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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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PGA TOUR CHARITIES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 PGA TOUR BOULEVARD

City or town, state or country, and ZIP + 4
PONTE VEDRA BEACH, FL 32082

D Employer identification number
59-2774423

E Telephone number
(904) 285-3700

G Gross receipts $ 6,216,111

F Name and address of principal officer
TIMOTHY W FINCHEM
100 PGA TOUR BOULEVARD
PONTE VEDRA BEACH, FL 32082

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //together pgatour com/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1986 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO RAISE FUNDS TO DISTRIBUTE TO OTHER CHARITABLE AND EDUCATIONAL ORGANIZATIONS RECOGNIZED UNDER SECTION 501(c)(3) OF THE I R C AND TO PROVIDE JUNIOR GOLF CLINICS TO SCHOOL AGE CHILDREN AT NO CHARGE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	245
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,424,214	6,042,143
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9	11
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-231,362	-124,264
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,192,861	5,917,890
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,285,479	4,547,354
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶16,180		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	168,082	224,845
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,453,561	4,772,199
19	Revenue less expenses Subtract line 18 from line 12	739,300	1,145,691

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,792,781	4,042,586
21	Total liabilities (Part X, line 26)	47,560	151,674
22	Net assets or fund balances Subtract line 21 from line 20	2,745,221	3,890,912

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2012-11-13
Signature of officer Date

RONALD E PRICE VP/FIN OFFICER/TREAS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRICEWATERHOUSECOOPERS LLP
50 N LAURA STREET STE 300
JACKSONVILLE, FL 32202

EIN ▶

Phone no ▶ (904) 354-0671

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO RAISE FUNDS TO DISTRIBUTE TO OTHER CHARITIABLE AND EDUCATIONAL ORGANIZATIONS RECOGNIZED UNDER SECTION 501(C)(3) OF THE I R C AND TO PROVIDE JUNIOR GOLF CLINICS TO SCHOOL AGE CHILDREN AT NO CHARGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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 of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,620,850 including grants of $ 4,547,354) (Revenue $)

PGA TOUR CHARITIES, INC WAS CREATED TO PROVIDE FOR THE SOLICITATION OF FUNDS FOR DISTRIBUTION TO EXEMPT ORGANIZATIONS FOR CHARITABLE AND EDUCATIONAL PURPOSES PGA TOUR CHARITIES, INC ACCOMPLISHES ITS CHARITABLE MISSION BY CONDUCTING DIRECT CONTRIBUTION SOLICITATIONS AND FUND-RAISING INITIATIVES PGA TOUR CHARITIES, INC MAKES GRANTS TO SUPPORT EXEMPT ORGANIZATONS THAT FOCUS ON CONNECTING MILITARY SERVICE MEMBERS AND THEIR FAMILIES TO HOMEFRONT GROUPS THAT PROVIDE ASSISTANCE TO THEM, FURTHERING THE WELFARE AND WELLBEING OF YOUTH, AND OTHER WORTHY CHARITABLE INITIATIVES

4b (Code) (Expenses $ 115,487 including grants of $) (Revenue $)

PGA TOUR Charities, INC ("Charities"), as part of this program service, provides to school age youth around the United States instruction and training in the game of golf As part of this educational opportunity, "Charities" provides Junior Golf Clinics to the area youth at no charge or cost to their families The "Charities" clinics host various workshops and lessons to teach the youth about the game of golf, and about the core values that golf has to offer including integrity, honesty, and sportsmanship In 2011, "Charities" was able to provide this opportunity to over 7,000 children under the age of 18

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 4,736,337

Part 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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		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? *If "Yes," complete Schedule C, Part II*	4		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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			
a	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		No
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III 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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	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 questions 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**		No
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**		No
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)			
a	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 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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	0			
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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	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 any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	4			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
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 filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
a	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL , AZ , AR , CA , CT , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , PA , RI , SC , TN , VA , WA , WV , WI

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 made 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 made 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 ▶

JEANNE LIGHTCAP
100 PGA TOUR BOULEVARD
PONTE VEDRA BEACH, FL 32082
(904) 285-3700

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, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTOR F GANZI Director	1 0	X						0	0	0
(2) ALLEN WRONOWSKI Director	1 0	X						0	0	0
(3) DAVIS LOVE III Director	1 0	X						0	0	0
(4) STEVE C STRICKER Director	1 0	X						0	0	0
(5) TIMOTHY W FINCHEM President/Director	1 0	X		X				0	4,136,316	929,266
(6) CHARLES ZINK VP/Director	1 0	X		X				0	705,966	165,075
(7) EDWARD L MOORHOUSE VP/Director	1 0	X		X				0	1,123,906	260,621
(8) RONALD E PRICE VP/Chief Financial Officer/Tre	1 0			X				0	705,657	137,794
(9) RICHARD D ANDERSON VP/Chief Legal Officer/Sec	1 0			X				0	488,816	117,612
(10) LEONARD D BROWN JR Former Vice President	1 0						X	0	316,777	29,692

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	7,477,438	1,640,060

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 679,092				
	d	Related organizations . . . 1d 996,317				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,366,734				
	g	Noncash contributions included in lines 1a-1f $ 149,461				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,042,143			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	11			11
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶	0			
	8a	Gross income from fundraising events (not including $ 679,092 of contributions reported on line 1c) See Part IV, line 18 . . . a 173,957				
	b	Less direct expenses . . . b 298,221				
	c	Net income or (loss) from fundraising events . . ▶	-124,264			-124,264
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	5,917,890			-124,253

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 United States See Part IV, line 21	4,544,285	4,544,285		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,069	3,069		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	16,340		16,340	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	4,559			4,559
12	Advertising and promotion	0			
13	Office expenses	1,023		1,023	
14	Information technology	73,496	73,496		
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,183			1,183
23	Insurance	251		251	
24	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)				
a	JUNIOR GOLF CLINICS	115,487	115,487		
b	SERVICE CHARGES	6,527		1,332	5,195
c	STATE CHARITABLE SOLICITATIONS	5,243			5,243
d	PENALTIES	736		736	
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	4,772,199	4,736,337	19,682	16,180
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 combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		2,075,388	2	3,368,050
	3	Pledges and grants receivable, net		630,254	3	621,050
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		87,139	9	49,344
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,325			
	b	Less accumulated depreciation	10b 1,183	0	10c	4,142
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,792,781	16	4,042,586
Liabilities	17	Accounts payable and accrued expenses		32,501	17	59,370
	18	Grants payable		11,669	18	0
	19	Deferred revenue		0	19	90,000
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,390	25	2,304
	26	**Total liabilities.** Add lines 17 through 25		47,560	26	151,674
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,099,061	27	1,142,851
	28	Temporarily restricted net assets		1,646,160	28	2,748,061
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,745,221	33	3,890,912
	34	Total liabilities and net assets/fund balances		2,792,781	34	4,042,586

Part XI Reconcilliation 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	5,917,890
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,772,199
3	Revenue less expenses Subtract line 2 from line 1	3	1,145,691
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,745,221
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	3,890,912

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,757,336	1,647,859	5,448,471	4,424,214	6,042,143	22,320,023
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,757,336	1,647,859	5,448,471	4,424,214	6,042,143	22,320,023
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,793,223
6 **Public Support.** Subtract line 5 from line 4						9,526,800

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,757,336	1,647,859	5,448,471	4,424,214	6,042,143	22,320,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,801	11,188	88	9	11	18,097
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						22,338,120

12	Gross receipts from related activities, etc (See instructions)	12	1,066,586

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	42 648 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	39 459 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,325	1,183	4,142
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,142

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ACTS PAYABLE - RELATED ORGANIZ	2,304
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,304

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,917,890
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,772,199
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,145,691
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,145,691

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,934,349
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	16,459		
e	Add lines **2a** through **2d**			2e	16,459
3	Subtract line **2e** from line **1**			3	5,917,890
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)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,917,890

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,788,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	16,459		
e	Add lines **2a** through **2d**			2e	16,459
3	Subtract line **2e** from line **1**			3	4,772,199
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,772,199

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
OTHER REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN	SCHEDULE D PART XII	RECLASS EXPENSES DIRECTLY RELATED TO SPECIAL EVENT REVENUE 16,459
OTHER EXPENSES INCLUDED ON BOOKS BUT NOT ON RETURN	SCHEDULE D PART XIII	RECLASS EXPENSES DIRECTLY RELATED TO SPECIAL EVENT REVENUE 16,459

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 TEBOW GOLF CLAS (event type)	(b) Event #2 BENEFIT FOR ART (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	632,918	173,828	46,303	853,049
	2 Less Charitable contributions	532,992	99,797	46,303	679,092
	3 Gross income (line 1 minus line 2)	99,926	74,031		173,957
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes			9,018	9,018
	6 Rent/facility costs		3,136		3,136
	7 Food and beverages	37,871	27,303		65,174
	8 Entertainment		15,200		15,200
	9 Other direct expenses	109,370	96,323		205,693
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(298,221)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-124,264

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 43

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part 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) Amount of cash grant	(d) Amount 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
PART I, LINE 2		PGA TOUR CHARITIES, INC ONLY MAKES GRANTS TO OTHER CHARITABLE EXEMPT ORGANIZATIONS Prior to payment or award the charitable status of the entity is confirmed

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-2774423
Name: PGA TOUR CHARITIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Winn Dixie Stores Foundation5050 Edgewood Court Jacksonville, FL 32254	59-0995428	501(c)(3)	1,523,965				General Support
Tim Tebow Foundation2220 County Road 210 W Suite 108 Jacksonville, FL 32259	27-4345913	501(c)(3)	384,270				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Navy Seal FoundationPO Box 3918 Honolulu,HI 96812	35-2310909	501(c)(3)	275,929				General Support
Operation Homefront1631 Sunflower Ave C34 Santa Ana,CA 92615	32-0033325	501(c)(3)	270,317				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wounded Warrior Project7020 AC Skinner Pkwy Suite 100 Jacksonville, FL 32244	20-2370934	501(c)(3)	257,588				General Support
Players Championship Village100 PGA TOUR Blvd Ponte Vedra Beach, FL 32082	59-2748591	501(c)(3)	215,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 FoundationOne World Golf Place St Augustine, FL 32092	59-2998925	501(c)(3)	196,077				General Support
Special Operations Warrior Foundation PO Box 13483 Tampa, FL 33681	52-1183585	501(c)(3)	194,221				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross PO Box 4002018 Des Moines, IA 503402018	53-0196605	501(c)(3)	177,048				General Support
Homes For Our Troops1 Taunton Green Taunton, MA 02780	54-2143612	501(c)(3)	155,009				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Military Warriors Support Foundation 8122 Datapoint Drive Ste 812 San Antonio, TX 78229	20-8742203	501(c)(3)	104,760				General Support
Green Beret FoundationPO Box 8250 Huntington Beach, CA 92615	27-1206961	501(c)(3)	91,948				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vestavia Hills Athletic Association 1945 Hoover Street Birmingham, AL 35226	63-0590762	501(c)(3)	72,036				General Support
Baptist Medical Center sba Wolfson Childrens Hospi800 Prudentail Dr Suite 309 Jacksonville, FL 32207	59-2980620	501(c)(3)	54,752				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Norwood Resource Center1501 27th Street North Birmingham, AL 35234	80-0433837	501(c)(3)	47,552				General Support
Corpsvets Inc3754 Meadowcreek Drive Norcross, GA 30092	58-2409883	501(c)(3)	45,747				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
National Guard State Family Readiness Council PO Box 5692 Trenton, NJ 08638	86-1106535	501(c)(3)	40,750				General Support
National Multiple Sclerosis4237 Salisbury Rd Suite 406 Jacksonville, FL 32216	59-6167728	501(c)(3)	32,823				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jacksonville Symphony Association300 Water Street Suite 200 Jacksonville, FL 32202	59-6002520	501(c)(3)	31,457				General Support
Parkinson Association3918 Montclair Road Suite 210 Birmingham, AL 35213	31-1467418	501(c)(3)	23,555				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hands on Birmingham3600 8th Avenue South Birmingham, AL 35232	63-1207098	501(c)(3)	20,359				General Support
Habitat For Humanity of Jacksonville2404 Hubbard Street Jacksonville, FL 32206	59-2880071	501(c)(3)	20,200				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Intrepid Fallen Heroes FundO ne Intrepid Square 46th St12th Av New York, NY 10036	20-0366717	501(c) (3)	17,242				General Support
Jacksonville Zoologic370 Zoo Parkway Jacksonville, FL 32218	59-1319010	501(c) (3)	15,584				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Vincent's Foundation Inc1 Shircliff Way PO Box 41564 Jacksonville, FL 32203	59-0624449	501(c)(3)	14,433				General Support
Assistance League of Birmingham1755 Oxmoor Road Birmingham, AL 35209	63-6105376	501(c)(3)	13,816				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cultural Center at Ponte Vedra Beach 50 Executive Way Ponte Vedra Beach, FL 32082	59-3238148	501(c)(3)	13,348				General Support
Fannie E Taylore Home for Aged Inc 3937 Spring Park Road Jacksonville, FL 32224	59-1357353	501(c)(3)	13,344				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Tom Coughlin Jay FundOne Alltel Stadium Place Jacksonville, FL 32202	59-3426937	501(c)(3)	12,619				General Support
The Horizons School 2018 15th Ave South Birmingham, AL 35205	63-1251343	501(c)(3)	11,094				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Child Advocacy Center of Marshall County825 Gunter Avenue Guntersville, AL 35976	63-1186984	501(c)(3)	9,085				General Support
YMCA of Florida's First Coast - Williams Branch 10415 San Jose Blvd Jacksonville, FL 32257	59-0638514	501(c)(3)	8,966				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
River Garden Hebrew Home for the Aged11401 Old St Augustine Rd Jacksonville, FL 32258	59-0624438	501(c)(3)	8,399				General Support
Voices' For Alabama's Children 1301 Springhill Road Sylacauga, AL 35150	58-2020321	501(c)(3)	7,974				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Home Society of Florida IncPO Box 5616 Jacksonville, FL 322475616	59-0192430	501(c)(3)	7,125				General Support
Gr Birmingham Humane Society300 Snow Drive Birmingham, AL 35209	63-0288810	501(c)(3)	6,970				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sanctuary on 8th Street120 East 8th Street PO Box 3301 Jacksonville, FL 32206	59-3108041	501(c)(3)	6,632				General Support
Nick'S Kids Fund Attn Melanie Gray PO Box 870323 Tuscaloosa, AL 35487	65-0802996	501(c)(3)	6,443				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Daniel Memorial Inc 4203 Southpoint Blvd Jacksonville, FL 32216	59-3067752	501(c)(3)	6,213				General Support
Juvenile Diabetes Reseach Foundation 120 Wall Street 19th Floor New York, NY 10005	23-1907729	501(c)(3)	5,998				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Girls Incorporated of Jacksonville1627 Rogero Road Jacksonville, FL 32216	59-1317196	501(c)(3)	5,477				General Support
Gateway Community Services555 Stockton Street Jacksonville, FL 32244	59-1881828	501(c)(3)	5,447				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Hospital of Alabama1600 7th Ave South Birmingham, AL 35233	63-0307306	501(c)(3)	5,040				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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)			
b	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	**1b**		
2	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?	**2**		
3	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 ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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**		No
8	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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY W FINCHEM	(i)	0	0	0	0	0	0	0
	(ii)	1,027,897	2,979,750	128,669	918,000	11,266	5,065,582	0
(2) CHARLES ZINK	(i)	0	0	0	0	0	0	0
	(ii)	212,387	475,785	17,794	158,625	6,450	871,041	0
(3) EDWARD L MOORHOUSE	(i)	0	0	0	0	0	0	0
	(ii)	326,530	778,645	18,731	246,750	13,871	1,384,527	0
(4) RONALD E PRICE	(i)	0	0	0	0	0	0	0
	(ii)	182,659	503,569	19,429	129,948	7,846	843,451	0
(5) RICHARD D ANDERSON	(i)	0	0	0	0	0	0	0
	(ii)	176,879	309,890	2,047	104,593	13,019	606,428	0
(6) LEONARD D BROWN JR	(i)	0	0	0	0	0	0	0
	(ii)	180,853	128,050	7,874	18,299	11,393	346,469	0

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
SCHDEDULE J, PART I, LINE 4B	PARTICIPATE IN, OR RECEIVED PAY SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	The supplemental nonqualified retirement plan is a plan of the related organization and not PGA TOUR CHARITIES, INC No Payments were made out of the plan to any current or former officer, director, key employee, or five highest paid employees in 2011 Timothy W Finchem NO PAYMENT MADE Charles L Zink NO PAYMENT MADE Edward L Moorhouse NO PAYMENT MADE Ronald E Price NO PAYMENT MADE Richard D Anderson NO PAYMENT MADE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	10	5,290	FMV
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		120	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Accommodations)	X	7	16,550	FMV
26	Other ▶ (Accommodations with Airfare)	X	1	2,000	FMV
27	Other ▶ (Amusement Park Tickets)	X	1	511	FMV
28	Other ▶ (Amusement Park Tickets and Accommodations)	X	1	630	FMV
	Other ▶ (Amusement Tickets with Airfare)	X	1	3,500	FMV
	Other ▶ (Baseball Tickets)	X	1	1,000	FMV
	Other ▶ (Bicycle)	X	1	500	FMV
	Other ▶ (Boat Cruise)	X	1	350	FMV
	Other ▶ (Boat Cruise with Accommodations)	X	1	8,956	FMV
	Other ▶ (Boat Cruise with Dinner)	X	1	3,600	FMV
	Other ▶ (Concert Tickets)	X	2	2,150	FMV
	Other ▶ (Concert Tickets with Dinner)	X	3	2,000	FMV
	Other ▶ (Dinner)	X	5	1,892	FMV
	Other ▶ (Dinner and Accommodations)	X	2	1,600	FMV
	Other ▶ (Entertainment)	X	3	1,300	FMV
	Other ▶ (Entertainment and Dinner)	X	1	180	FMV
	Other ▶ (Football Tickets)	X	2	1,380	FMV
	Other ▶ (Gallery Tickets)	X	1	375	FMV
	Other ▶ (Golf Tickets)	X	3	7,160	FMV
	Other ▶ (Jewelry)	X	10	5,633	FMV
	Other ▶ (Kids Ticket Package)	X	1	486	FMV
	Other ▶ (Movie Tickets with Pro)	X	1	2,000	FMV
	Other ▶ (Music Memorabilia)	X	3	6,295	FMV
	Other ▶ (Photography Package)	X	2	4,900	FMV
	Other ▶ (Pro Package with Airfare)	X	1	2,000	FMV
	Other ▶ (Racing Experience)	X	3	6,720	FMV
	Other ▶ (Rounds of Golf and Accommodations)	X	4	4,780	FMV
	Other ▶ (Rounds of Golf with Pro)	X	2	9,800	FMV
	Other ▶ (Rounds of Golf, IMAX Tickets, Accommodations)	X	1	710	FMV
	Other ▶ (Shopping Package)	X	5	965	FMV
	Other ▶ (Spa Package)	X	3	2,050	FMV
	Other ▶ (Sports Memorabilia)	X	38	22,790	FMV
	Other ▶ (Tennis Tickets)	X	1	10,000	FMV
	Other ▶ (Web Design Consult)	X	1	270	FMV

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M PART I COLUMN (B)		THE ORGANIZATION IS REPORTING IN COLUMN (B) THE NUMBER OF CONTRIBUTIONS RECEIVED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

Identifier	Return Reference	Explanation
PART VI, LINE 2		CHARLES L ZINK, STEVE C STRICKER, EDWARD L MOORHOUSE, DAVIS LOVE III, TIMOTHY W FINCHEM, VICTOR F GANZI, ALLEN WRONOWSKI - BUSINESS RELATIONSHIP
PART VI, LINE 2		CHARLES L ZINK, STEVE C STRICKER, EDWARD L MOORHOUSE, RICHARD D ANDERSON, RONALD E PRICE, DAVIS LOVE III, TIMOTHY W FINCHEM, VICTOR F GANZI, ALLEN WRONOWSKI - BUSINESS RELATIONSHIP
PART VI, LINE 2		CHARLES L ZINK, EDWARD L MOORHOUSE, RICHARD D ANDERSON, RONALD E PRICE, TIMOTHY W FINCHEM, - BUSINESS RELATIONSHIP
PART VI, LINE 2		CHARLES L ZINK, EDWARD L MOORHOUSE, RICHARD D ANDERSON, RONALD E PRICE, TIMOTHY W FINCHEM - BUSINESS RELATIONSHIP
PART VI, LINE 11B		PGA TOUR CHARITIES, INC 'S FORM 990 WAS REVIEWED BY PGA TOUR CHARITIES, INC 'S CHIEF FINANCIAL OFFICER/TREASURER/VICE PRESIDENT ADDITIONALLY, A PAPER COPY OF FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO THE FILING OF THE FORM WITH THE INTERNAL REVENUE SERVICE PGA TOUR CHARITIES, INC 'S CHIEF FINANCIAL OFFICER/TREASURER/VICE PRESIDENT ALSO DISCUSSED THE FORM 990 WITH THE ORGANIZATION'S BOARD MEMBERS PRIOR TO THE FILING OF THE FORM WITH INTERNAL REVENUE SERVICE
PART VI, LINE 12 A, B, C,		PGA TOUR CHARITIES, INC MAINTAINS A CONFLICT OF INTEREST POLICY FOR THE MEMBERS OF THE BOARD OF DIRECTORS EACH MEMBER OF THE BOARD IS ANNUALLY REQUIRED TO PROVIDE THE COMPANY A STATEMENT CONFIRMING THEY RECEIVED A COPY OF THE POLICY, READ THE POLICY, AND AGREED TO COMPLY WITH THE POLICY EACH MEMBER IS REQUIRED ANNUALLY TO DISCLOSE ANY RELATIONSHIP, TRANSATION, OR POSITION THEY HOLD THAT COULD GIVE RISE TO A CONFLICT AND TO NOTIFY THE ORGANIZATION IF SUCH A RELATIONSHIP EXISTS AT ANY TIME DURING THE YEAR
PART VI, LINE 19		THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST, BUT ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC
PART VII, SECTION A		ESTIMATED AVERAGE HOURS DEVOTED TO RELATED ORGANIZATIONS IN COLUMN E NAME HOURS VICTOR F GANZI 1 ALLEN WRONOWSKI 1 DAVIS M LOVE III 1 STEVE C STRICKER 1 TIMOTHY W FINCHEM 40 CHARLES L ZINK 40 EDWARD L MOORHOUSE 40 RONALD E PRICE 40 RICHARD D ANDERSON 40 LEONARD D BROWN JR 40 ACTUAL PAYROLL DATA WAS COLLECTED FROM A COMMON PAYMASTER IN AN ATTEMPT TO REPORT A REASONABLE ESTIMATE OF COMPENSATION IN COLUMN E

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PGA TOUR CHARITIES INC

Employer identification number
59-2774423

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PGA TOUR INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 52-0999206	GOLF	MD	501(C)(6)	N/A	NA		
(2) PGA TOUR CHARITABLE AND EDUCATIONAL FUND 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 52-1070271	CHARITY	MD	501(C)(3)	LN 11 TYP I	NA		
(3) THE PLAYERS CHAMPIONSHIP CHARITIES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-1059920	CHARITY	FL	501(C)(4)	N/A	NA		
(4) PGA TOUR EMPLOYEES EMERGENCY RELIEF FUND 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 20-3580191	CHARITY	FL	501(C)(3)	Line 7	NA		

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	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TPC OF BOSTON AT GREATWOODS LLC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 52-2266419	GOLF OPERATIO	DE	NA	N/A	0	0		No	0		No	
(2) TPC OF ILLINOIS LLC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 02-0676368	GOLF OPERATIO	DE	NA	N/A	0	0		No	0		No	
(3) ACADEMY ASSETS LLC 1960 STONEGATE DR BIRMINGHAM, AL 35242 63-1277599	PROMOTION OF	FL	NA	N/A	0	0		No	0		No	
(4) SUGARLOAF PARKING LOT LLC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 58-2584916	RENTAL	GA	NA	N/A	0	0		No	0		No	

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							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TOURNAMENT PLAYERS CLUB AT SAWGRASS INC	1L	84,537	ARMS LENGTH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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 Data

Return to Form

Software ID:
Software Version:
EIN: 59-2774423
Name: PGA TOUR CHARITIES INC

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 TOUR HOLDINGS INC And SUBSIDIARIES 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3159885	HOLDING COMPA	FL	NA	C CORP			
PGA TOUR GOLF COURSE PROPERTIES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2009946	GOLF OPERATIO	FL	PGA TOUR HOLDIN	C CORP			
PGA TOUR PUBLIC GOLF INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2951523	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TPC GOLF SCHOOLS INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3174936	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR INVESTMENTS FINANCE INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3057625	FINANCING	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR MEDIA CENTER INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3184058	MEDIA OPERATI	FL	PGA TOUR GOLF C	C CORP			
PARK INVESTMENTS INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3053071	INVESTMENTS	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR CONSTRUCTION SERVICES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2551330	CONSTRUCTION	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR DESIGN SERVICES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2904716	DESIGN SERVIC	FL	PGA TOUR CONSTR	C CORP			
TOURNAMENT PLAYERS CLUB AT SAWGRASS INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2964624	GOLF OPERATIO	FL	PGA TOUR INVEST	C CORP			
TOURNAMENT PLAYERS CLUB AT EAGLE TRACE I 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2241195	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF CONNECTICUT I 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 06-1104329	GOLF OPERATIO	CT	PGA TOUR INVEST	C CORP			
TOURNAMENT PLAYERS CLUB AT PRESTANCIA IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2457513	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB AT AVENEL INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 52-1364289	GOLF OPERATIO	MD	PGA TOUR INVEST	C CORP			
TOURNAMENT PLAYERS CLUB OF TUCSON INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 86-0518769	INACTIVE	AZ	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF SCOTTSDALE IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 86-0518768	GOLF OPERATIO	AZ	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB AT SOUTHWIND INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 58-1664497	GOLF OPERATIO	TN	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB AT PIPER GLEN IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2635526	GOLF OPERATIO	NC	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF MICHIGAN INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 38-2809309	GOLF OPERATIO	FL	PGA TOUR INVEST	C CORP			
TOURNAMENT PLAYERS CLUB AT CHEVAL INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2633623	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			

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(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
TOURNAMENT PLAYERS CLUB AT SUMMERLIN INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2956933	GOLF OPERATIO	NV	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF ORLANDO INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3077292	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF LOUISIANA INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 72-1425678	GOLF OPERATIO	LA	PGA TOUR GOLF C	C CORP			
PGA TOUR MEXICO HOLDINGS INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2551333	INTERNATIONAL	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF MASSACHUSETTS 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 04-3474477	GOLF OPERATIO	MA	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF CINCINNATI IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 31-1648529	GOLF OPERATIO	OH	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF MCKINNEY INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 75-2951502	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF PRINCETON INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3309245	GOLF OPERATIO	NJ	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB AT HERON BAY INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3143532	GOLF OPERATIO	FL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB AT SUGARLOAF INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3338909	GOLF OPERATIO	GA	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF SOUTH CAROLIN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3401600	GOLF OPERATIO	SC	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF ILLINOIS INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 58-2323689	GOLF OPERATIO	IL	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF VIRGINIA INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3466225	GOLF OPERATIO	VA	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF MINNESOTA INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 41-1900252	GOLF OPERATIO	MN	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF NORTH CAROLIN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 62-1714690	GOLF OPERATIO	NC	PGA TOUR GOLF C	C CORP			
TOURNAMENT PLAYERS CLUB OF CALIFORNIA IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3162770	GOLF OPERATIO	CA	PGA TOUR GOLF C	C CORP			
PGA TOUR PUBLIC GOLF (JACKSONVILLE) INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2551341	INACTIVE	FL	PGA TOUR PUBLIC	C CORP			
PGA TOUR PUBLIC GOLF (DADE) INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2951527	INACTIVE	FL	PGA TOUR PUBLIC	C CORP			
TOURNAMENT PLAYERS CLUB AT SNOQUALMIE IN 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2965970	INACTIVE	WA	PGA TOUR GOLF C	C CORP			
PGA TOUR TRAVEL INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2648789	TRAVEL ARRANG	FL	PGA TOUR HOLDIN	C CORP			

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PGA TOUR PUBLISHING INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3174939	INACTIVE	FL	PGA TOUR HOLDIN	C CORP			
PGA TOUR LICENSED PROPERTIES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3077293	LICENSING	FL	PGA TOUR HOLDIN	C CORP			
PGA TOUR MANAGEMENT SERVICES INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3254893	MANAGEMENT	FL	PGA TOUR HOLDIN	C CORP			
PGA TOUR GOLF MANAGEMENT INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-3260882	INACTIVE	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR GCP INTERNATIONAL INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 59-2904717	HOLDINGS	FL	PGA TOUR GOLF C	C CORP			
TOUR AIR INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH, FL 32082 39-2072218	AIR TRANSPORT	FL	PGA TOUR GOLF C	C CORP			
PGA TOUR HOLDINGS DE MEXICO	INACTIVE	MX	PGA TOUR MEXICO	C CORP			
TOURNAMENT PLAYERS CLUB SERVICES DE MEXI	INACTIVE	MX	PGA TOUR HOLDIN	C CORP			
2002 EMC WORLD CUP	GOLF OPERATIO	MX	PGA TOUR HOLDIN	C CORP			
PGA TOUR MANAGEMENT CONSULTING CO LTD 202C LIZHEZHONGYI RD CHAOYANG DIST BEIJING CH	CONSULTING SERVIC	CH	PGA TOUR HOLDIN	C CORP			