
| | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | | | ✓ | | | |
| Se | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | |
| | ceton At Coverning Body and Flanagement | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 119 | | | | | |
| | 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 | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 99 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee? | er 2 | | No | | | |
| 3 | 3 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? | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Yes | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No | | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | | |
| 7a | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? | ore 7a | Yes | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following | by | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| b | Each committee with authority to act on behalf of the governing body? | . 8b | Yes | | | | |
| 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 | 9 | | No | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Rev | enue Code | ∍.) | | | | |
| | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | |
| Ь | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes? | s, 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ne 11a | | No | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t conflicts? | 0 12b | Yes | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | it | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | |
| | 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 taxable entity during the year? | 16a | | No | | | |
| Ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem status with respect to such arrangements? | | | | | | |
| Se | ection C. Disclosure | 100 | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you made these available. Check all that apply | nly) | | | | | |
| | Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records THE CONTROLLER 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418 (561) 624-8400 | | | | | | |

| orm 990 (2 | 2017) | | | | | | | | | | Page 7 |
|--------------|--|---|--|-----------------------|-------------------------|--|--|--------|------------------------|---------------------|--|
| Part VII | Compensation of Officers and Independent Contra | | Truste | es, | Key | En | ploy | ees | , Highest Comp | ensated Employ | rees, |
| | Check if Schedule O contains a | | | | | | | | | | <u> </u> |
| Section | A. Officers, Directors, Tru | istees, Key E | mploy | ees | , an | d H | lighe | st C | Compensated En | nployees | |
| ear . | e this table for all persons require | | · | · | | | | | | | - |
| of compensa | of the organization's current off ation Enter -0- in columns (D), (| E), and (F) if no | compe | nsatı | on w | /as p | paid | | | - | |
| | of the organization's current key | . , , | , | | | | | | , , , | | |
| vho receive | organization's five current high d reportable compensation (Box i and any related organizations | | | | | | | | | | |
| | of the organization's former office e compensation from the organiz | | | | | | pensat | ed e | employees who rece | ived more than \$10 | 0,000 |
| | of the organization's former dire 1, more than \$10,000 of reportab | | | | | | | | | | • |
| ompensate | in the following order individuald employees, and former such p | ersons | | | | | | | | , - | |
| ☐ Check t | his box if neither the organizatio | n nor any relate | d organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee | |
| | (A) Name and Title | (B) Average hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (2/1009 MISC | | Reportable compensation | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and | | | | |
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | MISC) | organization and related organizations |
| See Addition | al Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |

724 W LANCASTER AVE WAYNE, PA 19087

compensation from the organization ▶ 10

Page **8**

| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo | ox, u an off tor/t | ot che unles fficer trust | | rson a | (D) Reportable compensatio from the organization (| portable Reportable compensation from related | | w- | (F) Estimated amount of other compensation from the organization and | | |
|-----------------|--|--|--|-----------------------|--------------------------|------------------------------------|---|-----------|---|---|--|----------|--|---------|--|
| | | organizations below dotted line) | | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/ 1033-11130 | -) | 2/1035-11150 | , | relate organiza | ed | |
| See / | Additional Data Table | | | \top | \vdash | | | \top | | | | \top | | | |
| | | | | \vdash | \vdash | \vdash | | + | | | | \top | | | |
| | | | | \vdash | \vdash | † | | + | | | | \top | | | |
| | | | | + | \vdash | \vdash | + | +- | | | | \dashv | | | |
| | | | | + | \vdash | \vdash | + | +-' | | | | \dashv | | | |
| | | | | + | \vdash | \vdash | | +- | | | | \dashv | | | |
| | | | | + | \vdash | + | + | +- | | | | + | | | |
| | | | | + | \vdash | \vdash | + | +-' | | | | + | | | |
| | | - | | + | \vdash | + | + | +-' | | | | \dashv | | | |
| | | | + | + | \vdash | \vdash | + | +-' | | | <u> </u> | \dashv | | | |
| 1b 5 | Sub-Total | | <u> </u> | <u> </u> | \perp | <u></u> | ▶ | Щ' | | | | 十 | | | |
| c T | otal from continuation sheets to Pa | art VII, Section | on A. | | | | • | | | 二 | 7.044.26 | # | | | |
| d_ <u>T</u> | Total (add lines 1b and 1c) Total number of individuals (including | | | | | | (e) who | | more that | <u> </u> - ¢1 | 7,941,38 | 1 | | 592,091 | |
| _ | of reportable compensation from the | | to thos | e nsc | eu a | Dov | e) wiio |) [= 0. | elvea more ma. |) Þ. | 30,000 | | | | |
| | | | | | | | | | | | | _ | Yes | No | |
| 3 | Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i> | | | :ee, k | ey e | mplo • | oyee, | or hi | ghest compensa | ated • | employee on | 3 | | No | |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | 1 the | | | | |
| _ | | | | · | · | | ···nrol | · · · | | • · | | 4 | Yes | | |
| 5 | Did any person listed on line 1a receive services rendered to the organization | n?If "Yes," compl | | | | | | | | Inui | viduai for | 5 | | No | |
| Se 1 | ction B. Independent Contract Complete this table for your five high | | | | | | actors | that | received more | +har | #100 000 of cor | | | | |
| | from the organization Report comper | nsation for the c | | | | | | | | | n's tax year | libe | | | |
| <u> </u> | | (A) and business addre | ess | | | | | | | | (B) ription of services | | (C Compen | sation | |
| | SEN SPORTS AMERICA LLC | | | | | | | | BROAD | CAST | SVCS | | | 322,543 | |
| CHICA | S EXPEDITE WAY AGO, IL 60695 | | | | | | | | | | | | | | |
| | S UNITED LLC | | | | | | | | CREATI | VE S | vcs | | | 257,720 | |
| DECAT | IEW ST TUR, GA 30030 | | | | | | | | | | | | | | |
| | R J RYAN CONSULTING | | | | | | | | CONSU | LTING | G SVCS | | | 250,000 | |
| VANCO | 5 NE 42ND AVE OVER, WA 98686 | | | | | | | | | | | | | | |
| | DYERS ALLIANCE IV LLC | | | | | | | | TEMP L | ABOR | ₹ SVCS | | | 168,203 | |
| TAMPA | L TELECOM DR SUITE 100 A, FL 33637 | | | | | | | | | | | | | | |
| BLUEG | GOLF LLC | | | | | | | | CONSU | LTING | G SVCS | | | 167,494 | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | VIII Statement of Reven | ue | | | | | | Page 9 |
|---|--|---------------|-------------------------|-----------------------------|------------------------|-----------------------|---|--|
| | Check if Schedule O cont | | nse or note to any l | ine in this Part V | ш | | | 🗆 |
| | | | | (A) Total revenue | exe func | ed or mpt tion | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1a Federated campaigns | 1a | | | reve | enue | | 512-514 |
| ints | b Membership dues | 1b | | | | | | |
| Gra | c Fundraising events | 1c | | | | | | |
| fts. | d Related organizations | 1d | | | | | | |
| | e Government grants (contribution | ns) 1e | | | | | | |
| Sin | f All other contributions, gifts, gra and similar amounts not include | a I I | | | | | | |
| ributions, Gifts, Grants Other Similar Amounts | above | 11 | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contributions inclu- in lines 1a-1f \$ | | | | | | | |
| Cont | h Total.Add lines 1a-1f | | • | | | | | |
| <u> </u> | Ī | | Business | Code | | | | |
| ¥. | 2a TOURNAMENT REVENUE | | | | ,394,169 | 66,394,16 | | |
| oŽ Ž | b EDUCATION REVENUE c MEMBERSHIP DUES & ASSESSME | NTC | - | | 2,642,734 2,570,527 | 7,642,73- 2,570,52 | | |
| Ž. | d growth of the game | 1115 | | 900099 | 296,742 | 296,74 | | |
| ď | e EDUCATION MATERIALS | | | 611620 | 15,574 | 15,57 | 1 | |
| Program Service Revenue | f All other program service rev | renue | | | | | | |
| ě | gTotal.Add lines 2a-2f | | 7 6,9 | 19,746 | | | | |
| | 3 Investment income (including | | nterest, and other | 5,422,5 | :22 | | 58,906 | 5,363,627 |
| | similar amounts) | | ond proceeds | 5,422,5 | .55 | | | 3,303,027 |
| | 5 Royalties | • | | 1,201,8 | 04 | | | 1,201,804 |
| | (1) |) Real | (II) Personal | | | | | |
| | 6a Gross rents | 967,575 | | | | | | |
| | b Less rental expenses | 1,040,407 | | | | | | |
| | c Rental income or | -72,832 | | | | | | |
| | (loss) | · | | | | | | |
| | d Net rental income or (loss) | ecurities | (II) Other | -72,8 | 32 | | -72,832 | |
| | 7a Gross amount from sales of assets other than inventory | 14,756,716 | (ii) Other | | | | | |
| | b Less cost or other basis and sales expenses | 14,756,716 | | | | | | |
| | d Net gain or (loss) | , , | • | 14,756,7 | 16 | | | 14,756,716 |
| Other Revenue | 8a Gross income from fundraisin (not including \$ contributions reported on line | of e 1c) | | | | | | |
| eve | See Part IV, line 18 b Less direct expenses | ļ | | | | | | |
| er F | c Net income or (loss) from fur | L | ents | | | | | |
| oth | 9a Gross income from gaming as See Part IV, line 19 | | | | | | | |
| | b Less direct expenses | a . b | | | | | | |
| | c Net income or (loss) from ga | L | es > | | | | | |
| | 10aGross sales of inventory, less returns and allowances . | | | | | | | |
| | b Less cost of goods sold . | . ь | | | | | | |
| | Net income or (loss) from sal | | | | | | | |
| | Miscellaneous Revenue 11aOTHER SPONSOR REVENUE | 2 | Business Code 711320 | 441,7 | '24 | | | 441,724 |
| | | | 71122 | | 25 | | | · |
| | b other sponsor revenue | | 711300 | 18,6 | 333 | | 18,635 | |
| | c ADVERTISING REVENUE | | 541800 | 17,0 | 76 | | 17,076 | |
| | d All other revenue e Total. Add lines 11a-11d . | | k . | | | | | |
| | | | • | 477,4 | 35 | | | |
| | 12 Total revenue. See Instruct | 10115 | • • • • | 98,705,4 | 02 | 76,919,746 | 21,785 | 21,763,871 Form 990 (2017) |

| orm | 990 (2017) | | | | Page 10 |
|-------------|---|-----------------------|------------------------------|---|----------------------------|
| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all col | lumns All other orga | nizations must comp | olete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | 🗹 |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 51,320 | | | |
| | Grants and other assistance to domestic individuals See Part V, line 22 | | | | |
| g | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 E | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, trustees, and key employees | | | | |
| | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 (| Other salaries and wages | | | | |
| (| Pension plan accruals and contributions (include section 401 k) and 403(b) employer contributions) | | | | |
| 9 (| Other employee benefits | | | | |
| 10 F | Payroll taxes | | | | |
| 11 F | Fees for services (non-employees) | | | | |
| a l | Management | 50,930,257 | | | |
| ЬL | .egal | | | | |
| c A | Accounting | | | | |
| d L | obbying | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | |
| | nvestment management fees | | | | |
| g (| Other (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule O) | 24,022,004 | | | |
| 12 / | Advertising and promotion | 11,453,663 | | | |
| 13 (| Office expenses | 724,350 | | | |
| 14 I | information technology | | | | |
| 15 F | Royalties | | | | |
| | Cocupancy | 979,571 | | | |
| | Fravel | 5,074,644 | | | |
| 18 F | Payments of travel or entertainment expenses for any ederal, state, or local public officials | -,, | | | |
| | Conferences, conventions, and meetings | 3,466,577 | | | |
| | Interest | 261,866 | | | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 998,040 | | | |
| | Insurance | 330,010 | | | |
| 24 (| Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | SECTION SERVICES | 7,777,409 | | | |
| b | TOURNAMENT PRIZES | 3,394,023 | | | |
| c | SUPPLIES | 898,382 | | | |
| d | TAXES & LICENSES | 386,459 | | | |
| e | All other expenses | 43,308 | | | |
| 25 T | Fotal functional expenses. Add lines 1 through 24e | 110,461,873 | 0 | 0 | 0 |
| r | loint costs. Complete this line only if the organization eported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2017)

11

12

13

14

34

216,837,110

128,578,406

360,125,673

Form **990** (2017)

(B)

End of year

Page **11**

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

Investments—publicly traded securities .

Intangible assets . .

Investments—other securities See Part IV, line 11 .

Total liabilities and net assets/fund balances

Investments-program-related See Part IV, line 11

| 1 | Cash-non-interest-bearing | | 1 | |
|---|--|------------|---|---------|
| 2 | Savings and temporary cash investments | 10,095,624 | 2 | 2,776,6 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable net | 3 059 170 | 4 | 2 657 3 |

(A) Beginning of year

209,681,827

124,579,988

11

12

13 14

34

356,348,049

| 3 | Pledges and grants receivable, net | | 3 | |
|---|--|-----------|---|---------|
| 4 | Accounts receivable, net | 3,059,170 | 4 | 2,657,3 |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under | | | |

| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
|-----|---|--|-------|---|--------|
| ۷, | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| ete | 7 | Notes and loans receivable, net | | 7 | |
| 8 | 8 | Inventories for sale or use | 4.243 | 8 | 11,044 |

| | | II of Schedule L | | | | | |
|----|-----|--|-----|------------|-----------|-----------|-----------|
| S | 6 | Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L | | 6 | | | |
| et | 7 | Notes and loans receivable, net | | 7 | | | |
| SS | 8 | Inventories for sale or use | | 4,243 | 8 | 11,044 | |
| A | 9 | Prepaid expenses and deferred charges | | 2,729,754 | 9 | 3,898,176 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 24,968,667 | | | |
| | ь | Less accumulated depreciation | 10b | 19,601,754 | 6,197,443 | 10c | 5,366,913 |

| | 15 | Other assets See Part IV, line 11 | | 15 | |
|---|----|--|-------------|----|-------------|
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | 356,348,049 | 16 | 360,125,673 |
| | 17 | Accounts payable and accrued expenses | 16,505,715 | 17 | 21,803,495 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 29,571,093 | 19 | 38,026,796 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |

| Š. | | Estron of custodial account habitely complete furt IV of schedule b | | | |
|-----------|----|---|------------|----|------------|
| iabilitie | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| <u> </u> | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 3,495,957 | 23 | 2,928,488 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 34,146,593 | 25 | 39,062,252 |

| dei | | persons Complete Part II of Schedule L | | 22 | |
|-----|----|---|------------|----|-------------|
| | 23 | Secured mortgages and notes payable to unrelated third parties | 3,495,957 | 23 | 2,928,488 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 34,146,593 | 25 | 39,062,252 |
| | 26 | Total liabilities. Add lines 17 through 25 | 83,719,358 | 26 | 101,821,031 |
| seo | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. | | | |

| | 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 Total liabilities.Add lines 17 through 25 | 34,146,593 83,719,358 | | 39,062,252 101,821,031 |
|--------|----|---|--------------------------|----|---------------------------|
| lances | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 272,628,691 | 27 | 258,304,642 |
| _ | I | | | | |

| Bal | 28 | Temporarily restricted net assets | | 28 | |
|------|----|---|-------------|----|-------------|
| 덛 | 29 | Permanently restricted net assets | | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 958), | | | |
| s or | 30 | check here ► □ and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| sets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| et | 33 | Total net assets or fund balances | 272,628,691 | 33 | 258,304,642 |
| Z | 24 | Total link litera and not specta from the language | 356 349 040 | 24 | 360 125 673 |

Page **12**

272,628,691

-12,338,796

258,304,642

No

No

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

7

8

9

10

9,771,218

| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 98,705,402 |
|---|---|---|-------------|
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 110,461,873 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -11,756,471 |

☐ Cash ☑ Accrual ☐ Other

Both consolidated and separate basis

Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

5 Donated services and use of facilities .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Form 990 (2017)

Part XII

Schedule O

Investment expenses . . .

Prior period adjustments . . .

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

☐ Separate basis

Other changes in net assets or fund balances (explain in Schedule O) .

Financial Statements and Reporting

Additional Data

Software ID:

Software Version:

EIN: 59-0785835 Name: THE PROFESSIONAL GOLFERS ASSOC

OF AMERICA

Form 990 (2017)

Form 990, Part III, Line 4a: GOLF TOURNAMENTS AS PART OF THE PGA'S MISSION TO PROMOTE THE GAME OF GOLF. WE OVERSEE MANY GOLF TOURNAMENTS TO ENCOURAGE PARTICIPATION IN THE GAME SOME OF THESE EVENTS ARE BROADCAST ON NATIONAL AND INTERNATIONAL TELEVISION, GENERATING INTEREST IN GOLF AND PROMOTING THE GROWTH OF THE GAME

Form 990, Part III, Line 4b: EDUCATION GOLF PROFESSIONALS ARE THE FOUNDATION OF GOLF THE PROFESSIONALS ARE EXPERT INSTRUCTORS. SKILLED BUSINESSPERSONS. AND COMMUNITY LEADERS WHO HELP PROVIDE AFFORDABLE AND ACCESSIBLE GOLE TO EVERYONE EVERYWHERE. THE PGA PROVIDES EXTENSIVE EDUCATIONAL PROGRAMS TO ENSURE

THAT THEY WILL REMAIN AT THE FOREFRONT OF THE GAME - PROVIDING ENJOYMENT TO MILLIONS OF GOLFERS - FOR GENERATIONS TO COME

Form 990, Part III, Line 4c: SECTION BUSINESS OPERATIONS ASSISTS THE VARIOUS SECTION OFFICES OF THE PGA BY DEFINING GOALS AND DEVELOPING SOLUTIONS IN THE AREA OF COMMON

CONCERN

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other person is both an officer from the week (list from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | any hours | and | a dır | ecto | | ustee) |) | organization | organizations | from the |
|----------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| PAUL LEVY | 4 00 | х | | х | | | | 0 | 120,218 | 0 |
| PRESIDENT | 6 00 | | | | | | | | | _ |
| SUZY WHALEY | 4 00 | × | | x | | | | 0 | 39,690 | 0 |
| VICE PRESIDE | 6 00 | | | ^ | | | | | 35,030 | |
| DEREK SPRAGUE | 4 00 | х | | x | | | | 0 | 38,651 | 0 |
| HON PRESIDEN | 6 00 | | | ^ | | | | | 33,031 | |
| SCOTT ASHWORTH | 1 00 | × | | | | | | 0 | 26,845 | 0 |
| DISTRICT DIR | 4 00 | | | | | | | ١ | 20,843 | |
| JIM RICHERSON | 4 00 | × | | × | | | | 0 | 18,946 | 0 |
| | | ı ., l | | ı ^` | ı | ı 1 | i | ľ | 1 20,5,0 | ı |

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5,504

4,577

4,396

3,585

3,413

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| HON PRESIDEN |
|----------------|
| SCOTT ASHWORTH |
| DISTRICT DIR |
| JIM RICHERSON |
| SECRETARY |

GLENN LEE

DISTRICT DIR

RANDY HUNT

......

DISTRICT DIR

JOHN LINDERT

DISTRICT DIR

DISTRICT DIR

JIM DORMAN

DISTRICT DIR

KELLY WILLIAMS

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DISTRICT DIR

STEVEN ALOI

DISTRICT DIR

DISTRICT DIR

TONY PANCAKE

DISTRICT DIR

SETH WAUGH

CHRISTOPHER LIEDEL

INDEP DIR

INDEP DIR

DAVID SCHNEIDER

.......

| | any nours | and | a dir | ecto | JE/TE | rustee) | , , | organization | organizations | from the |
|------------------------------------|---|-----|-----------------------|---------|-------|------------------------------|--------|------------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | lΣ | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| PATRICK RICHARDSON DISTRICT DIR | 1 00 | × | | | | | | 0 | 3,246 | 0 |
| TOM HENDERSON DISTRICT DIR | 1 00 4 00 | × | | | | | | 0 | 2,472 | 0 |
| NOEL GEBAUER | 1 00 | х | | | | | | 0 | 2,284 | 0 |

| DISTRICT DIR | 4 00 | ^ | | | | | 3 | 2,172 | | |
|--------------|------|-----|---|---|----|--|-----|-------|--|--|
| NOEL GEBAUER | 1 00 | l 🗸 | | | | | 0 | 2,284 | | |
| DISTRICT DIR | 4 00 | _ ^ | | | | | 3 | 2,204 | | |
| DON REA JR | 1 00 | × | | | | | 0 | 2,185 | | |
| DISTRICT DIR | 4 00 | | | | | | 7 | 2,103 | | |
| RON RAWLS | 1 00 | _ | | | | | 0 | 1,476 | | |
| | | | ı | I | ıl | | l o | 1,4/0 | | |

1,410

1,115

0

0

0

4 00 1 00

4 00 1 00

4 00 1 00

4 00 1 00

4 00 1 00

4 00

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......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

CMO

CCO

CFO

CRO

JEFFERY PRICE

RHONA AIME

KEVIN RING

HENRY SMOKLER

GENERAL COUN

SR DIRECTOR

MICHAEL QUIRK JR

| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|-------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| DAVIS LOVE III | 1 00 | Х | | | | | | 0 | 0 | 0 |
| PLAYER DIR | 4 00 | | | | | | | | | |
| PETE BEVACQUA | 25 00 | | | x | | | | 0 | 1,993,413 | 57,673 |
| CEO | 15 00 | | | | | | | | 1,555,115 | 37,073 |
| DARRELL CRALL COO | 38 00 | | | x | | | | 0 | 968,885 | 54,992 |
| | 2 00 | l | I | ı | ı | i l | ı | I | | |

Χ

Х

Х

Χ

Χ

58,818

25,262

49,568

54,193

65,210

60,964

52,806

0

742,562

567,149

511,676

558,314

480,946

343,453

| CEO | 15 00 | | * | | , | 1,555,115 | |
|------------------|-------|--|-----|--|---|-----------|---|
| DARRELL CRALL | 38 00 | | _ | | 0 | 968.885 | ĺ |
| C00 | 2 00 | | < | | 0 | 900,003 | |
| KERRY HAIGH | 10 00 | | \ \ | | | 075 120 | ĺ |
| ссо | 30 00 | | Χ | | 0 | 875,129 | |
| JOHN EASTERBROOK | 25 00 | | | | | | Ī |

15 00 20 00

20 00 19 00

21 00 10 00

30 00 25 00

15 00 5 00

35 00

......

and Independent Contractors (A) Name and Title

JULIUS MASON

SR DIRECTOR CASEY MORTON

SR DIRECTOR

| hours per week (list any hours for related organizations below dotted line) |
|---|
| 20 C |
| 20 0 |
| 20 0 |
| |

(B)

Average

| ers | on is | both | n an | nless office ustee) | |
|-------------------|-----------------------|---------|--------------|------------------------------|--|
| indradual trustee | Institutional Trustee | Officer | key employee | Highest compensated employee | |
| | | | | Х | |
| | | | | Х | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

20 00

(C)

| pers | n (do in on on is a dir | e bo both | er | Reportable compensation from the organization | | |
|-----------------------------------|----------------------------------|--------------|--------------|---|--------|-----------------------|
| Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | compensation from the |
| | | | | х | | 0 |
| | | | | х | | 0 |

(D)



(E)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

57,351

55,254

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

DLN: 93493134028009

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶ 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) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

| | Section 527 organizations Comple e organization answered "Yes" (| ete Part I-A only on Form 990, Part IV, Line 4, or Form 9 | 990-EZ. Part VI. lır | ne 47 (Lobi | bvina Activiti | ies), then | | |
|------|---|---|---|---------------------------------|--|---|---|-----------------------------------|
| • 5 | Section 501(c)(3) organizations th | at have filed Form 5768 (election under s | section 501(h)) Co | omplete Pai | rt II-A Do not | complete Par | | |
| | | at have NOT filed Form 5768 (election u on Form 990, Part IV, Line 5 (Proxy Ta | | | | | | |
| | xy Tax) (see separate instructio | | x) (see separate i | iiisti uctioii | s) or Form 3 | 50-LZ, Fait v | , illie oc | ,,, |
| | Section 501(c)(4), (5), or (6) organ | izations Complete Part III | | | | | | |
| THE | me of the organization E PROFESSIONAL GOLFERS ASSOC | | | | Employer id | entification | numbei | r |
| | AMERICA | | | | 59-0785835 | | | |
| | | anization is exempt under section | | | | | | |
| 1 | Provide a description of the orga "political campaign activities") | anization's direct and indirect political cai | mpaign activities ir | n Part IV (s | ee instruction: | s for definitio | n of | |
| 2 | Political campaign activity exper | nditures (see instructions) | | | > | \$ | | |
| 3 | | paign activities (see instructions) | 504(-)(2) | | | | | |
| | • | anization is exempt under section | . , , , | | | | | |
| 1 | Enter the amount of any excise | | ▶ | \$ | | | | |
| 2 | Enter the amount of any excise | i | • | \$ | | | | |
| 3 | If the organization incurred a se | ction 4955 tax, did it file Form 4720 for | tnis year? | | | ☐ Y | es L | ∟ No |
| 4a | Was a correction made? | | | | | □ Y | es [| □No |
| b | If "Yes," describe in Part IV | | | | | | | |
| | | anization is exempt under section | | - | | 3). | | |
| 1 | · | ded by the filing organization for section | • | | | \$ | | |
| 2 | Enter the amount of the filing or function activities | ganization's funds contributed to other o | organizations for se | ection 527 (| exempt • | \$ | | |
| 3 | Total exempt function expenditu | ires Add lines 1 and 2 Enter here and o | n Form 1120-POL, | line 17b | > | \$ | | |
| 4 | Did the filing organization file Fo | orm 1120-POL for this year? | | | | | es [| □No |
| 5 | organization made payments Fo of political contributions receive | employer identification number (EIN) or or each organization listed, enter the am d that were promptly and directly deliver tee (PAC) If additional space is needed, | ount paid from the red to a separate p | e filing orga political orga | nızatıon's fund anızatıon, sucl | hich the filing ds Also enter | g r the am | |
| | (a) Name | (b) Address | (c) EIN | filing o | ount paid from rganization's (f none, enter -0- | contribu and pi directly separ organiza | ount of positions recomptly delivered attempts atteined attempts. | ceived and ed to a cical |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 1 | | | | | | | | |
| 5 | | | | | | | | |
| 5 | | | | | | | | |
| or P | Paperwork Reduction Act Notice, see | the instructions for Form 990 or 990-EZ. | Cat | No 50084S | Schedule (| C (Form 990 o | r 990-EZ | <u>') 2017</u> |

| d | Other exempt purpose expenditures | | | | | | | | | | |
|----------|--|---|------------|--------------|--|--|--|--|--|--|--|
| е | Total exempt purpose expenditures (add lines 1c and | d 1d) | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from columns | | | | | | | | | | |
| | If the amount on line 1e, column (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 \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess 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 line 1a If zero or less, enter - |)- | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0 | - | | | | | | | | | |
| j | If there is an amount other than zero on either line section 4911 tax for this year? | 0 reporting | ☐ Yes ☐ No | | | | | | | | |
| | | | | | | | | | | | |
| | | veraging Period Under section 501(h) | | - 6 : | | | | | | | |

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (d) 2017 (a) 2014 **(b)** 2015 (c) 2016 (e) Total beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount

(150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017 Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Other activities?

Total Add lines 1c through 1i

501(c)(6).

1

2a

1

2

1

2

c Total

Part IV

3

Current year

Carryover from last year

Return Reference

Part III-A

(b)

Amount

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying Yes 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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

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

Explanation

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

No

(a)

Yes

1

2

1

2a

2b

2c

3

4 5 No

Nο

No

Nο

2,419,502

193,840

262.324

241,950

20,374

68,484

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

b If "Yes," enter the amount of any tax incurred under section 4912

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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? Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990EZ) 2017

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

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.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

6

8

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection **Employer identification number** ☐ Yes ☐ No ☐ Yes ☐ No

DLN: 93493134028009

THE PROFESSIONAL GOLFERS ASSOC OF AMERICA 59-0785835 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

d Equipment .

| Sche | dule D (| (Form 990) 2017 | | | | | | | | | | | Page 2 |
|------------|------------------|--|----------------------------------|------------------------------|---------------|----------------------|----------|------------|--------------|--------------|--------------|--------------|---------------|
| Par | t III | Organizations M | aintaining Col | lections of | Art, His | torical T | Treas | ures, o | r Other | Similar A | ssets (| continue | d) |
| 3 | | the organization's acq (check all that apply) | juisition, accessior | n, and other r | ecords, ch | eck any o | f the fo | ollowing | that are a | significant | use of it | s collection | on |
| а | | Public exhibition | | | | d 🗌 | Loar | or exch | ange prog | grams | | | |
| b | | Scholarly research | | | | е 🗌 | Othe | er | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provid Part X | le a description of the | organization's col | lections and e | explain hov | they fur | ther th | e organi | zation's e | xempt purpo | ose in | | |
| 5 | | g the year, did the org s to be sold to raise fui | | | | | | | | nılar | □ Ye | es 🗆 | No |
| Pa | rt IV | Escrow and Cust Complete if the or X, line 21. | odial Arrange ganization answ | ments. vered "Yes" | on Form | 990, Par | t IV, I | ıne 9, o | r reporte | ed an amo | unt on ' | Form 99 | 0, Part |
| 1a | | organization an agent ed on Form 990, Part | | an or other in | itermediary | for cont | rıbutıor | ns or oth | er assets | not | □ Y € | es 🗆 | No |
| b | If "Ye | s," explain the arrange | ement in Part XIII | and complet | e the follow | una table | | | | | Amount | | |
| c | | ning balance | emene mi rate XIII | and complet | c the follow | villy cable | • | | 1c | <u> </u> | | | |
| d | _ | ons during the year | | | | | | | 1d | | | | |
| е | | outions during the year | r | | | | | | 1e | | | | |
| f | | g balance | | | | | | | 1f | | | | |
| 2a | Did th | - ie organization include | an amount on Fo | rm 990, Part | X, line 21, | for escro | w or cu | ustodial a | account li | ability? | | es [| No |
| b | If "Yes | s," explain the arrange | ment in Part VIII | Check here | if the evola | nation h | ec haar | nrovide | ıd ın Part i | YIII | | | 7 |
| | rt V | Endowment Fun | | | | | | | | | | | |
| | | | asi complete ii | (a)Current | | (b) Prior ye | | | | (d)Three ye | | (e)Four | years back |
| 1 a | Beginni | ng of year balance . | | | | | | | | | | | |
| b | Contrib | utions | | | | | | | | | | | |
| c | Net inv | estment earnings, gair | ns, and losses | | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | | | |
| е | | expenditures for facilities | es | | | | | | | | | | |
| f | Adminis | strative expenses . | | | | | | | | | | | |
| g | End of | year balance | | | | | | | | | | | |
| 2 | Provid | le the estimated perce | ntage of the curre | ent year end l | palance (lir | ie 1g, col | umn (a | i)) held a | s | | | | |
| а | Board | designated or quasi-e | ndowment 🟲 | | | | | | | | | | |
| b | Perma | nent endowment 🕨 | | | | | | | | | | | |
| С | Tempo | orarily restricted endo | wment > | | | | | | | | | | |
| | The pe | ercentages on lines 2a | , 2b, and 2c shou | ld equal 1009 | % | | | | | | | | |
| 3а | organ | iere endowment funds ization by | not in the posses | sion of the or | ganızatıon | that are | held ar | nd admin | istered fo | r the | _ | Υe | es No |
| | • • | related organizations | | | | | | | | | _ | a(i) | |
| h | | elated organizations . s" on 3a(ii), are the re | | · · · | | | D2 | | | | | a(ii) 3b | |
| 4 | | ibe in Part XIII the inte | _ | | , | | | | | | ' ∟ | 30 | |
| | rt VI | Land, Buildings, | | | | | | | | | | | |
| | | Complete of the or | | | on Form | 990, Par | t IV, I | ıne 11a | . See Fo | rm 990, Pa | art X, In | ne 10. | |
| | Descri | ption of property | (a) Cost or oth (investme | | (b) Cost or o | ther basis | (other) | (c) Acc | cumulated o | depreciation | | (d) Book v | alue |
| | | | (| <u> </u> | | | | | | | | | |
| | Land | | | | | | 400,078 | + | | 7.440.60= | | | 400,078 |
| | Building | - | | | | 10, | 967,259 | <u> </u> | | 7,412,687 | | | 3,554,572 |
| С | Leaseh | old improvements | I | | | | | 1 | | | 1 | | |

12,732,979

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

868,351

1,350,518

5,366,913

61,745

11,382,461

806,606

| Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12. | anızatıon answei | ed "Yes" on Form 99 | 0, Part IV, line 11b. |
|--|---------------------|----------------------------|---------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | od of valuation -year market value |
| (1) Financial derivatives | 128,578,406 | | C |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 128,578,406 | | |
| Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | | | |
| (a) Description of investment | (b) Book value | | od of valuation -year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' or the organization and the organiza | on Form 990, Part | IV, line 11d See Form 9 | 990, Part X, line 15 |
| (1) Description | | | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | > |
| Part X Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. | red 'Yes' on Form | n 990, Part IV, line 1: | 1e or 11f. |
| (a) Description of liability (1) Federal income taxes | (b) Boo | k value | |
| DUE TO AFFILIATES (2) | | 39,062,252 | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | 39,062,252 | |
| 2. Liability for uncertain tax positions In Part XIII, provide the text of the fo | ootnote to the orga | nızatıon's fınancıal state | |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740) | neck nere if the te | at or the roothote has be | een provided in Part XIII 🔲 |

Total revenue, gains, and other support per audited financial statements . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

2

1

Schedule D (Form 990) 2017

Page 4

| а | Net unrealized gains (losses) on i | nvestments | 2a | | | | |
|------|--|--|--------|---|-----------------------|---------|-------------------------|
| b | Donated services and use of facili | ties | 2b | | | | |
| C | Recoveries of prior year grants | | 2c | | | | |
| d | Other (Describe in Part XIII) $\ \ .$ | | 2d | | | | |
| e | Add lines 2a through 2d | | | | | 2e | |
| 3 | Subtract line $\mathbf{2e}$ from line 1 . | | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b 🛭 . | 4a | | | | |
| b | Other (Describe in Part XIII) $\ \ .$ | | 4b | | | | |
| c | Add lines 4a and 4b | | | | | 4c | |
| 5 | Total revenue Add lines 3 and 40 | c. (This must equal Form 990, Part I, line 12) | | | • | 5 | |
| Par | | penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari | | | es per R | eturi | n. |
| 1 | Total expenses and losses per aud | dited financial statements | | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | | | | | |
| а | Donated services and use of facili | ties | 2a | | | | |
| b | Prior year adjustments | | 2b | | | | |
| c | Other losses | | 2c | | | | |
| d | Other (Describe in Part XIII) $\ \ .$ | | 2d | | | | |
| e | Add lines 2a through 2d | | | | | 2e | |
| 3 | Subtract line $\mathbf{2e}$ from line 1 . | | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b 🔒 . | 4a | | | | |
| b | Other (Describe in Part XIII) $\ \ .$ | | 4b | | | | |
| c | Add lines 4a and 4b | | | | | 4c | |
| 5 | Total expenses Add lines 3 and 4 | Ic. (This must equal Form 990, Part I, line 18 |) . | | | 5 | |
| Par | t XIIII Supplemental Info | ormation | | | | | |
| Prov | ride the descriptions required for Pa ines 2d and 4b, and Part XII, lines | art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide | 4, Par | t IV, lines 1b and additional inform | d 2b, Part ' ation | V, line | 4, Part X, line 2, Part |
| | Return Reference | Explanation | | | | | |

| Schedule D (Fo | Page 5 | | |
|------------------|---------------|-------------|----------------------------|
| Return Reference | | Explanation | |
| | | | Schedule D (Form 990) 2017 |

| efile GRAPHIC print - DO | NOT PROCESS | As Filed Data - | | | | | DL | N: 934931340 | 28009 |
|---|---|--|--|--|---|------------|----------------------------|------------------------------|---------|
| Schedule I (Form 990) Department of the Treasury Internal Revenue Service | Cor | Governments mplete if the organiza | Other Assistand and Individuals tion answered "Yes," o Attach to Form a I (Form 990) and its i | C | OMB No 1545-0047 2017 Open to Public Inspection | | | | |
| Name of the organization THE PROFESSIONAL GOLFERS AS | SSOC | | | | | | ployer identific | ation number | |
| OF AMERICA Part I General Inform | ation on Grants | and Assistance | | | | 59 | -0785835 | | |
| Does the organization main the selection criteria used Describe in Part IV the org | ntain records to subs to award the grants anization's procedure | stantiate the amount of to or assistance? es for monitoring the us | e of grant funds in the Un | nited States | | | O Doub IV loss | ✓ Yes | □ No |
| | | estic Organizations ai can be duplicated if add | | nts. Complete if the o | rganization answered "Yes | on Form 99 | U, Part IV, line | 21, for any recip | ient |
| (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) | | scription of assistance | (h) Purpose or or assistance | f grant |
| (1) SCHOLARSHIP AMERICA INC 7900 INTERNATIONAL DR NO 500 MINNEAPOLIS, MN 55425 | 04-2296967 | 501C3 | 40,000 | | | | | CHARITABLE | |
| (2) MARCH OF DIMES 515 MADISON AVE 20TH FLOOR NEW YORK, NY 10022 | 13-1846366 | 501C3 | 6,000 | | | | | CHARITABLE | |
| 2 Enter total number of section 3 Enter total number of other For Paperwork Reduction Act Notice | r organizations listed | in the line 1 table | listed in the line 1 table . | | | | . > | edule I (Form 990 | 2 |

| Schedule I (Form 990) 2017 | | | | | | Page 2 |
|--|--------------|----------------------------|--------------------------|--|---|---|
| Part III Grants and Other A Part III can be duplic | ssistance to | Domestic Individu | als. Complete If the org | anızatıon answered "Yes' | on Form 990, Part IV, line 22 | - |
| (a) Type of grant or assis | | (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 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| Part IV Supplemental | Information | on. Provide the inf | ormation required in | Part I, line 2; Part III | , column (b); and any other a | additional information. |
| Return Reference | Explanation | on | | | | |
| SCHEDULE I, PAGE 4, PART IV | | | | ANT/CONTRIBUTION AND HE GRANTS AND CONTRI | | BLISHES THAT THE RECIPIENT IS A QUALIFIED |

Schedule I (Form 990) 2017

| efil | e GRAPHIC p | rint - DO NOT PROCESS | As Filed Dat | :a - | | DLN: 934 | 19313 | 34028 | 009 |
|-------|---|--|---|------------------------------------|----------------------------------|--------------------------|-------|-----------------|------|
| Sch | edule J | С | ompensat | ion In | formation | 10 | 1B No | 1545-0 | 0047 |
| (Forr | n 990) | ► Complete if the or | Compensa ganization answ ► Attach | ated Emp vered "Yo n to Form | es" on Form 990, Part IV 990. | , line 23. | | 17 | |
| • | tment of the Treasury al Revenue Service | ▶ Information a | | J (Form 9 .gov/fort | 90) and its instructions | is at | | to Pul ectio | |
| Nar | ne of the organiz | | *************************************** | 1901/1011 | | Employer identificat | _ | | |
| | PROFESSIONAL GO AMERICA | DLFERS ASSOC | | | | 59-0785835 | | | |
| Pa | rt I Questi | ions Regarding Compens | ation | | | 33 0,03033 | | | |
| | | | | | | | | Yes | No |
| 1a | | opiate box(es) if the organization Section A, line 1a Complete Par | | | | | | | |
| | | s or charter travel | | - | allowance or residence for | • | | | |
| | | r companions | | • | s for business use of perso | | | | |
| | | inification and gross-up paymen | ts 🔽 | | r social club dues or initiati | | | | l |
| | ☐ Discretion | nary spending account | ¥ | Persona | services (e g , maid, chau | ffeur, chef) | | | |
| b | | oxes in line 1a are checked, did all of the expenses described ab | | | | nent or reimbursement | 1b | Yes | |
| 2 | | ation require substantiation pric | | | | - 1-2 | 2 | Yes | |
| | directors, truste | ees, officers, including the CEO/ | executive Directo | or, regardi | ng the items checked in iin | e la ^r | | | |
| 3 | organization's (| ıf any, of the following the filin CEO/Executive Director Check a ed organization to establish com | all that apply Do | not check | any boxes for methods | | | | |
| | ☐ Compens | sation committee | | Written | employment contract | | | | |
| | | dent compensation consultant | | | sation survey or study | | | | |
| | ☐ Form 990 | of other organizations | | Approva | l by the board or compensa | ation committee | | | |
| 4 | During the year | r, did any person listed on Form ation | 990, Part VII, Se | ection A, li | ne 1a, with respect to the i | filing organization or a | | | |
| а | Receive a sever | rance payment or change-of-co | ntrol payment? | | | | 4a | | No |
| b | | or receive payment from, a supp | | lified retir | ement plan? | | 4b | | No |
| c | Participate in, c | or receive payment from, an equ | uty-based compe | nsation ar | rangement? | | 4c | | No |
| | If "Yes" to any | of lines 4a-c, list the persons ar | nd provide the app | plicable ar | nounts for each item in Par | t III | | | |
| | Only 501(c)(3 | 3), 501(c)(4), and 501(c)(29 |) organizations | must co | mplete lines 5-9. | | | | |
| 5 | For persons list | ted on Form 990, Part VII, Section tingent on the revenues of | on A, line 1a, did | | · · | | | | |
| а | The organizatio | on? | | | | | 5a | | |
| b | Any related org | • | | | | | 5b | | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | | |
| 6 | | ed on Form 990, Part VII, Secti contingent on the net earnings o | | the organ | ization pay or accrue any | | | | |
| а | The organizatio | on? | | | | | 6a | | |
| b | Any related org | | | | | | 6b | | |
| | • | e 6a or 6b, describe in Part III | | | | | | | |
| 7 | | ed on Form 990, Part VII, Secti described in lines 5 and 6? If "Ye | | | ızatıon provide any nonfixe | ed | 7 | | |
| 8 | | unts reported on Form 990, Part nitial contract exception describ | | | | escribe | 8 | | |
| 9 | If "Yes" on line 53 4958-6(c)? | 8, did the organization also foll | ow the rebuttable | presump | tion procedure described in | Regulations section | 9 | | |
| For F | Paperwork Red | uction Act Notice, see the In | structions for Fo | orm 990. | Cat No | 50053T Schedule J | (Forn | 1 990) | 2017 |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (D) Nontaxable (E) Total of (F) columns and other benefits compensation Compensation in deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other reported as compensation reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation SCHEDULE J, PAGE 1, PART I, LINE 1A IN CERTAIN CASES EMPLOYEES, OFFICERS, BOARD MEMBERS, AND/OR THEIR COMPANIONS ARE PROVIDED THE FOLLOWING ITEMS - CERTAIN EMPLOYEES, OFFICERS, BOARD MEMBERS, AND/OR THEIR COMPANIONS MAY UTILIZE FIRST CLASS OR CHARTER TRAVEL FOR BUSINESS PURPOSES BASED ON SECURITY. PRIVACY, AND TIMING ISSUES - CERTAIN EMPLOYEES AND OFFICERS ARE PROVIDED HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - CERTAIN EMPLOYEES AND OFFICERS ARE PROVIDED PERSONAL SERVICES - CERTAIN EMPLOYEES, OFFICERS, AND BOARD MEMBERS ARE PROVIDED TAX GROSS-UP PAYMENTS ALL ITEMS THAT RESULT IN REPORTABLE COMPENSATION ARE PROPERLY REPORTED TO THE INDIVIDUAL RECIPIENT EITHER WITHIN THEIR W-2 OR

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

PAYMENTS ALL ITEMS THAT RESULT IN REPORTABLE COMPENSATION ARE PROPERLY REPORTED TO THE INDIVIDUAL RECIPIENT EITHER WITHIN THEIR W-2 OR 1099-MISC REPORTING EACH YEAR SCHEDULE J, PAGE 1, PART I, LINE 3 THE CEO IS PAID BY A RELATED ORGANIZATION THE CEO'S COMPENSATION IS ESTABLISHED BY THE RELATED ORGANIZATION THROUGH THE USE OF THE FOLLOWING METHODS A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, AND, A COMPENSATION SURVEY OR STUDY THE

COMPENSATION IS DOCUMENTED IN A WRITTEN EMPLOYMENT CONTRACT AND APPROVED BY THE BOARD OR COMPENSATION COMMITTEE

| Additional Dat | а | | | | | | | |
|-------------------------------|------|-----------------------|---|---|--|-----------------------------------|------------------------------------|---|
| | | | Software ID: | | | | | |
| | | | Software Version: | | | | | |
| | | | EIN: | 59-0785835 | | | | |
| | | | Name: | THE PROFESSIONAL OF AMERICA | GOLFERS ASSOC | | | |
| Form 990, Schedule | ₃ J, | Part II - Officers, D | irectors, Trustees, K | ey Employees, and F | lighest Compensate | d Employees | | |
| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MISC | Compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | column (B) reported as deferred on prior Form 990 |
| 1PETE BEVACQUA CEO | (1) | | | | | | | |
| | (11) | 1,531,585 | 416,101 | 45,727 | 27,000 | 30,673 | 2,051,086 | |
| 1DARRELL CRALL COO | (1) | | | | | | | |
| | (11) | 707,112 | 237,248 | 24,525 | 27,000 | 27,992 | 1,023,877 | |
| 2 KERRY HAIGH CCO | (1) | | | | | | | |
| | (11) | 626,127 | 223,831 | 25,171 | 27,000 | 31,818 | 933,947 | |
| 3 JOHN EASTERBROOK CMO | (1) | | | | | | | |
| | (11) | 459,431 | 119,494 | 163,637 | | 25,262 | 767,824 | |

2,008

21,589

29,470

14,378

11,061

13,692

11,046

27,000

27,000

27,000

27,000

24,039

26,583

25,344

22,568

27,193

38,210

33,964

28,767

30,768

29,910

616,717

565,869

623,524

541,910

396,259

371,298

361,148

4JEFFERY PRICE CCO

5RHONA AIME

6KEVIN RING

7HENRY SMOKLER

GENERAL COUNSEL

8MICHAEL QUIRK JR SR DIRECTOR

9JULIUS MASON SR DIRECTOR

10CASEY MORTON

SR DIRECTOR

CFO

CRO

(1)

(1)

|(n)|

(1)

(1)

(II)

(1)

(1)

|(II)

(1)

(11)

427,484

379,751

399,647

356,153

240,063

242,556

234,594

137,657

110,336

129,197

110,415

92,329

57,699

60,254

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9 | | | | | |
|---|---|--------------------------------|--|--|--|
| SCHEDULE O (Form 990 or 990- EZ) | Complete to provide information for re Form 990 or 990-EZ or to provide Attach to Form 990 Information about Schedule O (Form 990 www.irs.gov/f | 2017 Open to Public Inspection | | | |
| Name of the organiza THE PROFESSIONAL GOL OF AMERICA 990 Schedule O, | entification number | | | | |
| Return Reference | Explanation | | | | |
| FORM 990 - ORGANIZATION'S MISSION | O PROMOTE THE ENJOYMENT & INVOLVEMENT IN THE GAME AND TO CONTRIBUTE TO THE GROWTH OF THE GOLF PROFESSIONAL AND THE GOLF INDUSTRY THE PGA WILL ACCOMPLISH THIS MISSION BY ENHANCING THE SKILLS OF GOLF PROFESSIONALS AND THE OPPORTUNITIES FOR AMATEURS, MANUFACTURERS, AND THE GENERAL PUBLIC AS A RESULT, THE PGA WILL ELEVATE THE STANDARDS OF THE PROFESSIONAL GOLIERS' VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF, AND PROMOTE THE OVERALL VITALITY OTHE GAME | | | | |

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 4D

FORM 990, SEE THE THREE LARGEST PROGRAM SERVICE ACCOMPLISHMENTS NOTED ABOVE PAGE 2, PART III.

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PAGE 6, PART VI, LINE 4 | THE ASSOCIATION COMPREHENSIVELY AMENDED ITS CONSTITUTION AND BYLAWS (THE "BYLAWS") ON NOVE MBER 3, 2017 THE FOLLOWING SIGNIFICANT CHANGES WERE MADE. (I) THE BYLAWS WERE AMENDED TO CLARIFY THAT THE ASSOCIATION'S VOTING MEMBERS FOR PURPOSES OF STATE LAW ARE EACH DIRECTOR OF THE ASSOCIATION, EACH PAST PRESIDENT OF THE ASSOCIATION (EXCEPT FOR ANY PAST PRESIDENT WHO DID NOT COMPLETE HIS OR HER FULL TERM AS PRESIDENT OR WHO RELINQUISHES HIS OR HER STAT US AS A DELEGATE IN WRITING TO THE SECRETARY AT ANY TIME), AND EACH SECTION OF THE ASSOCIATION WILL ACT THROUGH ONE OR MORE DELEGATES, CONSISTING OF EACH DIRECTOR OF THE ASSOCIATION WILL ACT THROUGH ONE OR MORE DELEGATES, CONSISTING OF EACH DIRECTOR OF THE ASSOCIATION, EACH PAST PRESIDENT OF THE ASSOCIATION (EXCEPT FOR ANY PAST PRESIDENT WHO DID NOT COMPLETE HIS OR HER FULL TERM AS PRESIDENT OR WHO RELINQUISHES HIS OR HER STATUS AS A DELEGATE IN WRITTING TO THE SECRETARY OR AS OTHERWISE PROVIDED IN THE BYLAWS, AND TWO DELEGATES FROM EACH SECTION WHO WILL BE DESIGNATED ANNUALLY (II) THE BYLAWS WERE ALSO AMENDED TO PROVIDE FOR A UNIFORM QUORUM REQUIREMENT FOR BOTH REGULAR AND SPECIAL MEETINGS OF THE ASSOCIATION'S MEMBERSHIP (I E, A MAJORITY OF THE DELEGATES) THE BYLAWS WERE ALSO AMENDED TO CLARIFY THA TEACH DELEGATE RECEIVES ONE VOTE (EXCEPT THAT ONE OF THE TWO DELEGATES OF THE SECTION MAY EXCERCISE THE VOTE OF THE OTHER DELEGATE IF HE OR SHE IS ABSENT AT THE TIME OF THE VOTE) THE BYLAWS WERE ALSO AMENDED TO CLARIFY THA EXCENCISE THE VOTE OF THE OTHER DELEGATE IF HE OR SHE IS ABSENT AT THE TIME OF THE VOTE) THE BYLAWS WERE ALSO AMENDED TO CLARIFY THA EXCENCISE THE VOTE OF THE OTHER DELEGATE IF HE OR SHE IS ABSENT AT THE TIME OF THE VOTE) THE BYLAWS WERE ALSO AMENDED TO CLARIFY THAT SUGGESTED AMEN DELEGATES AND THE BOARD IN REMOVING ASSOCIATION OFFICERS AND DIRECTORS (IV) THE BYLAWS WERE AMENDED TO CLARIFY THAT SUGGESTED AMEN DEMENTS TO THE BYLAWS MUST BE SUBMITTED TO THE SECRETARY IN ADVANCE OF THE ANNUAL MEETING (BY A DATE THAT WILL DEPEND ON THE PARTY SUBMITTING THE PR |

Return Explanation
Reference

LINE 6

FORM 990, PAGE 6, PART VI.

Return Explanation

LINE 7A

FORM 990, MEMBERS RATIFY AND ELECT THE MEMBERS OF THE GOVERNING BOARD
PAGE 6,
PART VI,

Return Explanation
Reference

LINE 7B

FORM 990, CERTAIN DECISIONS OF THE GOVERNING BOARD REQUIRE APPROVAL BY THE MEMBERS
PAGE 6,
PART VI.

Return Explanation
Reference

| FORM 990, | FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE SENIOR TAX |
|-----------|--|
| PAGE 6, | DIRECTOR AND CFO PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE |
| PART VI. | |

LINE 11B

Return Explanation
Reference

| FORM 990, | ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A CONFLICT OF INTEREST POLICY AT THE TIME TH |
|-----------|--|
| PAGE 6, | EY ARE ELECTED TO THE BOARD THE CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS TO AVOID C |
| PART VI, | ONFLICT SITUATIONS IN THE EVENT A CONFLICT ARISES, THEY ARE REQUIRED TO DISCLOSE THE CONF |
| LINE 12C | LICT TO THE OTHER DIRECTORS SO THEY CAN TAKE APPROPRIATE ACTION |

990 Schedule O, Supplemental Information Return Explanation

FORM 990, PAGE 6, ANY FOR THIS RELATED COMPANY, ALL EMPLOYEES THE TOP MANAGEMENT OFFICIALS ARE PAID BY A RELATED COMPARABIL ITY DATA AND PERFORMANCE EVALUATIONS AND THE DELIBERATION AND DECISION PROCESS IS CONTEMPO RANEOUSLY SUBSTANTIATED CERTAIN PROVISIONS MAY ALSO BE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF INDEPENDENT CONSULTANTS

Return

Reference

| Reference | |
|-----------|--|
| FORM 990, | THE ORGANIZATION HAS NO EMPLOYEES OF ITS OWN THE OTHER OFFICERS ARE PAID BY A RELATED COM |
| PAGE 6, | PANY FOR THIS RELATED COMPANY, ALL EMPLOYEE COMPENSATION IS DETERMINED BASED ON COMPARABI |
| PART VI, | LITY DATA AND PERFORMANCE EVALUATIONS AND THE DELIBERATION AND DECISION PROCESS IS CONTEMP |
| LINE 15B | ORANEOUSLY SUBSTANTIATED CERTAIN PROVISIONS MAY ALSO BE SUBJECT TO REVIEW AND APPROVAL BY |
| | THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF INDEPENDENT CONSULTANTS |

Explanation

Return Explanation
Reference

| FORM 990, | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO |
|-----------|---|
| PAGE 6, | THE PUBLIC UPON REQUEST |
| PART VI, | |
| LINE 19 | |

Return Explanation

| FORM 990, | COMMISSIONS 94,411 0 0 HONORARIUMS 666,498 0 0 INTERNAL SERVICE CHARGE 12,906,090 0 0 OTHE |
|-----------|--|
| PART IX, | R PROFESSIONAL SERVICES 9,868,501 0 0 PROCESSING FEES 398,369 0 0 TEMPORARY LABOR 88,135 0 |
| LINE 11G | 0 TOTAL 24.022.004 0 0 |

Return Explanation

LINE 9

| FORM 990. | PARTNERSHIP ITEMS -12,887,978 RENT EXPENSE NETTED AGAINST INCOME 1,040,407 REIMBURSED REVE |
|-----------|--|
| , | NUE NETTED AGAINST EXPENSE 697,021 PARTNERSHIP ITEMS 549,182 RENT EXPENSE NETTED AGAINST I |

NCOME -1.040.407 REIMBURSED REVENUE NETTED AGAINST EXPENSE -697.021 TOTAL -12.338.796

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

DLN: 93493134028009 OMB No 1545-0047

> **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

▶ 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.

Employer identification number

| THE PROFESSIONAL GOLFERS ASSOC OF AMERICA | 59-0 | 59-0785835 | | | | | | | | | | |
|--|------------------------|---------------------------|---------------|-----------------------------|-----------------------------------|------------------|----------|--------------------------------|--------|--------------------------------|-----------------------------|-----------------------|
| Part I Identification of Disregarded Entities Comple | ete ıf the organ | iization ansv | vered "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | | |
| (a) Name, address, and EIN (ıf applicable) of disregarded entity | | (b) Primary a |) activity | Legal dom or foreigi | c) nicile (state n country) | (d) Total inc | ome | (e) End-of-year a | ıssets | (f Direct co ent | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years | zations Comple ear. | ete if the org | | answered | "Yes" on F | | Part I\ | /, line 34 be | ecause | t had one or | more (g | <u> </u> |
| Name, address, and EIN of related organization | Prim | ary activity | Legal don | nicile (state n country) | Exempt Cod | | Public o | harity status on 501(c)(3)) | D | rect controlling entity | Section (13) cor enti | i 512(b) introlled |
| (1)PGA FOUNDATION INC PO BOX 109601 PALM BEACH GARDENS, FL 334109601 59-1809626 | GROW G | OLF | | FL | 501C3 | | 7 | | NA | | Yes | |
| (2)PGA FINANCIAL ASSISTANCE FUND INC PO BOX 109601 PALM BEACH GARDENS, FL 334109601 65-0443262 | FINC'L AI | ID | | FL | 501C3 | | 7 | | NA | | Yes | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for F | orm 990. | | Ca | it No 5013 | <u> </u> 35Y | | | | Sch | edule R (Form | 990) 20 | 017 |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related unrelated, excluded from tax under sections 512- 514) | | | (I Disprop alloca | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging cner? | (k) Percen owner | itage |
|---|---|------------------------------|---|--|--|---|--------------------------------|--------------------------------------|------|---|------------------------------|---------------------------------|--------------------------------|--------------------------|
| | | | | | · | | | Yes | No | | Yes | No | | |
| (1) PGA SIF LP PO BOX 109601 PALM BEACH GARDENS, FL 334109601 46-4931782 | | INVESTMENT | DE | N/A | EXCLUDED | | | | No | | | No | | |
| (2) VALHALLA GOLF CLUB LTD PO BOX 109601 PALM BEACH GARDENS, FL 334109601 61-1252109 | | GOLF RLTD | KY | PGA VALHAL PGA VALHALLA INC | RELATED | | | | No | | Yes | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | \sqcup | | |
| Part IV Identification of Related Organiza because it had one or more related or | tions Taxable as a ganızatıons treated | Corporation as a corporation | or Tru | st Complete ust during th | e if the organ ne tax year. | ızatıon ans | wered "Ye | s" on l | Form | 990, Part I | √, lın | e 34 | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | do: (state | (c) egal micile or foreign intry) | | entity (C | (e) pe of entity corp, S corp, or trust) | (f) Share of tota Income | (g) Share of er year assets | | id-of- Perd owi | (h) ercentage wnership | | Section 5 (13) con entit | 512(trolle ty? |
| See Additional Data Table | | | , | | | | | | | | | | _ res | No |
| | | | | | | | | | | | | | | |
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|---|------------|-----|--------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1a | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1 b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | | No |
| f Dividends from related organization(s) | 1f | | No |
| g Sale of assets to related organization(s) | 1 g | | No |
| h Purchase of assets from related organization(s) | 1h | | No |
| i Exchange of assets with related organization(s) | 1 i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 j | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1 p | Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| r Other transfer of cash or property to related organization(s) | 1r | Yes | |

| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | 1n | Yes | | | | | | | | | | | | | | | | | | | | |
|---|-------------|------|-------|-------|------|-------|--------|-------|-------|--------|-------|-------|-------|------|-------|--------|-----|-------|------|------|------|-------|--------|-------|-----|------------|---------|----------|
| o Sharing of paid employees with related organization(s) | | | | • | | | | | | • | • | | | • | | | | • | • | | • | • | | | | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expe | nses . | | | | | | | | | | | | | | | | | | | | | | | | | 1 p | Yes | \vdash |
| q Reimbursement paid by related organization(s) for exp | enses . | | | | • | | • | • | | • | | | | • | | • | • | • | | • | • | | | • | | 1 q | Yes | 1 |
| f r Other transfer of cash or property to related organization | n(s) | | | | | | | | | | | | | | | | | | | | | | | | | 1r | Yes | |
| s Other transfer of cash or property from related organiza | ition(s) . | | | | | | | | | | | | | | | | | | | | | | | | | 1s | Yes | |
| 2 If the answer to any of the above is "Yes," see the instr See Additional Data Table | uctions for | ınfo | rmati | ion o | n wh | o mu: | st cor | mplet | te th | ıs lın | e, ın | cludı | ng co | over | ed re | elatio | nsh | ıps a | nd t | rans | acti | on th | iresh | olds | 5 | | | |
| (a) | ation | | | | | | | | | | | Tra | (b) | ion | | ۸m | (| c) | lyod | | | Moth | and of | f dot | (d) | ount | ınvolvo | d |

Name of related organization Transaction Amount involved Method of determining amount involved type (a-s)

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

| | | <u>_</u> | | | | | | | | | | | |
|---|-------------------------|---|--|-----|--|------------------------------------|--|--------------------------------------|-----|---|--|--------------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514) | | (e) re all partners section 501(c)(3) ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ite | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General c managing partner? | or g } | (k) Percentage ownership |
| | <u> </u> | | 514) | Yes | No | <u> </u> | <u> </u> | Yes | No | | Yes | No | |
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| chedule R (Form 990) 2017 | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| Part VII Supplemental Information | | | | | | | | | |
| Provide additional information for responses to questions on Schedule R (see instructions) | | | | | | | | | |
| Return Reference | Explanation | | | | | | | | |
| | THE ORGANIZATION SHARES CERTAIN FACILITIES AND EQUIPMENT WITH ITS RELATED ENTITIES PGA CORPORATION IS THE DIRECT EMPLOYER FOR MOST OF THE RELATED ORGANIZATIONS AND THE ORGANIZATION SHARES A NUMBER OF THESE EMPLOYEES THE ORGANIZATION HOLDS THE GENERAL DISBURSEMENT ACCOUNT FOR MOST OF THE RELATED ORGANIZATIONS THIS GENERAL DISBURSEMENT ACCOUNT IS USED FOR COST SAVINGS AND EFFICIENCIES THE ORGANIZATION DISBURSES FUNDS FOR EXPENSES OF MANY OF THE RELATED ORGANIZATIONS THE RELATED ORGANIZATIONS REIMBURSE PGA OF AMERICA FOR THESE DISBURSEMENTS ON A PERIODIC BASIS | | | | | | | | |

Schedule R (Form 990) 2017

65-0397758

59-2763185

65-0394728

65-0394727 PGA RESERVE INC

65-0520200 PGA ST LUCIE INC

65-0394724

65-0394725 PGA VALHALLA INC

65-0447187

PO BOX 109601

PGA GOLF PROPERTIES INC

PGA GOLF PARTNERS INC

PALM BEACH GARDENS, FL 334109601

PGA TOURNAMENT CORPORATION INC

PALM BEACH GARDENS, FL 334109601

PALM BEACH GARDENS, FL 334109601

PGA MANAGEMENT SERVICES INC

Software ID:

Software Version:

EIN: 59-0785835

FL

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Name: THE PROFESSIONAL GOLFERS ASSOC

(i)

No

No

No

No

No

No

No

OF AMERICA

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | | | | | |
|---|---------|-----------|-----|-------|----------|----------|-----|--|--|--|--|--|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | | | | | |
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| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total Income | Share of end-of- year assets | Percentage ownership | Section 512 (b)(13) controlled entity? | |
|---|------------------|--|--|---|--------------------------|------------------------------------|-------------------------|---|----|
| | | | | | | | | Yes | No |
| PGA CORPORATION PO BOX 109601 PALM BEACH GARDENS, FL 334109601 59-1101063 | GOLF RLTD | FL | PGA OF AM PGA OF AMERICA | C CORP | | | | | No |
| PGA GOLF DEVELOPMENT INC PO BOX 109601 PALM BEACH GARDENS, FL 334109601 65-0775946 | GOLF RLTD | FL | PGA GLF PR PGA GOLF PROPERTIES INC | C CORP | | | | | No |
| PGA GOLF ENTERPRISES INC PO BOX 109601 PALM BEACH GARDENS, FL 334109601 | GOLF RLTD | FL | PGA CORP PGA CORPORATION | C CORP | | | | | No |

PGA CORP

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PGA GLF PR

PGA GLF PR

PGA GLF PT

PGA CORP

PGA GLF PT

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INC

PGA GOLF

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PROPERTIES INC.

PROPERTIES INC.

PROPERTIES INC

PGA GOLF PARTNERS

PGA CORPORATION

PGA GOLF PARTNERS

PGA GOLF

PGA CORPORATION

C CORP

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Amount Involved (d) Transaction Method of determining amount involved type(a-s) PGA GOLF PROPERTIES INC (INTEREST) Α PGA CORPORATION (RENT) Α PGA TOURNAMENT CORP INC (RENT) Α PGA RESERVE INC (RENT) Α VARIOUS RELATED ENTITIES В VARIOUS RELATED ENTITIES Ν PGA CORPORATION 0

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