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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

<u>A</u> F	or the	2011 calendar year, or tax year beginning and	ending		
Вс	heck if pplicable	C Name of organization		D Employer identifie	cation number
	Addres	KENTUCKY GOLF ASSOCIATION, INC.			
	Name change			23-7	150508
	Inrtial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/surte	E Telephone number	
	Termin ated	1110 EDMOKE 0031 DKIVE		(502)243-8295
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	225,452.
	Application	LOUISVILLE, KI 40245	·	H(a) Is this a group re	
	pendin	F Name and address of principal officer STEVE MCMILLEN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status501(c)(3) 501(c) (6) ◀ (Insert no.) 4947(a)(1) o	or 527	1 ' ' ' '	list (see instructions)
		e: KYGOLF . ORG	T. 3	H(c) Group exemption	
	orm of ort I	organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 19/8 N	State of legal domicile: KY
		Briefly describe the organization's mission or most significant activities ORGAI	NT7F A	NID CONDITION	VARTOUG
če		STATE AMATEUR GOLF TOURNAMENTS IN KENTUCI		TAD CONDUCT	VARIOUS
JActivities & Governance		Check this box if the organization discontinued its operations or dispose		than 25% of its net as	sets
×er.		Number of voting members of the governing body (Part VI, line 1a)		3	32
G		Number of independent voting members of the governing body (Part VI, line 1b)	REC	EIVED 4	0
ୁ	i	Total number of individuals employed in calendar year 2011 (Part V. line 2a)			0
- K		Total number of volunteers (estimate if necessary)	MAY 1	4 2012 SS 6 7a	10
į.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	111/31 Д	رن 7a	0.
<u>"</u>	ы	Net unrelated business taxable income from Form 990-T, line 34		:J <u>Œ</u> 7b	0.
, =			OGUE	N PrioriYear	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.
Ç.		Program service revenue (Part VIII, line 2g)	<u> </u>	264,050.	225,340.
Åç∖		investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	324.	112.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ <u> </u>	35.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		264,409.	225,452.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,175. 0.	33,479.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		223,885.	192,310.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		259,060.	225,789.
	19	Revenue less expenses Subtract line 18 from line 12		5,349.	<337.>
ces			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		78,312.	74,335.
Vet Assets or und Balances	21	Total liabilities (Part X, line 26)	<u> </u>	10,350.	6,710.
<u> </u>	22_	Net assets or fund balances. Subtract line 21 from line 20		67,962.	<u>67,625.</u>
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		· · ·	knowledge and belief, it is
true,	correc	t, and complete, Declaration of preparer (other than officer) is based on all information of wh	nch preparer		//>
C:	_	Signature of officer		Date Date	//\
Sign	1	STEVE MCMILLEN, EXECUTIVE DIRECTOR		50.0	
Here		Type or print name and title			
		Print/Type preparer's name Preparer's engoature//		Date / Check	PTIN
Paid	1	DOUGLAS E MORRIS		5/1//2 self-employe	~L
		Firm's name DEMING MALONE LIVESAN & OSTROFF	PSC	Firm's EIN	61-1064249
		Firm's address 9300 SHELBYVILLE ROSTE 1/100			
		LOUISVILLE, KY 40222-5187		Phone no. (502)426-9660
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
13200	01 01-20	3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

Form	1990 (2011) KENTUCKY GOLF ASSOCIATION, INC.	23-7150508 Pa	ge 2								
Pa	rt III Statement of Program Service Accomplishments										
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission		<u></u>								
	TO ORGANIZE AND CONDUCT STATE GOLF TOURNAMENTS.										
2	Did the organization undertake any significant program services during the year which were not listed on										
	the pnor Form 990 or 990-EZ?	Yes X	No								
	If "Yes," describe these new services on Schedule O		1								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es? Yes X	No								
4	Describe the organization's program service accomplishments for each of its three largest program services,	, as measured by expenses									
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount										
	others, the total expenses, and revenue, if any, for each program service reported.										
4a	(Code) (Expenses \$	venue \$)								
	ORGANIZE AND CONDUCT VARIOUS STATE GOLF TOURNAMENTS.		 								
4b	(Code) (Expenses \$	evenue \$)								
		· · · · · · · · · · · · · · · · · ·									
											
4c	(Code) (Expenses \$ including grants of \$) (Re	venue \$)								
		<u> </u>									
	Other program convece (Decembe in Schodule O.)										
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ▶										
		Form 990 (2	011)								

Forn	990 (2011) KENTUCKY GOLF ASSOCIATION, INC. 23-715	<u>)508</u>	P	age 3
Pa	rt IV Checklist of Required Schedules			
	,		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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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? If "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			
Ū	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		X
_	Schedule D, Part III	 °	-	
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			x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		<u>X</u>
Ь	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		<u>X</u>
С	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		<u> </u>
d	·			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	<u>X</u>
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		<u> </u>
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		<u> </u>
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u>X</u> _

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20b

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		•	:
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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	l		7,7
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
-	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
_		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
200	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29_		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JŁ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- Ja		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- <u>-</u>
	If "Yes," complete Schedule R, Part V, line 2	36		ĺ
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		х
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	Х	Í

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	MENTUCKI GOLF ASSOCIATION, INC. 23-7130	<u> </u>) <u> </u>	age 5
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			$\overline{}$
	Check if Conedule C contains a response to any quodion in this rare v		i.	<u> </u>
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	Yes	No
1a	•	1	ŀ	
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
•	(gambling) winnings to prize winners?	1c	X	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a (
	,	┪	1	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1_	}	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	l		,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b	-	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible?	<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		 	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ		
	to file Form 8282?	7c	ļ	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e_	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		ł	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	┨		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	┨		
12a		12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	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	-		
С	Enter the amount of reserves on hand	+	 	
140	Did the organization receive any payments for indoor tanning services during the tax year?	14a	I	ΙX

132005 01-23-12

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

1a Enter the number of voting members of the governing body at the end of the fax year If there are metal differences in woting option among members of the governing body, or if the governing body of eligible though a third of the governing body, or if the governing body of eligible thread sultimority to an executive committee or sunder committee, explain in Schedule 0. b Enter the number of voting members michaded in line 1a, above, who are independent committees of the committees of the committee or sunder committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent committees of the committees of the committee or sunder committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent committees of the committees, or key employees 2 Did the organization orable any significant changes to the sunders of the committees of the government of the organization in the sunders of the committees of the government of the organization in the sunders of the committees of the committee of the committees		Check if Schedule O contains a response to any question in this Part VI			X
If there are material differences in voting members of the governing body at the end of the tax year If there are material differences in voting inflish among members of the governing body, of if the governing body delegated broad authority to an executive committee or similar committee, eighain in Schedule 0. In the organization provided in the 1st, above, who are independent 2 Did any officer, director, frustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior form 590 was filed? 4 Did the organization make any significant changes to its governing documents since the prior form 590 was filed? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance discossion of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization navemembers of the governing body? 9 Did the organization commemproneusly document the meetings field or written actions undertaken during the year by the following: 1 The governing body? 1 Since the organization organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 1 Since the organization commemproneusly document the meetings field or written actions undertaken during the year by the following: 2 The governing body? 3 Did the organization organization that without the action of the governing body? 4 Did the organization organization that we can be part to the governing body? 5 Since the normative with authority to act on behalf of the governing body? 5 Since the organization have local chapters, branches, or affiliates? 6 Did the organization have local chapters, branches, or affiliates? 7 Did the	Sec	tion A. Governing Body and Management			
there are metal addifferences in working mythis among methors of the governing body of all the ord of the tax year if there are metal addifferences in working mythis among methors of the governing body of the poverning body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent of the committee of the committee of similar committee, explain in Schedule 0. b Chief, offector, trustee, or key employees have a family relationship or a business relationship with any other officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization nave employees to a management company or other person? 4 Did the organization make my significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 But the organization have members, stockholders or the poverning body? 6 But the organization organization that the poverning body? 7 But the committee with authority to act on behalf of the governing body? 7 But a service of the governing body? 8 But X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a by the organization have local chapters, branches, or affiliates? 10b If Yes, 1 did the organization have a written consistently with the organization of the decision of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deli				Yes	No
If there are material differences in volting rights among members of the governing body, or if the governing body delegated bone authority or an exclusive committee or small accommittee, explain as Standalian 0. b. Either the number of volting members included in line 1a, above, who are independent committee of the committee	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
body delegated froad authority to an executive committee or similar committee, explain in Schedule 0. Did any officer, director, trustee, or key employee?					
b Enter the number of voting members included in line 1a, above, who are independent					
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1116 ELMORE JUST DRIVE, LOUISVILLE, KY 40245					
	22006				

132006 01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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. 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

(A)	(B)			((C	C)			(D)	(E)	(F) ₋
Name and Title	Average	(do		Pos heck		n than	one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	-			1	T	100,	from the	from related organizations	other compensation
	(describe hours for	director	1			_		organization	(W-2/1099-MISC)	from the
	related	5	stee			nsate		(W-2/1099-MISC)	(17 21 1000 111100)	organization
	organizations	Ę ist	al tru		oyee	omp		,		and related
	ın Schedule	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	르	Ē	5	Š	운동	ᅙ			<u> </u>
(1) BRANDON NEAL	1 00	.		v				0.	0.	0
PRESIDENT	1.00	X	\vdash	X				0.	0.	0
(2) JAMES RIDDLE	1.00	x		X				0.	0.	0
SECRETARY		^		<u> </u>		\vdash		0.	0.	Ü
(3) EDWIN WHITE	1.00	X						0.	0.	0
DIRECTOR	1.00	┼≏		_				0.		<u> </u>
(4) KEVIN PROCTOR DIRECTOR	1.00	x			Î			0.	0.	0
(5) ALLEN WILSON		1				 				
DIRECTOR	1.00	x						0.	0.	0
(6) STEVE HOUCHEN						†				<u></u>
DIRECTOR	1.00	x						0.	0.	0
(7) DAVE BUNNELL										
DIRECTOR	1.00	X						0.	0.	0
(8) BOB BODEN										
DIRECTOR	1.00	X						0.	0.	0
(9) HERB MCGUIRE		1								
DIRECTOR	1.00	X		<u> </u>		ļ		0.	0.	0
(10) BILL SERGENT		1						_		
DIRECTOR	1.00	X	<u> </u>	L	_	_		0.	0.	0
(11) STEVE STALLINGS										_
DIRECTOR	1.00	X	L	<u> </u>	_			0.	0.	0
(12) TOM COOKSEY	4 00			l						
VICE PRESIDENT	1.00	X	<u> </u>	Х		_	_	0.	0.	0
(13) JIM WELLS	1 00			٠,,				_		•
TREASURER	1.00	X	<u> </u>	X	├-	\vdash		0.	0.	0
(14) DON SMITH	1 00	,,						0	٠ .	•
DIRECTOR	1.00	X	-		-	<u> </u>		0.	0.	0
(15) BRUCE WALTERS, II	1 00			•				0.	0.	^
DIRECTOR	1.00	^	 	 -	 -			0.	0.	0
(16) DOUG AARON	1.00	v						0.	0.	0
DIRECTOR (12) DILL DVE	1.00	X	 	-	┢	\vdash	\vdash	0.	U •	0
(17) BILL DYE	1.00	Y						0.	0.	0
DIRECTOR 132007 01-23-12	1 1.00	12			Ь	1	L	<u>. </u>		Form 990 (2011

132007 01-23-12

Part VII Section A. Officers, Directors, Tre		mpl	oyee			High	est	1			_		
(A)	(B)			() Pos	C)			(D)	(E)	(F)			
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable				
	week		k, unle icer ar					compensation	compensation from related		i an	other	_
	(describe	Ę						the	organization		com	pensa	
	hours for	r director				ᄝ	[organization	(W-2/1099-MIS		I	om th	
	related	stee or	ustee			eusa		(W-2/1099-MISC)				anızat	
	organizations	a ti	and to		loyee	E 8						d relat	
	in Schedule O)	dlydu	Institutional trustee	Officer	Key employee	Highest compensated employee	o mer				orga	anızatı	ons
(18) JOHN BLACKBURN			<u>-</u>	3	<u> </u>	1 0							
DIRECTOR	1.00	X				<u> </u>		0.		0.			0.
(19) ROY BOISTURE	1					1				_			•
DIRECTOR	1.00	X	1			<u> </u>		0.		0.			0.
(20) HARRIS RAKESTRAW	1 00							0.		0.			0
DIRECTOR CALL TOPP	1.00	^	 			<u> </u>		J	· · · · · · · · · · · · · · · · · · ·	<u> </u>		_	0.
(21) KEEN SHACKELFORD DIRECTOR	1.00	$ _{\mathbf{x}}$						0.		0.			0.
(22) DON WOOD		† <u></u>				-							
DIRECTOR	1.00	Х	ļ					0.		0.			0.
(23) MARK HILL													
EXECUTIVE DIRECTOR	1.00		_	X			<u></u>	0.	113,9	34.	1	0,0	<u>00.</u>
(24) LOU BRACKSIECK	1 00							0		^			^
DIRECTOR	1.00		┢			 		0.		0.			0.
(25) JOE CANTRELL	1.00							0.		0.			0.
DIRECTOR (26) JAMES DUNAWAY	1.00		\vdash			 -		0.		<u> </u>			
DIRECTOR	1.00	ŀ						0.		0.			0.
1b Sub-total								0.	113,93		1	0,0	
c Total from continuation sheets to Part V	II, Section A							0.	•	0.			0.
d Total (add lines 1b and 1c)								0.	113,9		1	0,0	<u>00.</u>
2. Total number of individuals (including but r	ot limited to th	ose	liste	ed al	pove	e) wl	no r	eceived more than \$100	,000 of reportabl	e			_
compensation from the organization								· · · · · · · · · · · · · · · · · · ·				Yes	0 No
3 Did the organization list any former officer.	director or tri	iste	e ke	v en	nnic	vee	Or	highest compensated ei	molovee on			103	
line 1a? If "Yes," complete Schedule J for s			C, KC	, y C.	· ·p·c	,,	, 01	riigitest compensated of	iipioyee oii		3		X
4 For any individual listed on line 1a, is the si			omp	ensa	ation	and	d ot	her compensation from	the organization				
and related organizations greater than \$15									_		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	uni	elat	ed organization or indivi	dual for services				ı
rendered to the organization? If "Yes, " con	plete Schedul	e J i	for s	ıch	pers	on					5		X
Section B. Independent Contractors								that was allowed as a set than	¢100,000 -4		-4		
 Complete this table for your five highest co the organization. Report compensation for 										ipens	alioni	rom	
(A)	tric calcridar y	Ç	Criai	<u> </u>	•	<u> </u>	T	(B)	, cui.		((
Name and business	address	N	ONI	3				Description of s	ervices	C	ompe		n
	•												
							\dashv						
							\dashv						
2 Total number of independent contractors (=	ot l	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ					_	0	~				Form		

				_				INC.	23-715	
Part VII Section A. Officers, Directors	s, Trustees, Key E	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per			Posi all t	C) ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) FRED GUPTON IRECTOR	1.00							0.	0.	0
28) HOLLIS HINTON IRECTOR	1.00							0.	0.	0
29) WARREN HURST	1.00							0.	0.	0
30) RON KNORPP IRECTOR	1.00							0.	0.	0
31) RONNIE MOORE IRECTOR	1.00							0.	0.	0
32) JIM ORR IRECTOR	1.00							0.	0.	0
33) ROGER PEOPLES IRECTOR	1.00							0.	0.	0
otal to Part VII, Section A, line 1c		<u> </u>								

				ASSOCIA	TION, INC.		23-715	0508 Page 9
Pa	rt VI	II Statement of Reve	nue					
		· 			(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	1 a	Federated campaigns	<u>1a</u>					
S S	b	Membership dues _	1b]		
A,C	С	: Fundraising events	1c			İ		
뚩티	d	Related organizations	1d					
S,E	е	Government grants (contribute	tions) 1e		ĺ			
P.S.	f	All other contributions, gifts, gran						
hei	_	similar amounts not included abo						
ĒŌ	a	Noncash contributions included in lines						
35	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	•	1			
				Business Code				
و ا	2 a	ENTRY FEES		900099	147,700.	147,700.		
Š	- h	MEMBERSHIP DUES	3	900099	61,260.	61,260.		
Ser	-	SPONSORSHIPS		900099	14,250.	14,250.		
E S	4	AMATEUR REINSTA	темент	900099	2,130.	2,130.		
Program Service Revenue	e							
F	f	All other program service reve	enue					· · · · · · · · · · · · · · · · · · ·
		Total, Add lines 2a-2f			225,340.			
	3	Investment income (including	dividends, inter	est, and				
	_	other similar amounts)	, ,	•	112.			112.
1	4	Income from investment of ta	x-exempt bond r	oroceeds -				
	5	Royalties	, , ,					
			(i) Real	(ii) Personal				
	6 a	Gross rents	(7.102.	(1), (1)				
	b							
		: Rental income or (loss)						
		Net rental income or (loss)	L	<u> </u>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	() 000000	(1) (11)				
	h	Less: cost or other basis						
	J	and sales expenses						
	_	Gain or (loss)						İ
		Net gain or (loss)		'				
ŀ		Gross income from fundraising	na events (not					· · · · · · · · · · · · · · · · · · ·
Other Revenue	o a	including \$	of					
Ş		contributions reported on line						
ığ		Part IV, line 18	a					
<u>ا</u>	ь	Less: direct expenses	b					
ō		: Net income or (loss) from fund	_	———				
		Gross income from gaming a	=	<u> </u>				†
	Ja	Part IV, line 19	a a					
		Less: direct expenses	b					
		: Net income or (loss) from gan	_					
		Gross sales of inventory, less	_	<u> </u>				
	10 a	and allowances	a					
İ	h	Less: cost of goods sold	. b					
		: Net income or (loss) from sale	•					
t		Miscellaneous Revenu		Business Code				
ŀ	11 a			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
ļ	b							
l	n							
ļ	d	All other revenue						
	<u> </u>	Total, Add lines 11a-11d		•				
	12	Total revenue. See instructions.	•	· · ·	225,452.	225,340.	0.	112.
13200					 1			Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	plete columns (B), (C), and (D). Check if Schedule O contains a response	se to any guestion in thi	e Part IY		
 Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	22 470			
_	organizations in the United States. See Part IV, line 21	33,479.			
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes .				
1	Fees for services (non-employees)				
а	· · · · · · · · · · · · · · · · · ·				
b	_ ~ F	1,515.			
C.	· F	1,313.			
d	, ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Γ	2,604.	 		
12	Advertising and promotion	31,040.			
3	Office expenses	1,433.			
4	Information technology	1,433.	· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy .	15,680.			
17	Travel	13,000.			
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	4,431.			
9	Conferences, conventions, and meetings	4,421.			
20	Interest Payments to affiliates				
21	Payments to affiliates		· · · ·		
2	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PLAQUES, PRIZES, AND GI	36,895.	•		
b	GOLF CART RENTALS	26,852.			<u>-</u>
c	TEE GIFTS	21,243.	•		
d	OFFICIAL SCORING	18,480.			
_	All other expenses SEE SCH O	32,137.			
25	Total functional expenses. Add lines 1 through 24e	225,789.	•		
26	Joint costs. Complete this line only if the organization		•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Pa	rt X	Balance Sheet			, ,	
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		47,984.	1	43,572.
	2	Savings and temporary cash investments		26,553.	2	30,398.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,225.	4	365.
	5	Receivables from current and former officers, di	rectors, trustees, key			·
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
ets	7	Notes and loans receivable, net	,		7	
Assets	8	Inventories for sale or use	·		8	
•	9	Prepaid expenses and deferred charges		550.	9	
	l	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12	· · · · · · · · · · · · · · · · · · ·	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	at line 34)	78,312.	16	74,335.
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,	17	,	
	18	Grants payable			18	
	19	Deferred revenue	·	10,350.	19	6,710.
	20	Tax-exempt bond liabilities	•	20/0001	20	37.200
"	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	· ·		~ '	
<u></u>	22	highest compensated employees, and disqualifi				
Ë		of Schedule L	ou porsonie complete v u.t.		22	
	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	•			——————————————————————————————————————
		parties, and other liabilities not included on lines				
	:	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		10,350.	26	6,710.
	20	Organizations that follow SFAS 117, check he	ere and complete			<u> </u>
S		lines 27 through 29, and lines 33 and 34.				
ဥ	27	Unrestricted net assets			27	
를 교	28	Temporarily restricted net assets			28	
ä	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117, cl	neck here 🕨 🗓 and			
F.		complete lines 30 through 34.				
ts c	30	Capital stock or trust principal, or current funds		0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or eq	supment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		67,962.		67,625.
Se	33	Total net assets or fund balances	como, or other range	67,962.		67,625.
	34	Total liabilities and net assets/fund balances		78,312.		74,335.
	134	TOTAL HADINITIES AND HEL ASSETS/TUNIO DAIANCES		10,014.	<u> </u>	12,333.

Form	990 (2011) KENTUCKY GOLF ASSOCIATION, INC.	23-715	0508	Pag	ge 12					
	rt XI Reconciliation of Net Assets									
	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	225,452							
2	Total expenses (must equal Part IX, column (A), line 25)	2	225	5,7	<u>89.</u>					
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67	7,9	<u>62.</u>					
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0							
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	67	7,6	<u> 25.</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0								
2a	the state of the s									
b										
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
	review, or compilation of its financial statements and selection of an independent accountant?									
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		ĺ						
	separate basis, consolidated basis, or both] [
	Separate basis Consolidated basis Both consolidated and separate basis									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit								
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b							
			Form 9	990 (2	2011)					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No 1545-0047 2011 Inspection

% × Employer identification number 23-7150508 TO SUPPORT ORGANIZATION TO SUPPORT ORGANIZATION (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any MISSION ISSION recipient that received more than \$5,000 Check this box if no one recipient that received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(book, appraisal, assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 12,450 19,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. KENTUCKY GOLF ASSOCIATION, 501(C)(6) 501(C)(3) 02-0661784 61-0941146 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 1116 ELMORE JUST DRIVE 1116 ELMORE JUST DRIVE LOUISVILLE, XY 40245 LOUISVILLE, KY 40245 Name of the organization KY GOLF FOUNDATION KGA-PGA, INC. Part II

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 15 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

23-7150508

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

KENTUCKY GOLF ASSOCIATION, INC.

Schedule I (Form 990) (2011)

Part III Grants and Other

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Pepartment of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

KENTUCKY GOLF ASSOCIATION, INC.

Employer identification number 23-7150508

RENTUCKT GOLF ADDOCTATION, INC.	1 23 /130300
FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE D	IRECTOR REVIEWS THE 990
IN DETAIL. IF ANY CONCERNS ARE NOTED, THEY ARE BRO	OUGHT TO THE ATTENTION OF
THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C: PRESIDENT	AND EXECUTIVE DIRECTOR
REVIEW THE POLICY REGULARLY TO ENSURE COMPLIANCE.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZA	ATION PROVIDES GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCE	
PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL I	EXPENSES:
ENTRY FEE CHARGES:	
TOTAL EXPENSES	14,370.
TOURNAMENT EXPENSES:	
TOTAL EXPENSES	5,817.
KGA/PGA SERVICE:	
TOTAL EXPENSES	3,940.
ANNIVERSARY DINNER EXPENSES:	
TOTAL EXPENSES	2,754.
HALL OF FAME EXPENSE:	
TOTAL EXPENSES	1,600.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990		 	··		Page 2
Name of the organization		GOLF ASSOCI	ATION, INC.		Employer identification number 23-7150508
STAKES-PAINT	Γ:				
TOTAL EXPENS	SES			. <u></u> .	1,341.
BAG TAGS:			<u>-</u>		
TOTAL EXPENS	SES				1,195.
MISCELLANEOU	JS:			-,	
TOTAL EXPENS	SES				1,120.
TOTAL OTHER	EXPENSES ON	FORM 990,	PART IX, LIN	E 24F, COL A	A 32,137.
					CAR MILLS II
		······			
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				······································	
				· · · · · · · · · · · · · · · · · · ·	
	· · · ·				
		· · · · · · · · · · · · · · · · · · ·			

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7150508

> KENTUCKY GOLF ASSOCIATION, INC. Name of the organization

identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets **e** Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) Š × × × controlled entity? Yes Direct controlling CENTUCKY GOLF GA-PGA INC entity SSOCIATION status (if section Public charity 501(c)(3)) <u>e</u> Exempt Code section 501(C)(3) 501(C)(3) 501(C)(6) ਉ Legal domicile (state or foreign country) KENTUCKY ENTUCKY KENTUCKY ORGANIZE GOLF TOURNAMENTS PROVIDE FINANCIAL SUPPORT PROVIDE HANDICAP SERVICES CONSTRUCT HALL OF FAME, TO PROMOTE GOLF IN KY, TO KY GOLF CLUBS AND Primary activity FOR JUNIOR GOLFERS PROVIDE FREE GOLF 9 KENTUCKY SENIOR GOLF ASSOCIATION FOUNDATION KENTUCKY GOLF FOUNDATION - 02-0661784 - 61-1191518, 1116 ELMORE JUST DRIVE Name, address, and EIN of related organization KGA-PGA INC, - 61-0941146 1116 ELMORE JUST DRIVE 1116 ELMORE JUST DRIVE COUISVILLE, KY 40245 LOUISVILLE, KY 40245 LOUISVILLE, KY 40245

or Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

132161 01-23-12 LHA

SEE PART VII FOR CONTINUATIONS18

23-7150508

Page 2

Schedule R (Form 990) 2011 KENTUCKY GOLF ASSOCIATION, INC.

Part III

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

Percentage ownership General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ 3 Yes No Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Share of total income ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>a</u> (d)
(d)
(l Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) **e** Primary activity Direct controlling entity **⊕** (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2011

132162 01-23-12

Schedule R (Form 990) 2011 KENTUCKY GOLF ASSOCIATION, INC.

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Part V Transactions With Related Orga

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				-	Yes	٥ ٧
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1 p	X	
c Gift, grant, or capital contribution from related organization(s)				10		×
				Ţ		×
			•	2	ŀ	;
 Loans or loan guarantees by related organization(s) 				<u>ө</u>		×
6 Onla of secate to ralated organization(e)				÷		×
Cale of assets to related organization(s)				+	t	4:
g Purchase of assets from related organization(s)				루	1	×
h Exchange of assets with related organization(s)				ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets from related organization(s)				;=		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			¥		×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lion(s)			1		×
n Sharing of paid employees with related organization(s)				ţ		×
 Reimbursement paid to related organization(s) for expenses 				9		×
p Reimbursement paid by related organization(s) for expenses			•	5		×
			•			
 q Other transfer of cash or property to related organization(s) 				19		×
r Other transfer of cash or property from related organization(s)				+ -		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
77)						
(3)						
(5)				:		
G.						
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

	ge ₫																			
3	Percenta ownersh																			
s	Seneral or managing partner?																_		_	_
Ξ	Dispropor- Undate amount in box 20 managing ownership Ves No (Form 1065) Yes No	,					,	-			-		_							
Ξ	Dispropor- tionate a allocations?							 		_					_					 _
	Share of end-of-year assets																			
	Share of total Income																			
(e)	e partners sec 501(c)(3) orgs?			_																 _
(p)	Predominant income professional (related, unrelated, excluded from tax under section 512-514) y																			
(0)	Legal domicile (state or foreign country)		•					-												
	Primary activity																			
(a)	Name, address, and EIN of entity																			

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011	KENTUCKY GOLF ASSOC	CIATION, INC.	23-7150508 Page 5
Part VII Supplemental In			
Complete this part to	provide additional information for response	s to questions on Schedule R (see	e instructions)
PART II. IDENTIFIC	CATION OF RELATED TAX-	EXEMPT ORGANIZATI	ions:
	<u> </u>		
MAKE OF BELAMER OF	DOLLIT DE MITON		
NAME OF RELATED OF	RGANIZATION:		
KENTUCKY GOLF FOUR	NDATION		
PRIMARY ACTIVITY:	TO PROMOTE GOLF IN KY	, CONSTRUCT HALL	OF FAME, PROVIDE
EDDE GOLE INGEDIG	TT ON		
FREE GOLF INSTRUCT	LION		
			
		· · · · · · · · · · · · · · · · · · ·	
			PL - BL - 91
			
			