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Department of the Treasury 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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	alendar yea	r, or tax year beginning 07-()1-2009 and ending 06-30-20	10		
B Che	eck ıf a	pplicable	Please	C Name of organization THE PROFESSIONAL GOLFERS	ASSOC		D Employer i	dentification number
☐ Add	Iress ch	ange	use IRS label or	OF AMERICA		59-0785835 E Telephone number		
┌ Nar	ne cha	nge	print or	Doing Business As			E leiepnone	number
┌ Inıt	ıal retu	rn	type. See Specific	Number and street (or P O bo	x if mail is not delivered to street add	ress) Room/suite	(561) 624	
Г Тег	mınate	d	Instruc- tions.	PO BOX 109601			G Gross receip	ots \$ 146,277,414
┌ Am	ended	return		City or town, state or country,	and ZIP + 4		-	
_		pending		PALM BEACH GARDENS, FL 33	4109601			
,	, iida tio i	. penang	E Non	L ne and address of principal (officer		_	_
				TERANKA	Jilicei		his a group reti lates?	urn for
				X 109601	100001			, , , , , , , , ,
			PALMI	BEACH GARDENS,FL 334	109601	1 ' '	all affiliates incl	
——— т Та	x-exem	npt status	<u> </u>) (6) ◀ (ınsert no))(1) or $\ \ \ \ \ \ \ \ $	l _	•	st (see instructions)
			, 501(0)	, (0)	7,(1) 0. 1 32.	H(c) Gro	oup exemption	number F
	ebsite	:: ₱						
		ganızatıon	✓ Corporat	tion Trust Association Ot	her 🕒	L Year of	formation 1916	M State of legal domicile FL
Pa	rt I	Sum	•	e organization's mission or i				
Governance		PROFE GOLF F RESUL	SSIONAL A PROFESSIO T, THE PGA	AND THE GOLF INDUSTRY DNALS AND THE OPPORTU A WILL ELEVATE THE STA	EMENT IN THE GAME AND TO THE PGA WILL ACCOMPLIS JNITIES FOR AMATEURS, MA NDARDS OF THE PROFESSIO OMOTE THE OVERALL VITAL	H THIS MISS NUFACTURE NAL GOLFER	ION BY ENHA RS, AND THE RS' VOCATION	NCING THE SKILLS OF GENERAL PUBLIC AS A
	_	Charle 4				d -6	- 250/ -f.t	
න් ග්			•		inued its operations or dispose			
<u>≅</u>	3		-	•	ody (Part VI, line 1a)			3 21 4 21
Activities	4			_	governing body (Part VI, line 1	LD)	•	4 21 5 0
đ.				nployees (Part V , line 2a) Nunteers (estimate if neces:				6 1,100
				·	Part VIII, column (C), line 12			7a 148,580
				ness taxable income from F		• •		7b
					<u> </u>	Pr	ior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)				0
₽	9			revenue (Part VIII, line 2g)			74,315,943	56,232,355
Revenue	10	Invest	tment incor	ne (Part VIII, column (A), lı		-3,271,785		
产	11	Other	revenue (P	art VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)		1,640,566	1,729,790
	12				equal Part VIII, column (A), lı	ne	72 604 724	56 275 702
	13						72,684,724	· · · · ·
	14				umn (A), line 4)			0
	15		-		efits (Part IX, column (A), lines	5-		
8	13	10)	es, other ec	impensation, employee ben			0	
菱	16a	Profes	sional fund	raising fees (Part IX, colum			0	
Expenses	ь	Total fu	ndraising exp	enses (Part IX, column (D), line 2	5) ▶ <u>0</u>			
	17	Other	expenses ((Part IX, column (A), lines 1		72,440,490	67,019,926	
	18	Total	expenses /	Add lines 13–17 (must equa	al Part IX, column (A), line 25)		72,440,490	67,019,926
	19	Reven	ue less exp	penses Subtract line 18 froi	m line 12		244,234	-10,644,224
50 50 50 80						Beginni	ng of Current Year	End of Year
Sets afan	20	Total	assate (Da	rt X, line 16)			286,296,983	298,690,227
Net Assets or Fund Balances	21			Part X, line 26)			49,886,708	
5 <u>5</u> 5	22		-		from line 20		236,410,275	· · · · ·
	† III		ature Blo					1 2 70,072,732
		Under p	enalties of pe	erjury, I declare that I have exami	ned this return, including accompanyir of preparer (other than officer) is bas			
Sign Here		**** Sign	*** ature of office	er	<u>1-05-13</u> e			
			C A POTTINGE e or print nam	R TAX OFFICER				
		F 'y p∈	- or brille Hall	ic und did	1	a		
Paid Pren:	arer's	Preparer signatur	e RANDY	/ M CLOUGH CPA	Date 2011-05-16	Check if self-empolyed	Preparer's ide (see instruction	ntifying number ons)
Use (ıf self-er	ame (or yours nployed),	P			EIN Þ	
200 (- · · · y	address,	and ZIP + 4	4512 N FLAGLER DR STE 204	Dhono no le	(561) 65E 2004		
				WEST PALM BEACH, FL 3340				(561) 655-2004
Mavi	he IR	S discus	s this retu	rn with the preparer shown a	bove? (see instructions) .			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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 OF THE PROFESSIONAL GOLFERS' VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF, AND PROMOTE THE OVERALL VITALITY OF THE GAME

	rotai piografii sei	тис спрепасат у			
4e	Total program ser	vice expenses -\$			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedule	0)		
4c	(Code SECTION AFFAIRS AS) (Expenses \$ SSISTS THE VARIOUS SECTION OFFI	including grants of \$ CES OF THE PGA BY DEFINING GOALS A) (Revenue \$ ND DEVELOPING SOLUTIONS IN THE A) AREA OF COMMON CONCERN
) (D	
	COMMUNITY LEADERS	S WHO HELP PROVIDE AFFORDABLE	N OF GOLF THE PROFESSIONALS ARE E AND ACCESSIBLE GOLF TO EVERYONE, I FOREFRONT OF THE GAME - PROVIDIN	EVERYWHERE THE PGA PROVIDES EX	TENSIVE EDUCATIONAL
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		HE GAME SOME OF THESE EVENTS A	O PROMOTE THE GAME OF GOLF, WE OV RE BROADCAST ON NATIONAL AND INTI		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three l and section 4947(a)(1) trusts ai venue, if any, for each program s	re required to report the amour	•
	If "Yes," describe t	hese changes on Schedule O			
3	Did the organization services?	<u> </u>	significant changes in how it cor		Yes 🔽 No
	If "Yes," describe t	hese new services on Schedu	lle O		
2	•	on undertake any significant p or 990-EZ?	rogram services during the year		Yes 🔽 No

Part TV	Check	list of	Peguired	Schedules
	CHECK	IIISL UI	Reuulleu	Juliculies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
--------	------------	-----------	----------	---------------	-----	------------

			Yes	No
a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 729 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, 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		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

PALM BEACH GARDENS, FL 33418

(561) 624-8400

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
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?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does 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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 a or b, 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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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 only) available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th THE CONTROLLER 100 AVE OF THE CHAMPIONS	ie orga	ınızatıor	1 ▶

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(A) Name and Title (B) A verage hours (C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	▶ 3,972,779	680,880

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 13

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		4	res	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THALER MEDIA INC 136 LIGHTHOUSE DRIVE NORTH PALM BEACH, FL 33408	GRAPHICS	681,906
MOMENTUM NA INC PO BOX 7247-7833 PHILADELPHIA, PA 191700001	MEDIA	662,850
PETER J RYAN 3120 VERDUN AVE SAN MATEO, CA 94403	EDUCATION CONS	562,039
KO-MAR PRODUCTIONS INC 1100 BANYAN BLVD WEST PALM BEACH, FL 33401	PRODUCTION	416,500
PBD INC 1650 BLUEGRASS LAKES PKWY ALPHARETTA, GA 300047714	DISTRIBUTION	404,569
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21) who received more than	

Form 99								Page 9
	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts Uts	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
કું. ⊞	С	Fundraising eve	ents 1 c					
<u>≅,≅</u>	d	Related organiz	ations 1d					
ě,Œ	e	Government grants	s (contributions) 1e					
īio Sr.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f of included above					
音	g		butions included in					
草草		lines 1a-1f\$_						
<u>ٽ ج</u>	h	Total. Add lines	s 1a-1f	•				
- an				Business Code				
кеп	2a	TOURNAMENT REV			44,987,716	44,987,716		
22	Ь	EDUCATION REVEN	-		8,512,304	8,512,304		
M CA	C	MEMBERSHIP DUES			2,648,482	2,648,482		
S.	d	MEMBERSHIP FEES			62,093	62,093		
E	e	EDUCATION MATER			21,760	21,760		
Program Service Revenue	f	All other progra	ım service revenue					
<u>Ā</u>	g	Total. Add lines	32a-2f		56,232,355			
	3	Investment inc	ome (including dividen	. F				
			ar amounts)	F	2,203,346		32,524	2,170,822
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	1,038,348	(II) F elsolial				
	ь	Less rental	1,045,986					
	l c	expenses Rental income	-7,638					
		or (loss)	me or (loss)		-7,638		-7,638	
	d	Net Tental IIICol	(i) Securities	(II) O ther	,,650		,,,,,,	
	7a	Gross amount from sales of assets other than inventory	85,065,937	(1) = 11121				
	ь	Less cost or other basis and sales expenses	88,854,311	1,415				
	С	Gain or (loss)	-3,788,374	-1,415				
	d		s)		-3,789,789			-3,789,789
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
her	ь	Less direct exi	penses b					
ŏ	С		loss) from fundraising	events 🕨				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of I returns and allo						
	b c	Net income or (loss) from sales of inve					
	-	Miscellaneous	s Revenue	Business Code	1 454 471			1 454 461
	l .	ROYALTIES			1,454,461 129,273			1,454,461
	b	OTHER SPONS		711,300	123,694		123,694	129,213
	C	OTHER SPONS		/11,300	30,000		123,094	30,000
	e d	All other revenues Total. Add lines			1,737,428			30,000
	12	Total revenue.	See Instructions	▶	FC 335 335	FC 222 25-	440 50-	F 225
					56,375,702	56,232,355	148,580	-5,233 Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	ll other organizations must complete column (A) but are not required to		s (B), (C), and		<i>(</i> =)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	14,580,697			
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	18,696,858			
L2	Advertising and promotion				
L3	Office expenses				
L4	Information technology				
. 5	Royalties				
L6	Occupancy	942,687			
L 7	Travel	3,591,561			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings	2,461,623			
20	Interest	154,891			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,138,048			
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	BROADCASTING COSTS	9,775,575			
b	TOURNAMENT PRIZES	4,377,571			
c	SECTION SERVICES	4,222,888			
d	GIFTS	1,336,142			
e	CONTRIBUTIONS	1,040,509			
f	All other expenses	4,700,876			
25	Total functional expenses. Add lines 1 through 24f	67,019,926	0	0	ı
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	•		44,462,412		45,513,392
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net			2,180,671	4	2,651,493
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L			6		
ssets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use		771,938	8	410,226	
۲	9	Prepaid expenses and deferred charges			2,820,486	9	1,404,329
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	25,277,115			
	ь	Less accumulated depreciation	10b	17,069,554	9,012,837	10c	8,207,561
	11	Investments—publicly traded securities			129,027,367	11	141,269,961
	12	Investments—other securities See Part IV, line 11			98,021,272	12	99,233,265
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			286,296,983	16	298,690,227
	17	Accounts payable and accrued expenses .			6,434,510	17	5,702,145
	18	Grants payable				18	
	19	Deferred revenue			14,220,662	19	20,531,199
	20	Tax-exempt bond liabilities				20	
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	leD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
E.		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			7,477,374	23	8,107,501
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			21,754,162	25	23,676,590
	26	Total liabilities. Add lines 17 through 25			49,886,708	26	58,017,435
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
<u>Ф</u>		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			236,410,275	27	240,672,792
Ва	28	Temporarily restricted net assets	mporarily restricted net assets				
рu	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ are	nd con	ıplet e			
٥		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			236,410,275		240,672,792
	34	Total liabilities and net assets/fund balances			286,296,983	34	298,690,227

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
b	b Were the organization's financial statements audited by an independent accountant?			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Software ID: Software Version:

EIN: 59-0785835

Name: THE PROFESSIONAL GOLFERS ASSOC

OF AMERICA

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

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F)									
(B) Average hours		tıon (che		II		(D) Reportable compensation	Reportable compensation	(F) Estimated amount of other
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
2 00	×		х				0	78,570	0
4 00	Х		х				0	54,795	0
4 00	Х		х				0	54,745	0
4 00	×		х				0	29,438	0
1 00	Х						0	11,912	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
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1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
	(B) Average hours per week 2 00 4 00 4 00 1 00 1 00 1 00 1 00 1 00 1	(B) A verage hours per week Post step 2 00 X 4 00 X 4 00 X 1 00	(B) Average hours per week Position (and that a per week) 2 00 X 4 00 X 4 00 X 1 00 X </td <td>(B) A verage hours per week</td> <td> C</td> <td> C</td> <td> C</td> <td> CD</td> <td> Carried Position (check all that apply) Carried Carried </td>	(B) A verage hours per week	C	C	C	CD	Carried Position (check all that apply) Carried Carried

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

(A) Name and Title	(B) A verage hours		(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ZACH JOHNSON PLAYER DIR	1 00	Х						0	0	0
BRAD FAXON PLAYER DIR	1 00	Х						0	0	0
JOE STERANKA CEO	25 00			х				0	835,186	72,131
TIM SHANK TREASURER	19 00			х				0	357,112	66,630
CHRISTINE GARRITY ASST SEC	25 00			х				0	324,664	50,009
KIRK POTTINGER TAX OFFICER	19 00			х				0	269,187	54,573
KERRY HAIGH MANAGING DIR	10 00				х			0	443,805	85,045
BRADLEY SULLIVAN SR DIRECTOR	38 00				х			0	188,805	37,600
KEVIN CARTER SR DIRECTOR	5 00					х		0	307,062	62,435
JULIUS MASON SR DIRECTOR	20 00					х		0	237,666	56,093
ROSEMARIE BARR SR DIRECTOR	19 00					х		0	204,068	42,145
EARNEST ELLISON JR DIRECTOR	39 00					х		0	164,797	26,046
LA WRENCE GREEN DIRECTOR	5 00					х		0	161,517	22,210
JIM AWTRY FORMER CEO							х	0	131,883	49,239
PAUL BOGIN FORMER COO							х	0	117,567	56,724

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TOURNAMENT REVENUE		44,987,716	44,987,716		
EDUCATION REVENUE		8,512,304	8,512,304		
MEMBERSHIP DUES & ASSESEMENTS		2,648,482	2,648,482		
MEMBERSHIP FEES & ASSESEMENTS		62,093	62,093		
EDUCATION MATERIALS		21,760	21,760		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BROADCASTING COSTS	9,775,575			
TOURNAMENT PRIZES	4,377,571			
SECTION SERVICES	4,222,888			
GIFTS	1,336,142			
CONTRIBUTIONS	1,040,509			

DLN: 93493136056461

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

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

ΤΗΕ	me of the organization PROFESSIONAL GOLFERS ASSOC			Employer ide	ntıficatıon number			
	AMERICA			59-0785835				
art	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	7 organization.			
	Provide a description of the or	ganızatıon's dırect and ındırect p	olitical campaign ac	tivities in Part IV				
	Political expenditures			▶	\$			
	V olunteer hours							
ari	t I-B Complete if the or	ganization is exempt und	ler section 501((c)(3).				
	Enter the amount of any excis	e tax incurred by the organizatior	under section 495	5	\$			
	Enter the amount of any excis	e tax incurred by organization ma	inagers under sectio	on 4955 🕨	\$			
	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes			
а	Was a correction made?				┌ Yes ┌ No			
Ь	If "Yes," describe in Part IV							
ir	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50	1(c)(3).			
	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$			
	Enter the amount of the filing organization's funds contributed to other organizations for section 527							
	exempt funtion activities			F "	Ψ			
	·	tures Add lines 1 and 2 Enter h	ere and on Form 112		¢			
	Total exempt function expend Did the filing organization file State the names, addresses a		r (EIN) of all section	n 527 political organization				
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year? nd employer identification numbe	r (EIN) of all section from the filing organ d to a separate polit	n 527 political organization nization's funds Also enter ical organization, such as a	is to which payments the amount of political			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we	Form 1120-POL for this year? nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivere	r (EIN) of all section from the filing organ d to a separate polit	n 527 political organization nization's funds Also enter ical organization, such as a	(e) A mount of political contributions received			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide in	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification numbe tion listed, enter the amount paid re promptly and directly delivere interes (PAC). If additional space in the control of	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			
	Total exempt function expend Did the filing organization file State the names, addresses a were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid repromptly and directly delivere interes (PAC). If additional space in the control of t	r (EIN) of all section from the filing organ d to a separate polit is needed, provide ir	n 527 political organization nization's funds Also enter nical organization, such as a nformation in Part IV (d) A mount paid from filing organization's	(e) A mount of political a separate segregated (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If none			

	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768	(election		
	Check If the filing organization belongs to a	n affiliated group A and "limited control" provisions apply	_				
	Limits on Lobbying E (The term "expenditures" means an			(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)					
b	b Total lobbying expenditures to influence a legislative body (direct lobbying)						
c	Total lobbying expenditures (add lines 1a and 1b))					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 10	and 1d)					
f	f Lobbying nontaxable amount Enter the amount from the following table in both 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 lin		<u> </u>				
	Subtract line 1g from line 1a If zero or less, ente		<u> </u>				
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -					
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the organization file Form	4720 repo	rtıng	┌ Yes ┌ No		
	4-Year Av	veraging Period Under Section 501	(h)				

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4	I-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

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

		(a	1)	(b)
		Yes	No	A mount
1	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			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), o	r section

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	2,648,483
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	104,739
ь	Carryover from last year	2b	
С	Total	2c	104,739
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	132,424
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-27,685

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation

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DLN: 93493136056461

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Name of the organization THE PROFESSIONAL GOLFERS ASSOC	Employer identification number
OF AMERICA	59-0785835
Part I Organizations Maintaining Donor Advised Funds or Other Simi	ilar Funds or Accounts. Complete if t
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
L Total number at end of year	(b) I and and other decounts
2. Aggregate contributions to (during year)	
Aggregate grants from (during year)	
A ggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal conti	
Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, o conferring impermissible private benefit	nt funds may be
Part II Conservation Easements. Complete if the organization answered "	'Yes" to Form 990, Part IV, line 7.
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of conservation easements modified, transferred, released, extinguished, or ter the taxable year ▶ Number of states where property subject to conservation easement is located ▶	rminated by the organization during
Does the organization have a written policy regarding the periodic monitoring, inspectio enforcement of the conservation easements it holds?	on, handling of violations, and Yes V N
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easi	
Does each conservation easement reported on line $2(d)$ above satisfy the requirements $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	s of section Yes V N
In Part XIV, describe how the organization reports conservation easements in its reven balance sheet, and include, if applicable, the text of the footnote to the organization's fir the organization's accounting for conservation easements	inancial statements that describes
Organizations Maintaining Collections of Art, Historical Treasu Complete if the organization answered "Yes" to Form 990, Part IV, line	ures, or Other Similar Assets. e 8.
If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education or in provide, in Part XIV, the text of the footnote to its financial statements that describes t	research in furtherance of public service,
b If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items	·
(i) Revenues included in 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 as following amounts required to be reported under SFAS 116 relating to these items	· •
a Revenues included in Form 990, Part VIII, line 1	▶ \$

Assets included in Form 990, Part X

3	Using the organization's accession and othe	r records, check an	y of th	ne fol	lowing t	that ar	e a signific	ant u	se of its colled		,
	items (check all that apply)	·		_	_						
а	Public exhibition		d	ı	Loan	orexc	hange prog	rams			
b	Scholarly research		e	Г	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	er the o	organızatıoı	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of								ılar	_	_
	assets to be sold to raise funds rather than t									┌ Yes	✓ No
Par	Part IV, line 9, or reported an an						n answere	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions (or other ass	ets r	not	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng t	able		Γ		A	mount	
c	Beginning balance							1c			
d	Additions during the year						ļ	1d			
e	· /										
f	Ending balance						ŀ	1f			
2a	Did the organization include an amount on Fo	orm aan Bart V lir	o 212				L			┌ Yes	✓ No
			E 21.							1 163	١٩٥ کې
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n ans	wer	ad "Ye	s" to	Form 990	Dar	t IV line 10		
- 1	Endowment I ands. Complete	(a)Current Year)Prior			o Years Back		Three Years Back		r Years Back
1a	Beginning of year balance			-							
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as			<u> </u>					
a	Board designated or quasi-endowment										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	d and a	idministere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations									(i)	No
	(ii) related organizations								За	(ii)	Νο
	(ii) related organizations	 ns listed as require	d on S	Sched	ule R?				За	· · ·	
4	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	chec ent fu	ule R? inds				За	(ii)	Νο
4	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds orm 9	90, P	art X, lıne		3a	(ii)	Νο
4	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds	90, Po		other	За	(ii)	Νο
Par	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds orm 9	90, Po	art X, line (b)Cost or o	other	(c) Accumulate	(ii)	N o N o
Par	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds orm 9	90, Po	art X, line (b)Cost or o	other er) 0,078	(c) Accumulate	(ii) Bb ed (d)	No No Book value
Par	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds orm 9	90, Po	art X, line (b)Cost or obasis (oth	other er) 0,078	(c) Accumulate depreciation	(ii) Bb ed (d)	No No Book value
Par la b c	(ii) related organizations	 ns listed as require e organization's en	d on S dowm	ent fu ee F	ule R? inds orm 9	90, Po	art X, line (b)Cost or obasis (oth	other er) 0,078 4,514	(c) Accumulate depreciation	(ii)	No No Book value
1a b c d e	(ii) related organizations	ns listed as require e organization's en s, and Equipme	d on S down	ent fu eee F (a) bas	ule R? inds orm 9 Cost or s (invest	90, Pa	(b)Cost or obasis (oth 10,69	other er) 0,078 4,514	(c) Accumulate depreciation 4,610,	(ii)	No No Book value 400,078 6,084,315

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 (b)Book value	(c) Metho	d of valuation
(including name of security) Financial derivatives	(D)Book value	Cost or end-o	f-year market value
Closely-held equity interests	99,233,265		C
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	· '		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		d -£
(a) Description of investment type	(b) Book value		d of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
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Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		
Federal Income Taxes	(b) A mount		

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the org	janizat id	n
THE PROFE	SSIONAL	GOLFERS	ASSO
OF AMERIC	CA		

Employer identification number

59-0785835

Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II				
	First-class or charter travel	Housing allowance or residence fo	r personal use		
	Travel for companions	Payments for business use of pers	onal residence		
	Tax idemnification and gross-up payments	Health or social club dues or initia	tion fees		
	Discretionary spending account	Personal services (e g , maid, chai	uffeur, chef)		
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des				
2	Did the organization require substantiation prior to	- · · · · · · · · · · · · · · · · · · ·	•		
	officers, directors, trustees, and the CEO/Executiv	irector, regarding the items checked in li	ne 1a? 2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		ıe		
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compens	ation committee		
4	During the year, did any person listed in Form 990, or a related organization	rt VII, Section A, line 1a with respect to	the filing organization		
а	Receive a severance payment or change-of-contro	yment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	al nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	ed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	ide the applicable amounts for each item	ın Part III		
	Only 501(c)(3) and 501(c)(4) organizations only m	complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	ne 1a, did the organization pay or accrue	any		
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue	any		
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"		on-fixed 7		
8	Were any amounts reported in Form 990, Part VII,				
	subject to the initial contract exception described in Part III	legs section 53 4958-4(a)(3)? If "Yes,"	describe 8		
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ebuttable presumption procedure describ	ed in Regulations		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOE STERANKA	(I) (II)	743,491	52,680	39,015	49,500	22,631	907,317	
TIM SHANK	(I) (II)	265,541	85,680	5,891	42,549	24,081	423,742	
CHRISTINE GARRITY	(I) (II)	258,336	65,680	648	40,819	9,190	374,673	
KIRK POTTINGER	(I) (II)	222,786	45,680	721	38,209	16,364	323,760	
KERRY HAIGH	(I) (II)	323,841	110,680	9,284	60,964	24,081	528,850	
BRADLEY SULLIVAN	(I) (II)	162,491	25,680	634	15,344	22,256	226,405	
KEVIN CARTER	(I) (II)	245,091	52,680	9,291	39,804	22,631	369,497	
JULIUS MASON	(I) (II)	181,641	45,680	10,345	32,037	24,056	293,759	
ROSEMARIE BARR	(I) (II)	170,991	32,680	397	21,014	21,131	246,213	
EARNEST ELLISON JR	(I) (II)	131,002	32,478	1,317	16,614	9,432	190,843	
LAWRENCE GREEN	(I) (II)	148,152	12,680	685	16,164	6,046	183,727	
JIM AWTRY	(I) (II)	131,883				49,239	181,122	
PAUL BOGIN	(I) (II)	117,567				56,724	174,291	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
NONQUALIFIED,	· · · · · · · · · · · · · · · · · · ·	JOE STERANKA O 25,000 O TIM SHANK O 18,049 O CHRISTINE GARRITY O 16,319 O KIRK POTTINGER O 13,709 O KERRY HAIGH O 36,464 O KEVIN CARTER O 15,304 O JULIUS MASON O 11,854 O
BASED PAYMENTS	·	

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 59-0785835

Name: THE PROFESSIONAL GOLFERS ASSOC

OF AMERICA

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DLN: 93493136056461OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization THE PROFESSIONAL GOLFERS ASSOC OF AMERICA Employer identification number

59-0785835

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	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 OF THE PROFESSIONAL GOLFERS' VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF, AND PROMOTE THE OVERALL VITALITY OF THE GAME

ldentifier	Return Reference	Explanation					
CLASSES OF MEMBERS OR STOCKHOLDERS		THE ORGANIZATION IS COMPRISED OF MEMBERS WHO ARE QUALIFIED GOLF PROFESSIONALS					

ldentifier	Return Reference	Explanation				
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS RATIFY AND ELECT THE MEMBERS OF THE GOVERNING BOARD				

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL	FORM 990, PAGE 6, PART VI,	CERTAIN DECISIONS OF THE GOVERNING BOARD REQUIRE
OF MEMBERS	LINE 7B	APPROVAL BY THE MEMBERS

ldentifier	Return Reference	Explanation					
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE TAX DIRECTOR AND THEN BY THE TAX OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE					

ldentifier	Return Reference	Explanation
	6, PART VI, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A CONFLICT OF INTEREST POLICY AT THE TIME THEY ARE ELECTED TO THE BOARD THE CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS TO AVOID CONFLICT SITUATIONS IN THE EVENT A CONFLICT ARISES, THEY ARE REQUIRED TO DISCLOSE THE CONFLICT TO THE OTHER DIRECTORS SO THEY CAN TAKE APPROPRIATE ACTION

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION HAS NO EMPLOYEES THE TOP MANAGEMENT OFFICIALS ARE PAID BY A RELATED COMPANY FOR THIS RELATED COMPANY, ALL EMPLOYEE COMPENSATION IS DETERMINED BASED ON COMPARABILITY DATA AND PERFORMANCE EVALUATIONS AND THE DELIBERATION AND DECISION PROCESS IS CONTEMPORANEOUSLY SUBSTANTIATED CERTAIN PROVISIONS MAY ALSO BE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS WITH THE ASSISTANCE OF INDEPENDENT CONSULTANTS

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

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	l ' '	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	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

DLN: 93493136056461

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Name of the organization
THE PROFESSIONAL GOLFERS ASSOC
OF AMERICA

Sp-0785835

Employer identification number

Tight Individual Complete In the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity
Primary activity

(c)
Legal domicile (state or foreign country)

Total income
End-of-year assets

Direct controlling entity

Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
PGA FOUNDATION INC PO BOX 109601	GROW GOLF	FL	501	7	NA
PALM BEACH GARDENS, FL 334109601 59-1809626					
PGA FINANCIAL ASSISTANCE FUND INC					
PO BOX 109601 PALM BEACH GARDENS, FL 334109601 65-0443262	FINC'L AID	FL	501	7	NA
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	Schedule R (Form 990) 2009				

Schedule R (Form 990) 2	2009											Pag	e 2
				s a Partnership (Co d as a partnership du			wered "Y	es" c	n For	m 990, Part I	V, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (b) Legal	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		l-of-year	(h) Disproprti allocation		(i) Code V—UBI amount in box 2 Schedule K-1 (Form 1065)	0 of	(j) General or managing partner?	
							-	Yes	No			Yes	No
VALHALLA GOLF CLUB LTD PO BOX 109601 PALM BEACH GARDENS, FL334109601 61-1252109	GOLF RLTD	кү	NA	RELATED					No				No
				s a Corporation or treated as a corpora				nswer	ed "Ye	es" on Form 9	990, Pai	rt IV,	•
(a) Name, address, and EIN o		(b) Primary ad		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of Incom		Sh end-		(h) ercentage wnership		
See Additional Data Table													
					1	1			1				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Par	t IV, line 34, 35, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			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	s II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	Yes		
b Gift, grant, or capital contribution to other organization(s)					
c Gift, grant, or capital contribution from other organization(s)		1c		No	
d Loans or loan guarantees to or for other organization(s)		1d		No	
e Loans or loan guarantees by other organization(s)		1e		No	
f Sale of assets to other organization(s)		1f		No	
g Purchase of assets from other organization(s)		1 g		No	
h Exchange of assets		1h		No	
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No	
j Lease of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>		No	
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No	
Performance of services or membership or fundraising solicitations by other organization(s)		11		No	
m Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes		
n Sharing of paid employees		1 n	Yes		
• Reimbursement paid to other organization for expenses		10	Yes		
p Reimbursement paid by other organization for expenses		1р	Yes		
q O ther transfer of cash or property to other organization(s)		1q	Yes		
r O ther transfer of cash or property from other organization(s)		1r		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	onships and transaction thre	sholds			
(a) Name of other organization	(b) Transaction type(a-r)		(c) Amount involved		
(1) See Additional Data Table					
(2)					
(3)					
(4)					
7-1					
(5)					
(6)					

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or anaging artner?	
			Yes	No		Yes	No		Yes	N	
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Software ID: Software Version:

EIN: 59-0785835

Name: THE PROFESSIONAL GOLFERS ASSOC

OF AMERICA

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
PGA CORPORATION PO BOX 109601 PALM BEACH GARDENS, FL334109601 59-1101063	GOLF RLTD	FL	PGA OF AM	C CORP	28,154,388	124,391,794	100 000 %
PGA GOLF DEVELOPMENT INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0775946	GOLF RLTD	FL	NA	C CORP			
PGA GOLF ENTERPRISES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0397758	GOLF RLTD	FL	NA	C CORP			
PGA GOLF PROPERTIES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 59-2763185	GOLF RLTD	FL	NA	C CORP			
PGA GOLF PARTNERS INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394728	GOLF RLTD	FL	N A	C CORP			
PGA MANAGEMENT SERVICES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394727	GOLF RLTD	FL	NA	C CORP			
PGA RESERVE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0520200	GOLF RLTD	FL	NA	C CORP			
PGA ST LUCIE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394724	GOLF RLTD	FL	NA	C CORP			
PGA TOURNAMENT CORPORATION INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394725	GOLF RLTD	FL	N A	C CORP			
PGA VALHALLA INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0447187	GOLF RLTD	FL	NA	C CORP			

Form 990, Schedule R, Part V - Transactions With Related Organizations

<u>Form</u>	Form 990, Schedule R, Part V - Transactions With Related Organizations								
	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)						
(1)	PGA GOLF PROPERTIES INC (INTEREST)	А	32,524						
(2)	PGA CORPORATION (RENT)	А	909,100						
(3)	PGA TOURNAMENT CORP INC (RENT)	А	19,672						
(4)	PGA RESERVE INC (RENT)	А	6,250						
(5)	VARIOUS RELATED ENTITIES	В	1,211,993						
(6)	VARIOUS RELATED ENTITIES	М							
(7)	PGA CORPORATION	N							
(8)	VARIOUS RELATED ENTITIES	0							
(9)	VARIOUS RELATED ENTITIES	Р							
(10)	VARIOUS RELATED ENTITIES	Q							