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Form **990**

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

2010

OMB No 1545-0047

Open to Public Inspection

		2010 calendar year, or tax year beginning 07-01-2010 $$			
		pplicable C Name of organization		D Employer	identification number
	dress ch	THE PROFESSIONAL GOLFERS ASSOC		59-0785	835
_		Doing Business As			
_	me cha			E Telephone	number
Init	ial retu	Number and street (of PO box if mail is not delivered to street address)	Room/suite	(561)62	4-8400
Ter	mınate	d PO BOX 109601			
— Am	ended			G Gross receip	ots \$ 147,641,095
— Apr	olication	PALM BEACH GARDENS, FL 334109601			
		F Name and address of principal officer			
		JOE STERANKA	H(a) Isthisag	roup return for affil	lates? Yes No
		PO BOX 109601	H(b) Are all a	ffiliates included	l?
		PALM BEACH GARDENS,FL 334109601	` '		t (see instructions)
				exemption n	
I Ta	x-exem	npt status		•	
J W	ebsite	e: ▶			
V Form	m of or	ganization	L Year of form	antion 1016	M State of legal domicile FL
	rt I		L fear or form	IALIOII 1916	14 State of legal dofficile FL
ΓŒ		Summary Briefly describe the organization's mission or most significant activities			
Activities & Governance	- 2 (TO PROMOTE THE ENJOYMENT & INVOLVEMENT IN THE GAME AND TO COPROFESSIONAL AND THE GOLF INDUSTRY THE PGA WILL ACCOMPLISH TGOLF PROFESSIONALS AND THE OPPORTUNITIES FOR AMATEURS, MANURESULT, THE PGA WILL ELEVATE THE STANDARDS OF THE PROFESSIONA INTEREST IN THE GAME OF GOLF, AND PROMOTE THE OVERALL VITALITY Check this box fithe organization discontinued its operations or disposed or Number of voting members of the governing body (Part VI, line 1a)	HIS MISSION FACTURERS, L GOLFERS' V OF THE GAN	N BY ENHAN AND THE G OCATION, 1E	CING THE SKILLS OF ENERAL PUBLIC AS A STIMULATE
Ě		Number of independent voting members of the governing body (Part VI, line 1b)		4	21
ਰ		Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0
q		Total number of volunteers (estimate if necessary)		6	1,100
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	22,020
		Net unrelated business taxable income from Form 990-T, line 34		7b	-23,955
	B.	Net unrelated business taxable medine from Form 550 1, mie 54	Prior	<u>l</u>	Current Year
	。	Contributions and grants (Dart VIII line 1b)	71101	rear	0
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	<u> </u>		
ē	9	Program service revenue (Part VIII, line 2g)		6,232,355	72,325,881
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,586,443	19,629,284
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,729,790	1,503,640
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,375,702	93,458,805
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			965,426
	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			
8		5-10)			
¥					0
亚	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
<u>⊕</u>	16a b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) •0			
Expenses			6	57,019,926	0
Expe	ь	Total fundraising expenses (Part IX, column (D), line 25) 🕒		57,019,926 57,019,926	
Бұре	b 17	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6	+	77,678,342
	b 17 18	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6	57,019,926 10,644,224 of Current	77,678,342 78,643,768
	b 17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning Ye	57,019,926 .0,644,224 of Current ar	77,678,342 78,643,768 14,815,037 End of Year
	b 17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning Ye	57,019,926 10,644,224 of Current ar 98,690,227	77,678,342 78,643,768 14,815,037 End of Year 304,306,444
	b 17 18 19 20 21	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning of Ye	57,019,926 10,644,224 of Current ar 98,690,227 58,017,435	77,678,342 78,643,768 14,815,037 End of Year 304,306,444 29,819,143
Net Assets or Fund Balances	b 17 18 19 20 21 22	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning of Ye	57,019,926 10,644,224 of Current ar 98,690,227	77,678,342 78,643,768 14,815,037 End of Year 304,306,444
Net Assets or more services	b 17 18 19 20 21 22 ** III	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning Ye 29 5 24 medules and sta	67,019,926 10,644,224 of Current ar 98,690,227 58,017,435 10,672,792	77,678,342 78,643,768 14,815,037 End of Year 304,306,444 29,819,143 274,487,301 to the best of my
Net Assets or more services	20 21 22 21 22	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16)	Beginning Ye 29 24 nedules and sta	67,019,926 10,644,224 of Current ar 98,690,227 58,017,435 10,672,792	77,678,342 78,643,768 14,815,037 End of Year 304,306,444 29,819,143 274,487,301 to the best of my
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May the IRS discuss this return with the preparer shown above? (see instructions)

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Par	t III			ccomplishments to any question in this Pa	nrt III	
1		ly describe the organiza		LTUE CAME AND TO C	ONTRIBUTE TO THE CROWEN	0.5.7115.001.5
PRO PRO PGA	FESSI FESSI WILL	ONAL AND THE GOLF ONALS AND THE OPPO	INDUSTRY THE PG DRTUNITIES FOR A ARDS OF THE PROF	A WILL ACCOMPLISH T MATEURS, MANUFACT ESSIONAL GOLFERS' V	ONTRIBUTE TO THE GROWTH THIS MISSION BY ENHANCING URERS, AND THE GENERAL PU OCATION, STIMULATE INTER	THE SKILLS OF GOLF BLIC AS A RESULT, THE
2		ne organization undertal rior Form 990 or 990-E		gram services during the	e year which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new	services on Schedule	e O		
3	Did th servi	=	onducting, or make s	ıgnıfıcant changes ın hov	vit conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these chan	ges on Schedule O			
4	Secti	on 501(c)(3) and 501(c)(4) organizations ar		three largest program services busts are required to report the angram service reported	
4a	(Cod	e) (E	xpenses \$	ıncludıng grants of	\$) (Revenue \$)
	PART		ME OF THESE EVENTS AR		F, WE OVERSEE MANY GOLF TOURNAMEN AND INTERNATIONAL TELEVISION, GENER	
	(Cod	e) (E	xpenses \$	ıncludıng grants of	\$) (Revenue \$)
	EDUC COMI	CATION GOLF PROFESSIONAL MUNITY LEADERS WHO HELP GRAMS TO ENSURE THAT THE	S ARE THE FOUNDATION PROVIDE AFFORDABLE AN	OF GOLF THE PROFESSIONAL ND ACCESSIBLE GOLF TO EVER	LS ARE EXPERT INSTRUCTORS, SKILLED RYONE, EVERYWHERE THE PGA PROVIDI ROVIDING ENJOYMENT TO MILLIONS OF	ES EXTENSIVE EDUCATIONAL
	(Cod	e)(F	xpenses \$	ıncludıng grants of	\$) (Revenue \$)
70	•	, ,	•	2 2	GOALS AND DEVELOPING SOLUTIONS IN	THE AREA OF COMMON CONCERN
	Othe	er program services (D	escribe in Schedule (
		penses \$	ıncludıng ç	•) (Revenue \$)
4e	Tota	ıl program service expe	ıses ⊧ -\$			

Part TV	Checklist	of Re	auired	Schedules
	CHECKHIST	OI KC	quii cu	Scriedules

			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 (see instruction)?	2		No
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	, , , , ,	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	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 ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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, Parts III and IV .	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 (see instructions)	17		N o
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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		No
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		No
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		No
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)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \Box Yes \Box No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		No
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	(2010)

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
1	gaming (gambling) winnings to prize winners?	1 c		
	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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country ▶			
	See instructions for filling requirements for Form FD F 30-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
3	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
1	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	7a		
	services provided to the payor?	71.		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
:	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
•	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
1	Gross income from members or shareholders			
•	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	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	13a		
,	Enter the amount of reserves the organization is required to maintain by the states			
=	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
•	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	14a 14b		140

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.

itains a response to any question in					

Se	ection A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
	Independent 1 1 1 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	\vdash	165	
/ a	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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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	401	,	
c	to conflicts?	12b	Yes	
·	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
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 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		Νo
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		
	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 Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			

- 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 the organization F
 THE CONTROLLER

100 AVE OF THE CHAMPIONS
PALM BEACH GARDENS, EL. 334

<u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	<u>elated o</u>	rgan	zatio	on c	ompen	sate	d any current office	er, director, or trust	ee		
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)			Position (check all that apply)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
See Additional Data Table												

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

		1	Ι											
	(A) Name and Title	(B) Average hours		(i ition that a			Ш		Repo	(D) ortable ensation	(E) Reportable compensation		(F) Estima mount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organız	m the ration (W- 9-MISC)	from related organizations (W- 2/1099- MISC)	. 0	compens from t rganizat relat organiza	the Ion and ed
See A	Addıtıonal Data Table													
				\vdash			+					+		
				\vdash			+					+		
				₩			-					+		
					-		-					+		
							-					_		
							<u> </u>							
1b	Sub-Total				•	•		►						
С	Total from continuation sheets	<u> </u>					Þ							
d	Total (add lines 1b and 1c)							<u> </u>			4,052,87	71	-	719,646
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above) who	receive	d more tha	n			
													Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci					ey e	mploy -	ee, o	r highes	t compens	ated employee			
4	For any individual listed on line					nens	sation	and o	ther cou	nnensation	from the	3	Yes	
•	organization and related organiz											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										r individual for •	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five	hıghest compei		ındep	ende	ent o	ontra	ctors	that rec	eived more	than			
	\$100,000 of compensation from	n the organizatio	n								(B)		(C	`
	Nai	(A) me and business ad	dress							Descr	(b) iption of services		Comper	

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
PETER J RYAN 3120 VERDUN AVE	EDUCATION CONS	710,759
SAN MATEO, CA 94403	EBOOM CONS	710,733
MULTI IMAGE GROUP INC		
1701 CLINT MOORE ROAD	PRODUCTION	507,126
BOCA RATON, FL 334872755		
THALER MEDIA INC	CD ADUTOS	462 724
136 LIGHTHOUSE DRIVE	GRAPHICS	462,724
NORTH PALM BEACH, FL 33408		
SOUTHEASTERN PRINTING PO BOX 2301	DDINTING/DICT	416 010
STUART, FL 349952301	PRINTING/DIST	416,819
PBD INC		
1650 BLUEGRASS LAKES PKWY	DISTRIBUTION	330,195
ALPHARETTA, GA 300047714	DISTRIBUTION	330,133
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►20	who received more than	

Form 9		2010) Statement of Reven					Pa	ge 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues	1c . 1d . 1e ., and 1f					
a D E	h	Total. Add lines 1a-1f						
Program Service Revenue	d e	TOURNAMENT REVENUE EDUCATION REVENUE MEMBERSHIP DUES & ASSESEMENT GROWTH OF THE GAME MEMBERSHIP FEES & ASSESEMENT All other program service re	S	Business Code	9,413,681			
ို့		Total. Add lines 2a-2f			9,144 72,325,881			
	3	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds		15,914,820		13,666	15,901,154
	6a b c	Gross Rents	(I) Real 1,030,181 1,079,957 -49,776	(II) Personal	-49,776		-49,776	
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 56,816,797 52,896,709 3,920,088	(II) O ther 205,624 -205,624				
		Net gain or (loss)			3,714,464			3,714,464
Other Revenue	8a	Gross income from fundraisi (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
₹		Less direct expenses . Net income or (loss) from fu						
	9a b	Gross income from gaming a	ctivities See Part IV, line 19 .	a				
	Ь	Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa	a . b					
		Miscellaneous Revenue	·	Business Code				
	ь	OTHER SPONSOR REVENU OTHER SPONSOR REVENU CAREERLINK		711300	112,551 58,130 15,000		58,130	112,551 15,000
		All other revenue						
		Total. Add lines 11a-11d Total revenue. See Instructi	▶		185,681 93,458,805		22,020	
					25, 130,005	72,325,881		21,110,904

Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, , 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	042.026	Схрепзез	денени ехрепаез	СХРСПЭСЭ
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	942,926			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	22,500			
4	Benefits paid to or for members			1	
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				
0	Payroll taxes				
а	Fees for services (non-employees) Management	21,196,574			
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	28,773,538			
2	Advertising and promotion	8,267,976			
3	Office expenses	1,085,996			
1	Information technology				
5	Royalties				
5	Occupancy	858,449			
7	Travel	4,702,447			
В	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,972,811			
)	Interest	147,676			
L	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,042,620			
3	Insurance				
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	SECTION SERVICES	3,955,710			
b	TOURNAMENT PRIZES	3,212,132			
c	SUPPLIES	1,095,577			
d	TAXES & LICENSES	220,933			
e	BAD DEBTS	99,928			
f	All other expenses	45,975			
25	Total functional expenses. Add lines 1 through 24f	78,643,768	0	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			45,513,392	2	35,412,238
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,651,493	4	2,881,674
	5	Receivables from current and former officers, directors, trustee 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 $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	ers, and				
35		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			410,226	8	267,591
	9	Prepaid expenses and deferred charges			1,404,329	9	1,255,333
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	25,312,044			
	ь	Less accumulated depreciation	10b	17,397,882	8,207,561	10 c	7,914,162
	11	Investments—publicly traded securities			141,269,961	11	165,987,725
	12	Investments—other securities See Part IV, line 11			99,233,265	12	83,051,045
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	7,536,676
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			298,690,227	16	304,306,444
	17	Accounts payable and accrued expenses .			5,702,145	17	9,137,149
	18	Grants payable				18	
	19	Deferred revenue			20,531,199	19	13,416,558
	20	Tax-exempt bond liabilities				20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	8,107,501	23	7,265,436
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			23,676,590	25	
	26	Total liabilities. Add lines 17 through 25			58,017,435	26	29,819,143
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete l	ines 27			
Đ		through 29, and lines 33 and 34.					
밀	27	Unrestricted net assets			240,672,792	27	274,487,301
ထိ	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
Fund Balances		Organizations that do not follow SFAS 117, check here ► ┌ at	nd con	nplete			
ŏ		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 for	ınds			32	
¥	33	Total net assets or fund balances			240,672,792	33	274,487,301
_	34	Total liabilities and net assets/fund balances			298,690,227	34	304,306,444

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93.4	158,80
2	Total expenses (must equal Part IX, column (A), line 25)	2			543,76
3	Revenue less expenses Subtract line 2 from line 1	3		14,8	315,03
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		240,6	572,79
5	Other changes in net assets or fund balances (explain in Schedule O)	5		18,9	999,47
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		274,4	187,30
Par	Time Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		l No
b	Were the organization's financial statements audited by an independent accountant?	!	2b	Yes	NO
С	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 is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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) Name and Title	(B) Average hours	Posi t	tion (that a	che		II		(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
ALAN WRONOWSKI PRESIDENT	4 00	Х		Х				0	51,285	0
TED BISHOP VICE PRESIDE	4 00	Х		Х				0	47,937	0
JIM REMY HON PRESIDEN	2 00	Х		Х				0	44,697	0
ROGER WALLACE DISTRICT DIR	1 00	Х						0	10,214	0
DEREK SPRAGUE SECRETARY	4 00	Х		Х				0	4,964	0
SUZY WHALEY DISTRICT DIR	1 00	Х						0	0	0
LEO DEGISI DISTRICT DIR	1 00	Х						0	0	0
HUNT GILLILAND DISTRICT DIR	1 00	Х						0	0	0
MICHAEL DOCTOR DISTRICT DIR	1 00	Х						0	0	0
GIL GUSWEILER DISTRICT DIR	1 00	Х						0	0	0
BRUCE PATTERSON DISTRICT DIR	1 00	Х						0	0	0
MICHAEL TUCKER DISTRICT DIR	1 00	Х						0	0	0
JEFF SMITH DISTRICT DIR	1 00	Х						0	0	0
RON DUNHAM DISTRICT DIR	1 00	Х						0	0	0
MICHAEL AHRNSBRAK DISTRICT DIR	1 00	Х						0	0	0
SUE FISCO DISTRICT DIR	1 00	Х						0	0	0
RONNY GLANTON DISTRICT DIR	1 00	Х						0	0	0
STEPHEN COX DISTRICT DIR	1 00	Х						0	0	0
MICHAEL HAYWOOD DISTRICT DIR	1 00	X						0	0	0
JOHN JACOB INDEP DIR	1 00	X						0	0	0
ASUKA NAKAHARA INDEP DIR	1 00	Х						0	0	0
ZACH JOHNSON PLAYER DIR	1 00	Х						0	0	0
ROD LOESCH DISTRICT DIR	1 00	Х						0	0	0
DAVID MOCINI DISTRICT DIR	1 00	Х						0	0	0
MIKE THOMAS DISTRICT DIR	1 00	Х						0	0	0

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

(A) Name and Title	(B) Average hours per	Posi	((C) (che	ck al	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
RAY CUTRIGHT DISTRICT DIR	1 00	Х						0	0	0
JOE STERANKA CEO	25 00			х				0	859,352	71,100
TIM SHANK TREASURER	19 00			х				0	363,682	67,496
CHRISTINE GARRITY ASST SEC	25 00			х				0	339,706	49,513
KIRK POTTINGER TAX OFFICER	19 00			х				0	282,301	55,471
KERRY HAIGH MANAGING DIR	10 00				х			0	450,481	84,454
BRADLEY SULLIVAN SR DIRECTOR	38 00				х			0	194,975	38,999
KEVIN CARTER SR DIRECTOR	5 00					Х		0	337,856	64,441
JULIUS MASON SR DIRECTOR	20 00					Х		0	246,158	58,823
ROSEMARIE BARR SR DIRECTOR	19 00					Х		0	210,112	43,264
PAUL METZLER SR DIRECTOR	39 00					Х		0	182,817	38,330
EARNEST ELLISON JR DIRECTOR	39 00					Х		0	165,781	25,283
JIM AWTRY FORMER CEO							х	0	138,977	60,201
PAUL BOGIN FORMER COO							Х	0	121,576	62,271

DLN: 93493135016452

OMB No 1545-0047

Open to Public

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

	ime of the organization E PROFESSIONAL GOLFERS ASSOC	ızatıons Complete Part III		Emplo	yerıder	ntification number
	AMERICA				85835	
ar	t I-A Complete if the o	ganization is exempt unde	r section 501(c) or is a section	on 527	7 organization.
	Provide a description of the o	rganızatıon's dırect and ındırect polı	tıcal campaıgn act	ıvıtıes ın Part IV		
	Political expenditures)	\$
;	Volunteer hours					
ar	t I-B Complete if the o	rganization is exempt unde	r section 501(c)(3).		
		e tax incurred by the organization u			>	\$
!	Enter the amount of any excis	e tax incurred by organization mana	agers under sectioi	n 4955	•	\$
;	If the organization incurred a	section 4955 tax, did it file Form 47	720 for this year?			┌ Yes ┌ N
a	Was a correction made?					┌ Yes
b	If "Yes," describe in Part IV					
ar	t I-C Complete if the o	ganization is exempt unde	r section 501(c) except secti	on 50:	1(c)(3).
	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities	s 🕨	\$
	Enter the amount of the filing exempt funtion activities	organization's funds contributed to	other organizations	for section 527	►	\$
	Total exempt function expend	itures Add lines 1 and 2 Enter her	e and on Form 112	0-POL, line 17b	-	¢
; ;	Did the filing organization file	Form 1120-POL for this year?			▶ nization:	\$Yes
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution		EIN) of all section the amount paid fro directly delivered	527 political orgar im the filing organiz to a separate politi	atıon's cal orga	s to which the filing funds Also enter the anization, such as a
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year? Independent of the second of	EIN) of all section the amount paid fro directly delivered	527 political orgar im the filing organiz to a separate politi	ation's cal orga informa d from	s to which the filing funds Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions received
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number (For each organization listed, enter the second second that were promptly and in political action committee (PAC)	EIN) of all section the amount paid fro directly delivered If additional space	527 political organize to a separate political is needed, provide (d) A mount pair filing organizate	ation's cal orga informa d from	s to which the filing funds. Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If non
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number (For each organization listed, enter the second second that were promptly and in political action committee (PAC)	EIN) of all section the amount paid fro directly delivered If additional space	527 political organize to a separate political is needed, provide (d) A mount pair filing organizate	ation's cal orga informa d from	s to which the filing funds. Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If non
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number (For each organization listed, enter the second second that were promptly and in political action committee (PAC)	EIN) of all section the amount paid fro directly delivered If additional space	527 political organize to a separate political is needed, provide (d) A mount pair filing organizate	ation's cal orga informa d from	s to which the filing funds. Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If non
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number (For each organization listed, enter the second second that were promptly and in political action committee (PAC)	EIN) of all section the amount paid fro directly delivered If additional space	527 political organize to a separate political is needed, provide (d) A mount pair filing organizate	ation's cal orga informa d from	s to which the filing funds Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions receive and promptly and directly delivered to separate political organization. If non
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number (For each organization listed, enter the second second that were promptly and in political action committee (PAC)	EIN) of all section the amount paid fro directly delivered If additional space	527 political organize to a separate political is needed, provide (d) A mount pair filing organizate	ation's cal orga informa d from	s to which the filing funds. Also enter the anization, such as a ation in Part IV (e) A mount of politic contributions received and promptly and directly delivered to separate political organization. If non

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed F	orm 5768	(election
A	Check If the filing organization belongs to a Check If the filing organization checked bo	an affiliated group x A and "limited control" provisions apply			
<u>. </u>	Limits on Lobbying E (The term "expenditures" means a	Expenditures	,	(a) Filing ganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1	b)			
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1	c and 1d)			
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both			
	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 lir	ne 1f)			
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -			
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -			
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting		┌ Yes ┌ No

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	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	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)).

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

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

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

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	2,594,000
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	100,781
b	Carryover from last year	2b	
С	Total	2c	100,781
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	207,520
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	-106,739

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

Identifier Return Reference Explanation

DLN: 93493135016452

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

HE PROFESSIONAL GOLFERS ASSOC				
F AMERICA			0785835	C . 1
art I Organizations Maintaining Donor Ad organization answered "Yes" to Form 990		ar Funds	or Accounts. Complet	e if the
Organization answered Tes to Form 990	(a) Donor advised funds		(b) Funds and other accou	nts
Total number at end of year	(4,2000, 440,004,400		(-)	
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advis	sors in writing that the assets held	ın donor advı	sed	
funds are the organization's property, subject to the o			☐ Yes	▼ No
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit				✓ No
art II Conservation Easements. Complete	f the organization answered "Y	'es" to Forn	<u> </u>	,
Purpose(s) of conservation easements held by the order Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	ganization (check all that apply) on or pleasure) Preservation	of an histor	ically importantly land area	a
Complete lines 2a-2d if the organization held a qualife easement on the last day of the tax year	fied conservation contribution in the	e form of a co	onservation	
			Held at the End of the	Year
Total number of conservation easements		2a		
Total acreage restricted by conservation easements		2b		
Number of conservation easements on a certified hist	toric structure included in (a)	2c		
Number of conservation easements included in (c) ac	quired after 8/17/06	2d		
Number of conservation easements modified, transfer	rred, released, extinguished, or terr	nınated by th	ne organization during	
the taxable year 🗠				
Number of states where property subject to conserva	tion easement is located ►			
Does the organization have a written policy regarding enforcement of the conservation easements it holds?		n, handling of	violations, and Yes	√ No
Staff and volunteer hours devoted to monitoring, inspe	ecting and enforcing conservation e	easements d	uring the year ▶	
A mount of expenses incurred in monitoring, inspectin	g, and enforcing conservation ease	ments during	g the year ► \$	
Does each conservation easement reported on line 2: 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				✓ No
In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	he footnote to the organization's fin			·
rt III Organizations Maintaining Collection			her Similar Assets.	
Complete if the organization answered "	·		halance sheet works of	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held to provide, in Part XIV, the text of the footnote to its final firm.	for public exhibition, education or re	esearch in fu		<u>.</u> ,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide 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, histo following amounts required to be reported under SFAS		sets for finan	cial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	411 Organizations Maintaining Co	llections of Ar	t, His	<u>stori</u>	cal Tr	<u>easu</u>	ires, or C	the	r Similar <i>i</i>	Asset	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	y of th	he fol	lowing t	that ar	e a signific	ant u	se of its colle	ection		
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	v furthe	er the o	organization	ı's ex	empt purpos	e in		
	Part XIV						-			•		
5	During the year, did the organization solicition assets to be sold to raise funds rather than t								ıılar	Гγ	es	√ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organi	ızatıoı			es" to Form	, -		, 115
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						or other ass	ets r	not	ΓY	es	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follov	ving t	able		_					
										Amoun	<u>t</u>	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	,						ΓY	es	✓ No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	swere	ed "Ye							
		(a)Current Year	(b) Prior	Year	(c) Tv	vo Years Back	(d)	Three Years Bac	k (e) F	our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
С	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									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are held	d and a	dministere	d for	the			
	organization by	_									Yes	No
	(i) unrelated organizations								<u> </u>	Ba(i)		No
	(ii) related organizations								📮	a(ii)		No
	If "Yes" to 3a(II), are the related organizatio							•		3b		No
4	Describe in Part XIV the intended uses of th					- OO B	t V l	10				
Pali	t VI Investments—Land, Building	s, and Equipme	ent. S						<u> </u>			
	Description of investment) Cost or is (invest		(b)Cost or o basis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a	Land						40	0,078				400,078
Ь	Buildings						10,58	5,480	4,894	,956		5,691,524
c	Leasehold improvements											
d I	Equipment						13,31	0,633	11,841	,181		1,469,452
_е	Other	<u></u>					1,01	4,853	661	,745		353,108
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>), line	10(c).)			_				7,914,162
									Schedule	D (Fo	rm 9	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests	83,051,045		С
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	83,051,045		
Part VIII Investments—Program Related. See			
			d of valuation
(a) Description of investment type	(b) Book value	Cost or end-or	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, lin	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		(b) Book value

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
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		10	
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
1	Total revenue, gains, and other support per audited financial statements	1	turri
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
2 a	Net unrealized gains on investments		
b	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	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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 Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	-	Return
1	Total expenses and losses per audited financial	F	
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
С	Other losses]	
d	Other (Describe in Part XIV)		
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	
	t XIV Supplemental Information		
	plete 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135016452

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

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

OFA	MERICA				59-0785835	
Pa	Tt I General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	organization m gibility for the	naıntaın record: grants or assıs	tance, and the selecti	on criteria used to awa	ard
2	For grantmakers. Describe in Pa United States	rt V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	-					
	-					
	Sub-total Total from continuation sheets					
	to Part I Totals (add lines 3a and 3b)					

Sch	edule F (Form 990)2010							Page 2
Pa	Part IV, l	ine 15, for any		inizations or Entitions or Entitions (1974)					
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	CHARITABLE	12,500	WIRE TRANSFER			
			EAST ASIA AND THE PACIFIC	CHARITABLE	10,000	ELECTRONIC TRF			
2				sted above that are ree or counsel has pro					2
3	Enter total nur	mber of other	organizations or e	ntities				. ▶	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	Γ	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	Γ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	Г	No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES		THE ORGANIZATION ESTABLISHES THAT THE RECIPIENT IS A QUALIFIED CHARITABLE ORGANIZATION IN THE COUNTRY THEY ARE ESTABLISHED PRIOR TO DISBURSING THE CONTRIBUTIONS

Schedule F (Form 990) 2010

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493135016452

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization THE PROFESSIONAL GOLFERS ASSOC Employer identification number

OFAMERICA						59-0785835	
Part I General Informatio	n on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance [?]			the grants or assist	ance, and	✓ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additiona	ssistance to Go e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50						· · · · · •_	12
3 Enter total number of other orga	nizations					<u> ▶ _</u>	1

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	THE RECIPIENT MUST SUBMIT A REQUEST FOR THE GRANT/CONTRIBUTION AND THE THE ORGANIZATION ESTABLISHES THAT THE RECIPIENT IS A QUALIFIED CHARITABLE ORGANIZATION PRIOR TO DISBURSING THE GRANTS AND CONTRIBUTIONS

Software ID:

Software Version:

EIN: 59-0785835

Name: THE PROFESSIONAL GOLFERS ASSOC

OF AMERICA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD GOLF FOUNDATION ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092	59-2998925	501	450,000				GROWTH OF GOLF
THE ENVIRONMENTAL INSTIT FOR GOLF1421 RESEARCH PARK DR LAWRENCE, KS 660493859	59-0994338	501	33,000				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXECUTIVE WOMEN'S GOLF ASSOC INC300 AVE OF THE CHAMPIONS STE 140 PALM BEACH GARDENS, FL 334183615	59-3348753	501	75,000				GROWTH OF GOLF
THE LPGA FOUNDATION 100 INTERNATIONAL GOLF DR DAYTONA BEACH,FL 321241082	59-3085528	501	25,000				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS4004 BARRETT DR STE 206 RALEIGH,NC 27609	59-0889518	501	25,000				CHARITABLE
DIVERSITY GOLF FOUNDATION7032 ALVISIO AVE RIVERSIDE,CA 92509	27-1108766	501	25,000				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HEALTHCARE CHARITY631 US HIGHWAY 1 STE 410 NORTH PALM BEACH,FL 33408	20-4394654	501	50,000				CHARITABLE
NATIONAL RECREATION & PARKS ASSOCPO BOX 5007 MERRIFIELD, VA 221165007	13-5563001	501	30,000				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL GOLF FEDERATIONPO BOX 708 FAR HILLS,NJ 079310708	26-2934818	501	100,000				GROWTH OF GOLF
FIRST TEE NEW YORK INC 3200 FLATBUSH AVE BROOKLYN,NY 11235	31-1724122	501	12,500				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PALM BEACH CNTY2600 QUANTUM BLVD BOYNTON BEACH,FL 334268627	59-0683258	501	16,759				CHARITABLE
MIDNIGHT GOLF PROGRAMPO BOX 4399 EAST LANSING, MI 488264399	38-3580432	501	10,000				GROWTH OF GOLF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE URBAN LEAGUE1535 WEST BROADWAY LOUISVILLE,KY 40203	61-0444771	501	25,000				CHARITABLE

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DLN: 93493135016452

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization THE PROFESSIONAL GOLFERS ASSOC OF AMERICA

59-0785835 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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)(I)-(III) 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	-	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	belletits	(6)(1)-(0)	Form 990 or Form 990-EZ
(1) JOE STERANKA	(I) (II)	792,273	27,680	39,399	49,502	21,598	930,452	
(2) TIM SHANK	(I) (II)	268,847	85,680	9,155	42,731	24,765	431,178	
(3) CHRISTINE GARRITY	(I) (II)	257,831	70,679	11,196	41,574	7,939	389,219	
(4) KIRK POTTINGER	(I) (II)	218,312	52,680	11,309	38,879	16,592	337,772	
(5) KERRY HAIGH	(I) (II)	329,073	110,680	10,728	61,206	23,248	534,935	
(6) BRADLEY SULLIVAN	(I) (II)	154,347	29,680	10,948	15,884	23,115	233,974	
(7) KEVIN CARTER	(I) (II)	239,397	88,680	9,779	41,326	23,115	402,297	
(8) JULIUS MASON	(I) (II)	189,123	44,680	12,355	35,600	23,223	304,981	
(9) RO SEMARIE BARR	(I) (II)	163,397	35,680	11,035	21,649	21,615	253,376	-
(10) PAUL METZLER	(I) (II)	139,147	32,680	10,990	18,864	19,466	221,147	-
(11) EARNEST ELLISON JR	(I) (II)	144,254	20,680	847	16,714	8,569	191,064	
(12) JIM AWTRY	(I) (II)	138,977				60,201	199,178	
(13) PAUL BOGIN	(I) (II)	121,576				62,271	183,847	
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
,	,	JOE STERANKA 0 25,002 0 TIM SHANK 0 18,231 0 CHRISTINE GARRITY 0 17,074 0 KIRK POTTINGER 0 14,379 0 KERRY HAIGH 0 21,706 0
•	'	KEVIN CARTER 0 16,826 0 JULIUS MASON 0 12,159 0
•	I, LINE 4	
BASED PAYMENTS		

Schedule J (Form 990) 2010

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DLN: 93493135016452

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

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

59-0785835

Identifier	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

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ENTITY IS ORGANIZED WITH BASIC AND APPRENTICE MEMBERS WHO ARE QUALIFIED GOLF PROFESSIONALS

Identifier	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 11B	FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE TAX OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

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

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	NET ASSETS INCLUDE 19,006,915 OF UNREALIZED GAINS ON INVESTMENTS AND AN OFFSET OF 7,443 RELATED TO THE REVERSAL OF A PRIOR YEAR CORRECTION TO THE RELATED PARTY RENTAL INCOME COMPUTATION THIS NET BALANCE OF 18,999,472 IS REFLECTED ON LINE 5 OF PART XI AS AN OTHER CHANGE IN NET ASSETS

DLN: 93493135016452

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE PROFESSIONAL GOLFERS ASSOC OF AMERICA 59-0785835

Part 1 Identification of Disregarded Entities (Complete	e if the organization	on answered "Yes	" on Form 990, Pai	t IV, line 33.)		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	tions (Complete tax year.)	if the organization	n answered "Yes" o	on Form 990, Part	IV, line 34 because it	t had one
(a)	(b)	(c)	(d)	(e)	(f) Se	(g) ection 512(b)(1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: conti organi	9) 12(b)(13) rolled ızatıon
						Yes	No
(1) PGA FOUNDATION INC							
PO BOX 109601	GROW GOLF	FL	501C3	7	NA		No
PALM BEACH GARDENS, FL 334109601 59-1809626							
(2) PGA FINANCIAL ASSISTANCE FUND INC							
PO BOX 109601	FINC'L AID	FL	501C3	7	NA		No
PALM BEACH GARDENS, FL 334109601 _65-0443262							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No	50135Y		Schedule R (F	orm 990)	2010

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(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)	(f) Share of total income		(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging	(k) Percentage ownership
(1) VALHALLA GOLF CLUB							163	NO		163	NO	
LTD PO BOX 109601 PALM BEACH GARDENS, FL334109601 61-1252109	GOLF RLTD	KY	PGA VALHAL PGA VALHALLA INC	RELATED				No			No	
(2) VALHALLA GOLF CLUB LTD												
PO BOX 109601 PALM BEACH GARDENS, FL334109601 61-1252109	GOLF RLTD		PGA VALHAL PGA VALHALLA INC	RELATED				No			No	
(3) VALHALLA GOLF CLUB LTD PO BOX 109601 PALM BEACH GARDENS, FL334109601 61-1252109	GOLF RLTD		PGA VALHAL PGA VALHALLA INC	RELATED				No			No	
Dort IV Identifi	estion of Dolot	- d O	anizationa Tava	ble se s Compan	ation or Truct (Complete if the	0 40 0 10		a a powered "Vee"	on Fo	O	00 Dawt IV

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
See Additional Data Table							

(6)

Part \	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
No	e. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Durın	g the tax year, did the orgranization engage in any of the following transactions with one or more related organ	izations listed in Parts	s II-IV?			
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes	
b Gif	t, grant, or capital contribution to other organization(s)			1b	Yes	
c Gıf	t, grant, or capital contribution from other organization(s)			1c		No
d Lo	ans or loan guarantees to or for other organization(s)			1d		No
e Lo	ans or loan guarantees by other organization(s)			1 e		No
f Sa	e of assets to other organization(s)			1f		No
	rchase of assets from other organization(s)			1g		No
	change of assets			1h		No
	se of facilities, equipment, or other assets to other organization(s)			1i		No
j Lea	se of facilities, equipment, or other assets from other organization(s)			1j		No
k Pe	rformance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Per	formance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sh	aring of facilities, equipment, mailing lists, or other assets			1n	Yes	
n Sh	arıng of paıd employees			1n	Yes	
o Re	imbursement paid to other organization for expenses			10	Yes	
	imbursement paid by other organization for expenses			1p	_	
р ке	inibulsement paid by other organization for expenses			100		
q Ot	her transfer of cash or property to other organization(s)			1 q	Yes	
r Ot	ner transfer of cash or property from other organization(s)			1r	Yes	
	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, in		anahina and transact	van thrachalda		
2 110		(b)		(d)		
	(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determi involve		ount
(1)						
	nal Data Table					
(2)						
(3)						
(4)						
(4)						
(5)						

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 parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
									+	\vdash
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							\vdash		+	\vdash
										T
									-	\vdash
										╁
									+	+
										T

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

		•
Identifier	Return Reference	Explanation
ADDITIONAL	SCHEDULE R	THE ORGANIZATION SHARES CERTAIN FACILITIES AND EQUIPMENT WITH ITS RELATED ENTITIES PGA CORPORATION IS THE DIRECT
INFORMATION		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) 2010

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 PGA OF AMERICA	C CORP	35,620,912	115,621,739	100 000 %		
PGA GOLF DEVELOPMENT INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0775946	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA GOLF ENTERPRISES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0397758	GOLF RLTD	FL	PGA CORP PGA CORPORATION	C CORP					
PGA GOLF PROPERTIES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 59-2763185	GOLF RLTD	FL	PGA CORP PGA CORPORATION	C CORP					
PGA GOLF PARTNERS INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394728	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA MANAGEMENT SERVICES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394727	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA RESERVE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0520200	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA ST LUCIE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394724	GOLF RLTD	FL	PGA GLF PT PGA GOLF PARTNERS INC	C CORP					
PGA TOURNAMENT CORPORATION INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394725	GOLF RLTD	FL	PGA CORP PGA CORPORATION	C CORP					
PGA VALHALLA INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0447187	GOLF RLTD	FL	PGA GLF PT PGA GOLF PARTNERS INC	C CORP					
PGA CORPORATION PO BOX 109601 PALM BEACH GARDENS, FL334109601 59-1101063	GOLF RLTD	FL	PGA OF AM PGA OF AMERICA	C CORP	35,620,912	115,621,739	100 000 %		
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PGA GOLF PROPERTIES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 59-2763185	GOLF RLTD	FL	PGA CORP PGA CORPORATION	C CORP					
PGA GOLF PARTNERS INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394728	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA MANAGEMENT SERVICES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394727	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA RESERVE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0520200	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA ST LUCIE INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394724	GOLF RLTD	FL	PGA GLF PT PGA GOLF PARTNERS INC	C CORP					
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PGA VALHALLA INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0447187	GOLF RLTD	FL	PGA GLF PT PGA GOLF PARTNERS INC	C CORP					

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation of 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		
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PGA GOLF PARTNERS INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394728	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
PGA MANAGEMENT SERVICES INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0394727	GOLF RLTD	FL	PGA GLF PR PGA GOLF PROPERTIES INC	C CORP					
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PGA VALHALLA INC PO BOX 109601 PALM BEACH GARDENS, FL334109601 65-0447187	GOLF RLTD	FL	PGA GLF PT PGA GOLF PARTNERS INC	C CORP					

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

	(a) Name of other organization	(a) Name of other organization (b) Transaction type(a-r) (\$)					
(1)	PGA GOLF PROPERTIES INC (INTEREST)	А					
(2)	PGA CORPORATION (RENT)	А					
(3)	PGA TOURNAMENT CORP INC (RENT)	А					
(4)	PGA RESERVE INC (RENT)	А					
(5)	VARIOUS RELATED ENTITIES	В					
(6)	VARIOUS RELATED ENTITIES	M					
(7)	PGA CORPORATION	N					
(8)	VARIOUS RELATED ENTITIES	0					
(9)	VARIOUS RELATED ENTITIES	P					
(10)	VARIOUS RELATED ENTITIES	Q	-				
(11)	PGA CORPORATION (DIVIDEND)	R					
(12)	PGA GOLF PROPERTIES INC (INTEREST)	А					
(13)	PGA CORPORATION (RENT)	А					
(14)	PGA TOURNAMENT CORP INC (RENT)	А					
(15)	PGA RESERVE INC (RENT)	А					
(16)	VARIOUS RELATED ENTITIES	В					
(17)	VARIOUS RELATED ENTITIES	М					
(18)	PGA CORPORATION	N					
(19)	VARIOUS RELATED ENTITIES	0					
(20)	VARIOUS RELATED ENTITIES	P					
(21)	VARIOUS RELATED ENTITIES	Q					
(22)	PGA CORPORATION (DIVIDEND)	R	†				