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DLN: 93493319046162

Form 990

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

nternal Re	venue :	Service Fine organization may have to use a co	opy of this return to satis	ty state reporting	requirements	Inspection
A Fort	the 2	2011 calendar year, or tax year beginning 01-01-2	011 and ending 12-31-2	2011	D Franciscon ide	
_		oplicable C Name of organization WORLD GOLF FOUNDATION INC			. ,	ntification number
Addre	ss cha	ange Doing Business As			59-299892 E Telephone nu	
Name		nge j			(904)940-4	
Initial	retur	Number and street (or P O box if mail is not del ONE WORLD GOLF PLACE	livered to street address) Roor	n/suite	G Gross receipts s	
Termı	ınated	ONE WORLD GOLF PLACE				
Amen	ided r	return City or town, state or country, and ZIP + 4 ST AUGUSTINE, FL 32092				
Applic	ation	pending				
		F Name and address of principal offic STEPHEN FMONA	er		s a group return	
		ONE WORLD GOLF PLACE		affilia	tes /	⊤Yes ▼ No
		ST AUGUSTINE,FL 32092		1	l affiliates include	· · · · ·
r Tax-€	exemi	pt status		_		(see instructions)
		:► WORLDGOLFFOUNDATION ORG THEFIRST		H(c) Grou	p exemption nur	ilber 🗭
				<u> </u>		
		anization Corporation Trust Association Other	<u>•</u>	L Year of fo	mation 1989 M	State of legal domicile FL
Part		Summary				_
		Briefly describe the organization's mission or most TO DEVELOP AND SUPPORT INITIATIVES INC	5	AME. THE FIRST	TEE. AND GOL	F 20/20 THAT
ايو		POSITIVELY IMPACT LIVES THROUGH THE GA		,	•	
	-					
	-					
Governance	2 0	Check this box 🚩 if the organization discontinued	d its operations or dispos	ed of more than 2	5% of its net as	sets
	3 N	Number of voting members of the governing body (F	Part VI, line 1a)		3	8
<u>s</u>	4 N	Number of independent voting members of the gove	erning body (Part VI, line	1b)	4	8
Activities &	5 T	otal number of individuals employed in calendar y	ear 2011 (Part V, line 2a)	5	148
두		otal number of volunteers (estimate if necessary)			6	175
		otal unrelated business revenue from Part VIII, c			7a	685,021
	b IV	Net unrelated business taxable income from Form 9	990-1, line 34	D.i.	7b	-282,991
		Contributions and grants (Port VIII line 1h)		Prio	r Year 25,472,985	Current Year 36,285,154
<u>a</u>	8 9	Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g).	•	3,306,430	2,115,802	
듄	LO	Investment income (Part VIII, column (A), lines			854,210	145,065
å ₁	l 1	Other revenue (Part VIII, column (A), lines 5, 60			2,049,793	2,442,548
1	L2	Total revenue—add lines 8 through 11 (must equ		line	24 602 440	40.000.560
٠,		12)			31,683,418	40,988,569
	L3 L4	Grants and similar amounts paid (Part IX, column Benefits paid to or for members (Part IX, column			0 0	2,376,243
	 L5	Salaries, other compensation, employee benefits	, ,,			
\$		5-10)			9,877,099	9,972,689
Expenses	L6a	Professional fundraising fees (Part IX, column (A	(), line 11e)		65,902	79,262
<u>ਡੋ</u>	b	Total fundraising expenses (Part IX, column (D), line 25)		_		
	L7	Other expenses (Part IX, column (A), lines 11a-			17,955,897	20,444,608
	L8 L9	Total expenses Add lines 13–17 (must equal Pa			30,958,506	32,872,802
	Ly	Revenue less expenses Subtract line 18 from lin	16 12		724,912 of Current	8,115,767
က်ားဆို စည္သို					ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			46,764,472	51,723,601
: 12	21	Total liabilities (Part X, line 26)			47,648,644	44,645,078
	22	Net assets or fund balances Subtract line 21 fro	m line 20		-884,172	7,078,523
Part		Signature Block	Suralis d'			Aba basa 1
	dge a	ties of perjury, I declare that I have examined this retuind belief, it is true, correct, and complete. Declaration				
		*****		20	12-11-12	
Sign		Signature of officer			ite	
Here		STEPHEN F MONA PRESIDENT/CEO Type or print name and title				
		Preparer's	Date	Check If self-	Preparer's taxpay (see instructions)	er identification number
Paid		signature		employed •	(See matructions)	
Prepare		Firm's name (or yours PRICEWATERHOUSECOOPERS LLF if self-employed),		•	EIN Þ	
Jse On	ıly	address, and ZIP + 4 50 N LAURA STREET				

JACKSONVILLE, FL 32202

May the IRS discuss this return with the preparer shown above? (see instructions) $\, \cdot \, \cdot \, \cdot \, \cdot \,$

┌Yes ┌No

Phone no 🕨 (904) 354-0671

Par	Statement of Program S	ervice Accomplishments response to any question in this Part III .		.
1	Briefly describe the organization's mis			,
_	,	5 INCLUDING THE HALL OF FAME, THE FIF	ST TEE, AND GOLF 20/20 THAT	POSITIVELY
		GOLF AND ITS TRADITIONAL VALUES	,	
_				
2		nificant program services during the year white		No
	If "Yes," describe these new services		, ,	
3	•	or make significant changes in how it conduc	ts, any program	
	services?			No
	If "Yes," describe these changes on S	hedule O		
4	expenses Section 501(c)(3) and 501	ervice accomplishments for each of its three locally (4) organizations and section 4947(a)(1) to tall expenses, and revenue, if any, for each property (4) and the contract of	rusts are required to report the am	
4a	(Code) (Expenses \$	27,373,648 including grants of \$		606,321)
	achievements of its greatest individuals (bott general public Secondly, the Foundation has work together to promote growth of the gam organizations and professional tours throughe Champions Tour Champions Tour Tournamer Superintendents Association of America Golf Norfessional Golf Association LPGA Tournamer PGA European Tour THE MASTERS TOURNAM World Golf Hall of Fame & MUSEUM ("WGHO history, values and deeply rooted traditions of World Golf Hall of Fame IMAX Theater provid encompasses approximately 75,000 square for artifacts on display are representative of the for use in the Museum. The WGHOF enshring offers the PGA TOUR Hall of Fame, the LPG amateur or other individual deserving of recoprofessional who played the bulk of his or he ceremony. The Foundation has undertaken a education and provides access for youth, regural and urban areas, the creation of school would otherwise not have had the opportunit the positive values intrinsic to golf. The First unique ability to teach honor, integrity and spinvolves the development of facilities and aff Program". NSP) which is offered through schedule and principle behind GOLF 20/20 is to also improve the quality of life for those who future of golf in a strategic manner, with an will be achieved by setting participant growth funding sources for those initiatives. The Foundations are supported to the provide achieved by setting participant growth funding sources for those initiatives.	and other nonprofit components. The Foundation has a players and contributors to the game) and to create en undertaken several charitable initiatives including The Fixes of golf among adults, youth and minorities as well as a fix the world including. American Junior Golf Association of Association of America Golf inters Association of America. International Association of Course Owners Association National Golf Course Owners Association National Golf Course Owners Association Fixes of Course Owners Association Southern in Opened its museum facility ("Museum") in May 1998 the game through exhibitry and the Walk of Champion is educational opportunities to area school children and the et and holds more than 70 separate exhibits that combinatory of golf and many of the artifacts are on loan to the greatest players and contributors to the game of golf and the greatest players and contributors to the game of golf and through his or her contribution to the game. Anot career 30 years prior to the date of induction into the Focused charitable youth development activity entitled "ridless of financial status, and makes golf physically according and the totruly participate in the game. The First Tee is designed programming to introduce the game to students and the totruly participate in the game. The First Tee is designed program locations target young people up to the age of smanship, The First Tee has developed a National ceil ate relationships as well as the development of a broad pols' physical education curriculum. The First Tee serves ectors and promoting quality and consistency in instruction the First Tee program, the world's major golf organization and promoting quality and consistency in instruction profits and promoting quality and consistency in instruction the first Tee program, the world's major golf organization are introduced to its positive values. The mission of Golf mphasis on accelerating growth over the next twenty years and promoting profits of the initiatives that will adation also focuses on increas	tertaining and educational exhibits for the rist Tee and GOLF 20/20. These elements in the golf industry. The Foundation is suphemerican Society of Golf Course Architects Course Builders Association of America Golf Golf Administrators Japan Golf Tour Orgaliation National Golf Foundation PGA of Amatrica PGA Tour United States Golf Associal providing visitors an opportunity to learn is The World Golf Hall of Fame is housed the general public. The WGHOF Museum and instorical artifacts with the latest interact of the providing visitors and the latest interact of the providing visitors and the latest interact of the providing visitors and providing visitors and population from various individuals and the foundation from various individuals and the ravenue is the Veterans Category which lail of Fame. Selected players will be ensigher avenue is the Veterans Category which lail of Fame. Selected players will be ensigher as the provided that the provided that the construction of the game and its values to lead to promote scholastic achievement, consideration of the game and its values to late to promote scholastic achievement, consideration of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late to promote scholastic achievement, constitution of the game and its values to late the promote scholastic achievement, constitution of the game and its values to late the promote scholastic achievement, constitution of the game and its values to late the promote scholastic achievement and late the late to promote scholastic achievement and late the late to prom	enjoyment of the of the Foundation ported by major golf Asian Tour if Course inization Ladies iterica PGA TOUR The tion Web com Tour about the rich in the Museum. The ind facility ictive technology. The digolf organizations eated for professional ed to honor any in considers any golf irrined in a special skills through golf on of golf facilities in original increased access. "National School evelopment, forging entum and the spirit GOLF 20/20. The me's accessibility but her to address the into the game. This diministrative and in the game as
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe ii	Schedule O)		
	(Expenses \$	including grants of \$	(Revenue \$)
4e	Total program service expenses►\$	27,373,648		

art IV	Checklist	t 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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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 1	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	Yes	
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? <i>If</i> "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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	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	Yes	
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	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, 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	Yes	
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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	Yes	
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	
		F:	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check in Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 46			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
la	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			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
b	year?	3b	Yes	
	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	Yes	
b	If "Yes," enter the name of the foreign country •KS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
1	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		
1	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
С	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 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 Enter the number of voting members of the governing body at the end of the tax 1a Enter the number of voting members included in line 1a, above, who are 1b 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **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 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **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 Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 14 Did the organization have a written document retention and destruction policy? 14 Νo 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 Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **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 , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , IA , KS , $\mathsf{KY}\,\mathsf{,LA}\,\mathsf{,ME}\,\mathsf{,MD}\,\mathsf{,MA}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MS}\,\mathsf{,NV}\,\mathsf{,NH}\,\mathsf{,NJ}\,\mathsf{,NM}\,\mathsf{,}$ NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA, WV, WI 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

(904) 940-4000

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization DIANE TETSWORTH ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title Name and Title	Check this box if neither the organizat	ion nor any reia	ated organizations compensate					isate	ed any current or io	or, or trustee	
Comparison	Name and Title Average hours per week (describe			on (d e tha s per offic	o no n on son er a	e bo ıs b nd a	x, oth		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
CHAIRMAN//DIRECTOR		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	I
TREASURER/DIRECTOR 10 X X 0 0 0 (3) Joseph Steranka 10 X 0 0 0 0 DIRECTOR 10 X 0 0 0 0 (5) Michael Whan DIRECTOR 10 X 0 0 0 0 (6) Timothy W Finchem DIRECTOR 10 X 0 0 0 0 (7) David Fay DIRECTOR 10 X 0		1 0	×		Х				0	0	0
DIRECTOR		1 0	х		х				0	0	0
Director 10		1 0	х						0	0	0
DIRECTOR		1 0	х						0	0	0
DIRECTOR		1 0	х						О	0	0
DIRECTOR		1 0	х						0	0	0
DIRECTOR		1 0	х						О	0	0
DIRECTOR		1 0	х						0	0	0
PRÉSIDENT/CHIEF EXEC OFFICER 40 0 X 349,232 0 46,155 (11) Joseph L Barrow Jr EXECUTIVE VP & CEO, THE FIRST 40 0 X 615,810 0 89,694 (12) John E Peter SVP & COO-WORLD GOLF HOF 40 0 X 326,273 0 52,800 (13) Kelly A Martin SVP/ COO-THE FIRST TEE 40 0 X 261,676 0 36,019 (14) Bruce M Lahti VP/GENERAL MANAGER WGHOF 40 0 X 184,326 0 68,701 (15) John A Sapora VP/SECRETARY/GENERAL COUNSEL 40 0 X 162,023 0 43,014 (16) Diane M Tetsworth VP FINANCE 40 0 X 164,359 0 35,293 (17) Jennifer K Weiler 40 0 X 155,837 0 29,533		1 0	х						0	0	0
EXECUTIVE VP & CEO, THE FIRST 40 0		40 0			х				349,232	0	46,155
SVP & COO-WORLD GOLF HOF 40 0 X 326,273 0 52,800 (13) Kelly A Martin SVP/ COO-THE FIRST TEE 40 0 X 261,676 0 36,019 (14) Bruce M Lahti VP/GENERAL MANAGER WGHOF 40 0 X 184,326 0 68,701 (15) John A Sapora VP/SECRETARY/GENERAL COUNSEL 40 0 X 162,023 0 43,014 (16) Diane M Tetsworth VP FINANCE 40 0 X 164,359 0 35,293 (17) Jennifer K Weiler 40 0 Y 155,837 0 29,533		40 0			Х				615,810	0	89,694
SVP/ COO-THE FIRST TEE		40 0			Х				326,273	0	52,800
VP/GENERAL MANAGER WGHOF 40 0 X 184,326 0 68,701 (15) John A Sapora 40 0 X 162,023 0 43,014 VP/SECRETARY/GENERAL COUNSEL 40 0 X 164,359 0 35,293 VP FINANCE 40 0 X 155,837 0 29,533		40 0			Х				261,676	0	36,019
VP/SECRETARY/GENERAL COUNSEL 40 0 X 162,023 0 43,014 (16) Diane M Tetsworth 40 0 X 164,359 0 35,293 (17) Jennifer K Weiler 40 0 Y 155,837 0 29,533		40 0			Х				184,326	0	68,701
VP FINANCE 40 0 X 164,359 0 35,293 (17) Jennifer K Weiler 40 0 Y 155,837 0 29,533		40 0			Х				162,023	0	43,014
		40 0			Х				164,359	0	35,293
VP/STRATEGIC ALLIANCE/GOVERN A	(17) Jennifer K Weiler VP/STRATEGIC ALLIANCE/GOVERN A	40 0			Х				155,837	0	29,533

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

(A) Name and Title		(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth	1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estima amount o compen from organizat	(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		·	organıza	ations	
	Catherine S Harbin CTOR GOLF 20/20	40 0					х		191,346	0		23,907	
	loseph A O'Brien RECTOR OUTCOMES & EDU	40 0					х		177,934	0		68,965	
	Mary H Altman CTOR OF MARKETING	40 0					Х		150,632	0		35,278	
(21) I	Mark N Lowry RECTOR NETWORK MANG	40 0					х		145,299	0		34,701	
(22) I	Dedric Holmes RECTOR/COACH TRAINING TFT	40 0					Х		132,395	0		27,853	
1b	Sub-Total	<u> </u>		<u> </u>	<u>. </u>			<u> </u>					
С	Total from continuation sheets t	o Part VII, Sect	ion A .					F					
d	Total (add lines 1b and 1c)							 	3,017,142	0		591,913	
2	Total number of individuals (inclu \$100,000 of reportable compens					ed a	ibove)	who	received more tha	n			
											Yes	No	
3	Did the organization list any form				e, ke	y er	nploye	ee, o	r highest compensa	ited employee			
	on line 1a? If "Yes," complete Sche				•	•	•			<u> </u>	3	No	
4	For any individual listed on line 1 organization and related organiza												
	ındıvıdual					•	•	•			4 Yes		
5	Did any person listed on line 1a r services rendered to the organiza								_		5 Yes		
											1		
	ection B. Independent Cont Complete this table for your five h		a a t a d un	dono	nda	nt c	ontro o	toro	that received more	than			
1	\$100,000 of compensation from or within the organization's tax ye	the organization											
		(A) e and business add	ress						Descri	(B) ption of services	(C Comper		
2	Total number of independent contri	actors (including	a but no	t lım	ıtad	to t	hosal	ıstac	l above) who receiv	ed more than	+		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 9								P a g e 9
Part	V 1111	Statement of	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
\$ \$	1a	Federated cam	paıgns 1a					
튪	Ь	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c	17,846				
#E #E	d	Related organiz	zations 1d					
Ξ̈́	e	Government grant	s (contributions) 1e	2,000,004				
itis Sun	f	All other contribute	ons, gifts, grants, and 1f	34,267,304				
ê¥	g	Noncash contri	ibutions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$ _	0,075,654 					
<u>ŏ≅</u>	h	Total. Add lines	s 1 a - 1 f	•	36,285,154			
<u>a</u>				Business Code				
Ke n	2a	IMAX THEATER		713990	900,949	·	527,292	
22	b	WORLD GOLF HALL	OF FAME	713990	696,074	696,074		
MCA	°	THE FIRST TEE		713990	518,779	518,779		
Š	d							
Ē	e •	Λ II ο+h - = = = =	om convec reverse					
Program Serwce Revenue	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a – 2f		2,115,802			
	3		ome (including dividen		252,775		077	251 000
	_		ar amounts)	F	252,775		877	251,898
	5	Income from investment of tax-exempt bond proceedsRoyalties		proceeds •	1,780,851			1,780,851
		Royalties :	(ı) Real	(II) Personal	, ,			, ,
	6a	Gross rents	88,749	12,645				
	Ь	Less rental expenses	79,025	8,837				
	c	Rental income	9,724	3,808				
	d	or (loss) Net rental inco	me or (loss)	<u> </u>	13,531		-18,128	31,659
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	431,486	0				
	b	Less cost or other basis and sales expenses	424,218	114,206				
	C	Gain or (loss)	7,268	-114,206	-107,710			-107,710
Φ	d 8a	Net gain or (los Gross income f events (not inc	rom fundraising		107,710			107,710
Other Revenue		of contributions	. <u>,846</u> s reported on line 1c) ne 18					
<u>-</u>			a	7,355				
ŧ	b c		penses b (loss) from fundraising	18,143	-10,788			-10,788
J	9a	Gross income f	rom gaming activities ne 19 a		,			<u> </u>
	b c		penses b (loss) from gaming acti	vities	o			
	10a	Gross sales of returns and allo		704.004				
	ь	Less cost of a	oods sold b	704,921				
	С		(loss) from sales of inv		502,326	158,911	174,980	168,435
		Miscellaneou	s Revenue	Business Code				
	11a	MISCELLANEC	ous	900099	154,741	154,741		
	Ь	SPONSORSHI	P FULLFILLMENT	900099	1,887	1,887		
	c							
	d		ue					
	e		s 11a-11d	▶	156,628			
	12	i otal revenue.	See Instructions .	· · •	40,988,569	1,904,049	685,021	2,114,345

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)

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,157,281	2,157,281		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	172,750	172,750		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	46,212	46,212		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,509,341	2,456,539	877,335	175,467
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	0	0	0
7	Other salaries and wages	4,811,043	2,891,586	1,110,419	809,038
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	871,411	607,698	218,998	44,715
9	Other employee benefits	274,044	97,924	100,704	75,416
10	Payroll taxes	506,850	344,661	104,602	57,587
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	22,014	1,321	12,988	7,705
c	Accounting	81,040	0	81,040	0
d	Lobbying	31,249	15,313	10,312	5,624
e	Professional fundraising See Part IV, line 17	79,262			79,262
f	Investment management fees	0	0	0	0
g	Other	498,470	354,704	51,568	92,198
12	Advertising and promotion	915,623	911,776	3,847	0
13	Office expenses	650,755	446,611	173,179	30,965
14	Information technology	57,962	28,380	15,758	13,824
15	Royalties	627,890	627,890	0	0
16	Occupancy	1,422,393	943,770	476,050	2,573
17	Travel	696,568	538,983	52,528	105,057
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	971,464	854,708	13,976	102,780
20	Interest	1,676,404	1,676,404	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,748,850	1,419,486	329,364	0
23	Insurance	49,527	1,585	47,546	396
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)				
а	PUBLIC SERVICE ANNOUNCEMENTS	9,798,729	9,798,729	0	0
b	HOF INDUCTION CEREMONIES	360,137	360,137	0	0
c	PARTICIPANT OPPORTUNTIES	301,784	301,784	0	0
d	RESEARCH AND DEVELOPMENT	197,477	151,217	0	46,260
e					
f	All other expenses	336,272	166,199	116,551	53,522
25	Total functional expenses. Add lines 1 through 24f	32,872,802	27,373,648	3,796,765	1,702,389
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				rm 990 (2011)

Pa	rt X	Balance Sheet					<u> </u>		
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			5,188,863	1	3,647,174		
	2	Savings and temporary cash investments			10,671,692	2	12,810,765		
	3	Pledges and grants receivable, net	5,548,427	3	11,182,604				
	4	Accounts receivable, net			767,255	4	405,987		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of							
		Schedule L			0	5	0		
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and					
76		Schedule L	0	6	0				
Assets	7	Notes and loans receivable, net			0	7	0		
SS	8	Inventories for sale or use			84,872	8	109,719		
⋖	9	Prepaid expenses and deferred charges			359,159	9	318,246		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	53,629,513					
	b	Less accumulated depreciation	10b	32,938,859	21,504,893	10c	20,690,654		
	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			123,290	13	123,290		
	14	Intangible assets			0	14	0		
	15	Other assets See Part IV, line 11							
	16	Total assets. Add lines 1 through 15 (must equal line 34)			46,764,472	16	51,723,601		
	17	Accounts payable and accrued expenses .			7,413,466	17	7,189,298		
	18	Grants payable	0	18	0				
	19	Deferred revenue			4,212,896	19	3,680,799		
	20	Tax-exempt bond liabilities			29,965,000	20	27,580,000		
	21	Escrow or custodial account liability Complete Part IV of Schedul	·						
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		·		21			
졅		persons Complete Part II of Schedule L			0	22	О		
Ï	23	Secured mortgages and notes payable to unrelated third parties			5,592,777	23	5,792,777		
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0		
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	ed thu	d parties,					
		D			464,505		402,204		
	26	Total liabilities. Add lines 17 through 25			47,648,644	26	44,645,078		
Balances		Organizations that follow SFAS 117, check here ▶	lete l	ines 27					
<u>lan</u>	27	Unrestricted net assets	-15,824,112	27	-14,948,984				
<u>е</u>	28	Temporarily restricted net assets	14,939,940	28	22,027,507				
돧	29	Permanently restricted net assets			0	29	0		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d con	nplete					
s or	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
Ş	32	Retained earnings, endowment, accumulated income, or other fu				32			
Net /	33	Total net assets or fund balances			-884,172	33	7,078,523		
ž	34	Total liabilities and net assets/fund balances			46,764,472	34	51,723,601		
					1 ,704,472		21,720,001		

Pal	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		40,9	988,56
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		8,1	.15,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- 8	384,17
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 1	53,07
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		7,0	78,52
Pai	TEXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII			୮	
		ı		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 taudit, 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	e	За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number Name of the organization

WORLD GOLF FOUNDATION INC 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) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Is the organization in col (i) listed in col (i) of your col (i) organized organized		Is the organization in col (i) organized		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

	under Part III. If the ection A. Public Support	ne organization	rails to qualify u	naer the tests	listed below, ple	ease complete	Part III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	26,717,05		31,425,868	25,472,985	36,285,154	151,263,757
2	grants ") 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						
	Total. Add lines 1 through 3	26,717,05	2 31,362,698	31,425,868	25,472,985	36,285,154	151,263,757
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						68,398,151
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5 from line 4						82,865,606
	ection B. Total Support		т		Т		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	26,717,052	31,362,698	31,425,868	25,472,985	36,285,154	151,263,757
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,718,982	2,147,728	1,816,708	2,716,190	2,095,998	11,495,606
9	Net income from unrelated business activities, whether or not the business is regularly carried on		14,421				14,421
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						162,773,784
12	through 10) Gross receipts from related activi	ıtıes, etc (See ıns	tructions)		l	12	14,380,038
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					zation,	
	ection C. Computation of Pu						
14	Public Support Percentage for 20:	•	• •	11 column (f))		14	50 908 %
15	Public Support Percentage for 20:	•				15	49 178 %
	33 1/3% support test—2011. If the and stop here. The organization quality and 1/3% support test—2010. If the	ualıfıes as a public	ly supported orga	nızatıon		·	► ▽
	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 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.						
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organize supported organization	anızatıon meets th	ne "facts and circu	mstances" test, o	check this box and	d stop here.	▶ ' ▶
18	Private Foundation If the organizations	ation did not checl	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	- '

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493319046162

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities). ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

◆ Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or	(6) organizations	Complete Part III
------------------	------------	-------------------	-------------------

Name	of the	e orga	nızatı	on
WORLD	GOLF	FOUND	ATION	INC

Employer identification number

59-2998925

Part I-A	Complete if the organization	is exempt under section	501(c) or is a sect	ion 527 organization

- in opposition to candidates for public office in Part IV 2 Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sc	hedule C (Form 990 or 990-EZ) 2011			Page					
Р	art II-A Complete if the organization under section 501(h)).								
	expenses, and share of excess lobb	an affiliated group (and list in Part IV each affiliated bying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EII					
<u>B</u>	Limits on Lobbying E (The term "expenditures" means a	Expenditures	(a) Filing O rganization's Totals	(b) Affiliate Group Totals					
1a	Total lobbying expenditures to influence public of	opinion (grass roots lobbying)							
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	31,250						
c	Total lobbying expenditures (add lines 1a and 1	b)	31,250						
d	Other exempt purpose expenditures		29,055,099						
е	Total exempt purpose expenditures (add lines 1	c and 1d)	29,086,349						
f	Lobbying nontaxable amount Enter the amount columns	1,000,000							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							

g	Grassroots	nontaxable	amount	(enter 2	5% o	of line :	1f)
---	------------	------------	--------	----------	------	-----------	-----

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting
	section 4911 tax for this year?

_	V	_	NI.
	Yes		N

250,000

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

	Lobbying Expe	nditures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	145,000	43,464	45,353	31,250	265,067
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures		0	0	11.675	0

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

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

Identifier | Return Reference | Explanation

DLN: 93493319046162

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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.

Supplemental Financial Statements

Inspection

Schedule D (Form 990) 2011

Cat No 52283D

Internal Revenue Service Name of the organization Employer identification number WORLD GOLF FOUNDATION INC. 59-2998925 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 1,430,717 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

	Organizations Maintaining Co	HECHOIIS OF ALL	<u>, піз</u>	COLI	cai ii			,	· Oillinai Abb	C 63 (C	manucuj
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat a	re a signific	ant u	se of its collecti	on	
а	▼ Public exhibition		d	<u>~</u>	Loan	orexc	hange prog	rams			
b	Scholarly research		e	Γ	Other	-					
c	✓ Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ furthe	r the	organızatıoı	n's ex	cempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	zatio			es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	forc	ontrıbu	tions	or other as:	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Г		Λ		
_	5						}	4 -	Ame	ount	
c d	Beginning balance						-	1c 1d			
	Additions during the year						-				
e f	Distributions during the year						}	1e 1f			
	Ending balance		- 24-				L	71,			
2a	Did the organization include an amount on Fo		e 21 /						ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				- J 11V-	-!! !-	Fa 000	D	+ T) / long 10		
Pal	t V Endowment Funds. Complete	(a)Current Year)Prior \			vo Years Back			'e) Four Y	ears Back
1a	Beginning of year balance	(a)carrent rear	(5	y	cui	(6)	To Tours Buch	1(4)	Timee rears back	Cyr our r	ears back
ь	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	re held	d and a	admınıstere	d for	the	Yes	No
	(i) unrelated organizations								За(i)	
	(ii) related organizations								. 3a(ii)	
	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Sched	ule R?			٠.	3a(ii 3b)	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	ns listed as require e organization's en	d on S dowm	Sched ent fu	ule R? nds			•)	
4	If "Yes" to 3a(II), are the related organizatio	ns listed as require e organization's en	d on S dowm	Sched ent fu art X	ule R? nds . line 1	LO.		•	3b) 	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	ns listed as require e organization's en	d on S dowm	ent fu art X, (a)	ule R? nds	LO.					ok value
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the Land, Buildings, and Equipment	ns listed as require e organization's en	d on S dowm	ent fu art X, (a)	ule R? nds line 1	LO.	(b)Cost or c basis (other		3b		ook value
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Land, Buildings, and Equipment Description of property	ns listed as require e organization's en	d on S dowm	ent fu art X, (a)	ule R? nds line 1	LO.	(b)Cost or c basis (other	er) 3,701	3b	(d) Bo	
Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property and	ns listed as require e organization's en	d on S dowm	ent fu art X, (a)	ule R? nds line 1	LO.	(b)Cost or c basis (other	er) 3,701	3b (c) Accumulated depreciation	(d) Bo	33,701
1a l b l c l	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property Land	ns listed as require e organization's en	d on S dowm	ent fu art X, (a)	ule R? nds line 1	LO.	(b)Cost or c basis (other	er) 3,701	3b (c) Accumulated depreciation	(d) Bo	33,701
1a b c l e (If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property Land	ns listed as require e organization's en e nt. See Form 99	d on S down 90, Pa	ent fu art X (a) basis	ule R? nds . line 1 Cost or s (investi	other ment)	(b)Cost or c basis (other	er) 3,701 5,291	3b (c) Accumulated depreciation	(d) Bo	33,701

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-o	f-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)			
		12	
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
(-,	(-,	Cost or end-or	f-year market value
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, III		_	
(a) Descrip			(b) Book value
(4) 2 55 511			(2, 20011 1212
Total (Column (b) should agreed Form 2002 fort Y ==1 (C) / ==	(F.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part >			
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024	· · · · · · •	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes UNAMORTIZED BOND PREMIUM	(, line 25. (b) Amount 0 132,024		

Total revenue (Form 990, Part VIII, column (A), line 12)

40,988,569

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,872,80
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,115,76
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	-166,53
9	Total adjustments (net) Add lines 4 - 8	9	-166,53
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,949,23
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	42,464,46
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,475,89
3	Subtract line 2e from line 1	3	40,988,56
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
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	40,988,56
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	34,515,23
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	1,642,42
3	Subtract line 2e from line 1	3	32,872,80
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 18)	5	32,872,80
c 5	Add lines 4a and 4b		32,8

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

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
PART III, LINE 4		THE WORLD GOLF HALL OF FAME'S PROGRAM ACTIVITIES INCLUDE A MUSEUM OF GOLF-RELATED ARTIFACTS OF HISTORICAL AND EDUCATIONAL SIGNIFICANCE THESE ITEMS ALSO INCLUDE MEMORBILIA FROM THE INDUCTEES' CAREERS AND PERSONAL LIVES, EXAMPLES FROM CLUB AND BALL MAKERS, AND TOOLS USED TO CRAFT THESE ITEMS SOME OF THE COLLECTION IS OWNED BY THE WORLD GOLF FOUNDATION AND SOME OF IT IS ON LOAN FROM THE ARTIFACT OWNER
OTHER CHANGES IN NET ASSETS	1	PENSION RELATED SETTLEMENT COSTS -153,072 Non- includible Subsidiary -13,462 TOTAL -166,534
OTHER REVENUE ON BOOKS BUT NOT ON RETURN	,	REIMBURSEMENT OF MANAGEMENT SERVICE 752,915 REIMBURSEMENT OF EXPENSE 35,000 DIRECT EXPENSES 10,788 RECLASS BETWEEN INCOME AND EXPENSE 357,218 NON-INCLUDIBLE SUBSIDARY 319,973 TOTAL 1,475,894
OTHER EXPENSES ON BOOKS BUT NOT ON RETURN		REIMBURSEMENT OF MANAGEMENT SERVICE 752,915 REIMBURSEMENT OF EXPENSE 35,000 DIRECT EXPENSES 10,788 RECLASS BETWEEN INCOME AND EXPENSE 357,218 NON-INCLUDIBLE SUBSIDARY 333,435 Pension related settlement costs 153,072 TOTAL 1,642,428

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As Filed Data -

DLN: 93493319046162

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization WORLD GOLF FOUNDATION INC **Employer identification number**

					59-2998925	
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organızatıon n gıbılıty for the	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	For grantmakers. Describe in Pa United States	art V the organiz	atıon's proceduı	res for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the Pacific			Fundraising		
	Europe (Including Iceland and Greenland)			Fundraising		
	East Asia and the Pacific			Grantmakıng	The First Tee	18,000
	Europe (Including Iceland and Greenland)			Grantmakıng	The First Tee	28,212
	East Asia and the Pacific			Investments		482,000
3a	Sub-total					528,212
	Total from continuation sheets to Part I					E20 242
c	Totals (add lines 3a and 3b)					528,212

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			Europe/Iceland/Greenland	GENERAL SUPPORT	28,212	WIRED			
			East Asia/Pacific	GENERAL SUPPORT	18,000	WIRED			
2	Enter total netal netal	umber of recip by the IRS, or	ient organizations listed for which the grantee o	above that are reco	ognized as charitie	es by the foreign co c)(3) equivalency le	untry, recognized a	ns •	2
3	•	•	r organizations or entitie	•	•			·	0
			-						(Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.....

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

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

Schedule F (Form 990) 2011

Part V	Supplemental	Information

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

information.		
Identifier	ReturnReference	Explanation
PART I, LINE 2		EACH ORGANIZATION COMPLETES THE FIRST TEE OPERATING GRANT APPLICATION THAT IS REQUIRED BY ALL CHAPTERS WHO RECEIVE GRANTS THE APPLICATION DOES ALLOW FOR FUNDS TO BE USED FOR A NUMBER OF PURPOSES THAT RELATE TO THE FIRST TEE PROGRAM

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As Filed Data -

DLN: 93493319046162

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
WORLD GOLF FOUNDATION INC

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

59-2998925

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🔽 Mail solicitations

e 🔽 Solicitation of non-government grants

Internet and e-mail solicitations

f 🔽 Solicitation of government grants

Phone solicitations

Special fundraising events

- d 🔽 In-person solicitations
- 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?

Ves □

NI.

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	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
James Mulvıhıll	Direct So- licitations		No	1,117,692	57,845	1,059,847
Jeff Searcy	Direct So- licitations		No	0	6,000	-6,000
East Park Drive	Direct So- licitations		No	0	9,416	-9,416
MARK OLDHAM	Direct So- licitations		No	0	6,000	-6,000
Total			•	1,117,692	79,261	1,038,431

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Par	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 FESTIVAL TREES (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
⊕ E	1	Gross receipts	25,20		(30.200.00000000000000000000000000000000	25,201
Revenue	2	Less Charitable contributions	17,846	5		17,846
	3	Gross income (line 1 minus line 2)	7,35!	5		7,355
	4	Cash prizes				
မွ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
년 교 교	8	Entertainment				
▵│	9	Other direct expenses .	18,143	3		18,143
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı(d)	🛌	(18,143)
	11	Net income summary Combine III	nes 3 and 10 in column (d)		-10,788
Par	HII	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue				
မှ	2	Cash prizes				
Expenses	3 1	Non-cash prizes				
_	4 F	Rent/facility costs				
Direct	5	Other direct expenses				
	6 \	√olunteer labor	┌ Yes	┌ Yes	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)		()
	8 1	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)	-	
9		r the state(s) in which the organiza				
a b	If"N	e organization licensed to operate o," Explain				
.0a b	Were	e any of the organization's gaming l	ıcenses revoked, suspei	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to proceed instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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

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

OMB No 1545-0047

DLN: 93493319046162

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

WORLD GOLF FOUNDATION INC

Employer identification number 59-2998925

the selection criteria used to av 2 Describe in Part IV the organiza Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	ation's procedures fo ssistance to Go e 21 for any recip	r monitoring the use o vernments and O ient that received n	f grant funds in the Unite rganizations in the nore than \$5,000. Ch	ed States United States. Coneck this box if no one	nplete if the orgai recipient receive	nization answered "Yed more than \$5,000	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
See Additional Data Table							

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organ	nızatıon 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) A cademic Scholarships From the First Tee	52	172,750			

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
SCHEDULE I PART 1		GRANTS ARE MADE TO SCHOOLS AND OTHER 501 (C)(3) CHARITABLE ORGANIZATIONS A DETERMINATION
LINE 2		LETTER IS OBTAINED PRIOR TO THE GRANT BEING AWARDED

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 59-2998925

Name: WORLD GOLF FOUNDATION 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) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Junior Golf Association1980 Sports Club Drive Braselton, GA 30517	58- 1433914	501 (c)(3)	10,000		FMV		GENERAL SUPPORT
Amphitheater School District266 E Pastime Road Tucson, AZ 85705	86- 0472926	501 (c) (1)		9 ,0 0 0, 9	FM∨	NSP Equipment	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) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archdiocese of Chicago3027 W Palmer Square Chicago, IL 60647	36- 2170826	501 (c)(1)		10,500	FMV	NSP Equipment	GENERAL SUPPORT
Baltimore County Public School District8300 Pleasant Plains Road Towson, MD 21286	52- 6000886	501 (c)(1)		7,500	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Billings Public Schools1440 Nutter Blvd Billings, MT 59105	81- 0452904	501 (c) (1)		7,500	FMV	NSP Equipment	GENERAL SUPPORT
Charleston County School District 1000 Michigan Avenue N Charleston, SC 29404	57- 6000322	501 (c)(1)		7,500	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charlotte- Mecklenburg Schools538 Bradford Dr Charlotte, NC 28208	56- 6001074	1 501 (6) (1)		13,500	,	NSP Equipment	GENERAL SUPPORT
Chicago Public Schools5450 S Talman Chicago,IL 60632	36- 6005821	501 (c) (1)		22,500	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cypress-Fairbanks Independent School District19545 Cypress N Houston Cypress,TX 77433	6000654	I 501 (c) (1)		9,000	FMV	NSP Equipment	GENERAL SUPPORT
Flowing Wells School District6901 N Camino de la Tierra Tucson, AZ 85741	86- 6003684	1 501 (6) (1)		7,500	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hillsborough County Public Schools2716 N 46th Street Tampa,FL 33605	59- 6000660	501 (c)(1)		7,500	FM∨	NSP Equipment	GENERAL SUPPORT
Joliet Public School District 86701 Third Ave Joliet, IL 60433		501 (c)(1)		13,500	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Leon County School District9373 Woodville Hwy Tallahassee, FL 32305	59- 6000709	501 (c)(1)		13,500	FMV	NSP Equipment	GENERAL SUPPORT
Manor Independent School District 13252 George Bush Drive Manor,TX 78653	74- 6003097	501 (c)(1)		9,000	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
Mesa Unified School District #4 733 N Longmore Drive Mesa, AZ 85201	86- 6000481	501 (c)(1)		18,000	FMV	NSP Equipment	GENERAL SUPPORT
New Jersey Youth Golf Foundation411 Joyce Kilmer Ave Ste 8 New Brunswick, NJ 08901	11- 3826837	501 (c)(3)	8,250		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riverview Gardens School District 9865 Winkler Drive St Louis, MO 63136	43- 6003016	501 (c)(1)		13,500	FMV	NSP Equipment	GENERAL SUPPORT
Rockford School District 2052325 Ohio Parkway Rockford, IL 61108	36- 6009416	501 (c)(1)		9,000	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee Greater Kansas City 7501 Blue River Rd Kansas City, MO 64132	43- 1532215	501 (c)(3)	11,000		FMV		GENERAL SUPPORT
The First Tee Hampton Roads 2400 Tournament Dr Virginia Beach, VA 23456	54- 1929910	501 (c)(3)	16,250	225	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee Milwaukee County 11350 W Theo Trecker Way West Allis, WI 53214	39- 1973006	501 (c)(3)	10,000		FMV		GENERAL SUPPORT
The First Tee Monterey Cty1551 Beacon Hill Drive Salinas, CA 93905	26- 0015069	501 (c)(3)	57,125	225	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Aiken901 Houndslake Drive Aiken,SC 29803	26- 4784141	501 (c)(3)	125,000	600	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Alaska8847 Sahalee Dr Anchorage, AK 99507	20- 3114983	501 (c)(3)	4,125	3,879	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Atlanta1053 Cascade Circle SW Atlanta, GA 30311	58- 2414794	501 (c)(3)	16,625		FMV		GENERAL SUPPORT
The First Tee of Augusta3165 Damascus Rd Augusta, GA 30909	58- 2415361	501 (c)(3)	3,000	2,850	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Boyne Highlands 6776 S State Road Harbor Springs, MI 49740	74- 3149490	501 (c)(3)	5,000	300	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Central CoastPO Box 1611 Summerland, CA 93067	77- 0524816	501 (c)(3)	14,625	5,175	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Central Louisiana 8311 Shreveport Hwy Pineville, LA 713602747	20- 1929398	501 (6) (3)	8,000	2,925	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Chattanooga2453 Hickory Valley Rd Chattanooga,TN 37421	62- 1627453	501 (6) (3)	5,000	300	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Children's Course 19825 River Rd Gladstone, OR 97027	93- 1212530	501 (c)(3)	13,000	525	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Cleveland3841 Washington Park Boulevard Cleveland, O H 44105	34- 1915692	501 (c)(3)	10,000		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Columbus 2738 Agler Road Columbus, OH 43224	31- 1035280	501 (c)(3)	5,000	150	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Connecticut525 Brook Street Suite 206 Rocky Hill, CT 06067	06- 1510744	501 (c)(3)	226,125		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Delaware800 N DuPont Rd Wilmington, DE 19807	33- 1103722	501 (c)(3)	10,750		FMV		GENERAL SUPPORT
The First Tee of Greater Austin 5501 Ed Bluestein Blvd Austin, TX 78723	74- 2930567	501 (c)(3)	6,000	150	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
The First Tee of Greater Charleston 222 West Coleman Blvd Suite 202 Mount Pleasant, SC 29464	20- 3959266	501 (c) (3)	13,250	75	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Greater Chicago 2901 W Lake A venue Glenview, IL 60025	31- 1746890	501 (c)(3)	11,000		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Greater El Paso 6900 Delta Drive El Paso,TX 79905	26- 0399030	I 501 (c) (3)	9,125	1,350	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Greater Houston 5810 Wilson Road suite 112 Humble,TX 773962899	74- 1486171	501 (c) (3)	8,000	225	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Greater Miami Valley6122 Trenton-Franklin Rd Middletown, O H 45042	20- 0057543	501 (c)(3)	11,625		FMV		GENERAL SUPPORT
The First Tee of Greater St Louis 5163 Clayton Avenue St Louis, MO 63110	26- 1557647	501 (c)(3)	40,025		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Green Valley Ranch20309 E 48th Place Denver, CO 80249	20- 0377476	501 (c)(3)	8,000	75	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Hawaii68-369 Crozier Drive Waialua, HI 96791	81- 0655388	501 (c)(3)	24,250	15,750	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Howard County Fairway Hills Golf Club 5100 Col Columbia, MD 21044	52- 2148691	501 (c)(3)	7,125	825	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Idaho849 E State St Suite 105 Eagle, ID 83616	04- 3801123	501 (c)(3)	5,000	375	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		і арріісавіе		assistance	appraisal, other)	assistance	or assistance
The First Tee of Jacksonville1157 MB01 Golfair Blvd Jacksonville,FL 32209	59- 3577327	501 (c) (3)	7,500	825	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Killeen777 Service Road Hwy 190 East Nolanville,TX 76559	74- 2776059	1 501 (6) (3)	6,625	825	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Louisville460 Northwestern Parkway Louisville, KY 40212	20- 0977578	1 501 (6) (3) (12,000	525	other)	Golf Equipment	GENERAL SUPPORT
The First Tee of Meridian 2113 Front Street Suite C Meridian, MS	20- 3884142	1 501 (6) (3) (6,625	900	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applicable	casii yiaiit	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
The First Tee of Metro Oklahoma City200 N Walker 3rd Floor Oklahoma Citt, OK 73102	73- 1623255	1 501 (~) (3)	4,125	5,168	,	Golf Equipment	GENERAL SUPPORT
The First Tee of Metropolitan New York3545 Jerome Avenue Bronx, NY 10467	31- 1724122	1 501 (6) (3)	108,000		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of N Puget Sound5616 133rd Ave SE Snohomish, WA 98290	90- 0179136	501 (c) (3)	8,250		FMV		GENERAL SUPPORT
The First Tee of Nashville2009 Sevier Street Nashville, TN 37206	58- 1893478	501 (c) (3)	4,125	1,950	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Northwest Florida 101 W Main Street Pensacola, FL 32502	59- 3288799	501 (c) (3)	8,250		FMV		GENERAL SUPPORT
The First Tee of Oakland11425 Golf Links Road Oakland, CA 94605	33- 1103128	501 (c) (3)	5,000	450	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	s (b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Omaha6315 North 30th St Omaha,NE 68152	0809385	1 501 (c) (3)	15,750		FM∨		GENERAL SUPPORT
The First Tee of Philadelphia1952 East Allegheny Avenue Philadelphia, PA 19134	21- 2088969	1 501 (0) (3)	7,125	150	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Phoenix9510 South 7th Street Phoenix, AZ 85042	52- 2103204	501 (c)(3)	9,625	1,800	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Rapid City3820 Odde Drive Rapid City, SD 57701	46- 0227218	501 (c)(3)	4,125	1,050	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Richmond & Chesterfield15521 Midlothian Turnpike Ste 303 Midlothian, VA 23113	54- 1886298	501 (c)(3)	7,125	1,650	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of San AntonioGolf San Antonio One Valero Way San Antonio, TX 782691616	74- 1364915	501 (c)(3)	13,750	1,650	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of Savannah392 Commercial Drive Suite 130 Savannah, GA 31406	11- 3649682	501 (c)(3)	10,750	6,900	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of St Johns County4401 Cypress Links Blvd Elkton,FL 32033	59- 3595774	501 (c)(3)	7,500	600	FMV	Golf Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of St Paul1403 Montreal Ave St Paul, MN 55116	35- 2220834	501 (c)(3)	166,667	375	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of the Coachella Valley74-945 Sheryl Ave Palm Desert, CA 92260	91- 2143285	501 (c)(3)	25,375		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee of the Triangle6713 Eastbrook Drive Raleigh, NC 27615	56- 2266025	501 (c) (3)	5,000	150	FMV	Golf Equipment	GENERAL SUPPORT
The First Tee of Washington DC 2020 Pennsylvania Ave NW Ste 106 Washington, DC 20006	52- 2195691	501 (c)(3)	17,500		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee Pasadena1133 Rosemont Pasadena, CA 91103	25- 1924033	501 (c) (3)	7,125		FMV		GENERAL SUPPORT
Tuscaloosa County Schools11629 Westwood School Rd Coker, AL 35452	63- 6001128	501 (c)(1)		21,000	FMV	NSP Equipment	GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee NW Arkansas1116 S Walton Blvd Bentonville, AR 72712	20- 3303805	501 (c)(3)	10,000		FMV		GENERAL SUPPORT
The First Tee NE Arkansas1400 North Division Blytheville, AR 72315	71- 0386409	501 (c)(3)	10,000		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee Greater Texarkana 2321 Line Ferry Rd Texarkana, AR 71854	26- 4010320	501 (c)(3)	10,000		FMV		GENERAL SUPPORT
The First Tee Central Arkansas1 First Tee Way Little Rock, AR 72204	10- 0189537	501 (c)(3)	10,000		FMV		GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The First Tee Ft Smith5800 Geren Rd Fort Smith, AR 72916	71- 0828700	501 (6) (3)	10,000		FMV		GENERAL SUPPORT

DLN: 93493319046162

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

Open to Public Inspection

Name of the organization WORLD GOLF FOUNDATION INC **Employer identification number**

59-2998925

-6	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	Yes	
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	Yes	
	,		165	
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			
	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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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	Yes	
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		Νo
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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Stephen F Mona	(I) (II)	247,964 0	96,250 0	5,018 0	28,725 0	17,430 0	395,387 0	
(2) Joseph L Barrow Jr	(ı) (ıı)	289,030 0	318,477 0	8,303 0	61,126 0	28,568 0	705,504 0	152,938
(3) John E Peter	(ı) (ıı)	213,680 0	99,715 0	12,878 0	29,296 0	23,504 0	379,073 0	
(4) Kelly A Martin	(ı) (ıı)	181,776 0	75,410 0	4,490 0	26,181 0	9,838	297,695 0	
(5) Bruce M Lahtı	(ı) (ıı)	136,984 0	40,367 0	6,975 0	49,231 0	19,470 0	253,027 0	
(6) John A Sapora	(ı) (ıı)	117,830 0	43,183 0	1,010	21,085 0	21,929 0	205,037	
(7) Diane M Tetsworth	(ı) (ıı)	123,880 0	39,775 0	704 0	13,296 0	21,997 0	199,652 0	
(8) Jennifer K Weiler	(ı) (ıı)	115,730 0	39,687 0	420 0	15,497 0	14,036 0	185,370 0	
(9) Catherine S Harbin	(ı) (ıı)	144,261 0	46,327 0	758 0	16,799 0	7,108 0	215,253 0	
(10) Joseph A O'Brien	(ı) (ıı)	135,145 0	38,964 0	3,825 0	46,236 0	22,729 0	246,899 0	
(11) Mary H Altman	(ı) (ıı)	119,929 0	30,062 0	641 0	14,669 0	20,609	185,910 0	
(12) Mark N Lowry	(ı) (ıı)	112,572 0	31,019 0	1,708	21,558 0	13,143	180,000	
(13) Dedric Holmes	(I) (II)	102,939	29,139 0	317 0	9,460 0	18,393 0	160,248 0	

Schedule J (Form 990) 2011 Page **3**

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
PART I, LINE 1A		HEALTH OR SOCIAL CLUB DUES PAID FOR CERTAIN OFFICERS PERSONAL USE IS INCLUDED IN W-2
PART I, LINE 7		THE ORGANIZATION HAS A LONG TERM INCENTIVE PLAN THAT IS BASED ON GROWING PROGRAM SERVICES AND EXPANDING THE DONOR BASE
PART VII, LINE 5		ONE INDIVIDUAL IS PAID BY PGA TOUR HOLDINGS INC AND SUBS (B II) BONUS AND INCENTIVE COMPENSATION NAME (B II) JOHN E PETER 99,715

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319046162

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. 2011

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) orga Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form	59-29989				
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form	nizations	925			
			ine 40h		
1 (a) Name of disqualified person I (b) Description of tran				(c) Corrected?	
(b) Beschpton of dat	(b) Description of transaction				
			Yes	No	
<u> </u>					
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the section 4958		er ► #			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		- » — - s			
	• • •	<u> </u>			
Part II Loans to and/or From Interested Persons.					
	-E7 Dartl	/ line 29	3		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990	-EZ, Part \ (f)		<u>a</u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (b) Loan to (c) Original (e) In	(f) Appro) ved	(g)Writ		
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (b) Loan to	(f)	ved rd or			
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (b) Loan to or from the (c)Original (d)Palance due default?	(f) Appro by boa	ved rd or	(g)Writ		
(a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default?	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
(a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default?	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
(a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default?	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
(a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default?	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
(a) Name of interested person and purpose (b) Loan to or from the organization? (c)Original principal amount (d)Balance due (e) In default?	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Total	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total	(f) Appro by boa commit	ved rd or ttee?	(g) Writ	ent?	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (c) Original principal amount default? Yes No Total Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	(f) A ppro by boa commit Yes	ved rd or ttee? No	(g)Writ	No	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (c) Original principal amount default? Yes No Total Total Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.	(f) A ppro by boa commit Yes	ved rd or ttee? No	(g) Writ	No	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total	(f) A ppro by boa commit Yes	ved rd or ttee? No	(g)Writ	No	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total	(f) A ppro by boa commit Yes	ved rd or ttee? No	(g)Writ	No	
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 (a) Name of interested person and purpose To From To From Total	(f) A ppro by boa commit Yes	ved rd or ttee? No	(g)Writ	No	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) World Golf Village Associates Inc	MUTUAL OFFICER	75,000	PROMOTIONAL EXPENSE		Νo
(2) World Golf Village Associates Inc	MUTUAL OFFICER	90,000	SHARED EMPLOYEE INCOME		Νo
(3) Shell Oil Company	MUTUAL OFFICER	2,012,590	Contribution/Royalty		Νo

Supplemental Information Part V

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493319046162

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Open to Public Inspection

	e of the organization D GOLF FOUNDATION INC				Employer identificat	ion nu	mber	
					59-2998925			
Pa	rt 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 d contribution	etermı		
	Art—Works of art							
	Art—Historical treasures .							
_	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	1	251,863	FMV			
	Securities—Closely held stock			,				
	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	Х	6	25,062	FMV			
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	PUBLIC SERVICE							
25	Other ► (ANNOUNCEMENTS)	X	3	9,798,729	FMV			
	Other ►()							
27	Other ►()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization comp		<u> </u>		29			
20	Down with a second of the second		a har a saka ta t		4 20 5		Yes	No
sua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	eu to de usea			N
	for exempt purposes for the enti-					30a		No
	If "Yes," describe the arrangem					_	, , , , ,	
	Does the organization have a gi					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues i	in column (c) for a type of n	roperty for which column (a	i) is checked.	1 !	í l	ĺ

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

Schedule M (Form 990) 2011

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DLN: 93493319046162

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.

2011
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Inspection

Name of the organization WORLD GOLF FOUNDATION INC	Employer identific	cation number
WORLD COLL TOOMS IN THE	59-2998925	

Identifier	Return Reference	Explanation
PART VI, LINE 7A		UNDER THE BY LAWS, THE SEVEN REPRESENTATIVE DIRECTORS ARE NAMED BY TITLE AND MUST BE ELECTED AS DIRECTOR BY VIRTUE OF THEIR OFFICIAL CAPACITY IN EACH OF THE FOLLOWING SEVEN MAJOR GOLF ORGANIZATIONS - THE PGA TOUR, UNITED STATES GOLF ASSOCIATION, PROFESSIONAL GOLF ASSOCIATION OF AMERICA, LADIES PROFESSIONAL GOLF ASSOCIATION OF AMERICA, THE MASTERS TOURNAMENT, THE R&A, AND THE PGA EUROPEAN TOUR AS A RESULT, THESE SEVEN GOLF ORGANIZATIONS HAVE LIMITED DISCRETION TO ELECT SEVEN OF THE EIGHT DIRECTORS UNDER THE BY LAWS, THE EIGHTH DIRECTOR IS ELECTED BY THE EXISTING DIRECTORS AND IS NOT SELECTED BY ANY OTHER PERSONS OR ORGANIZATIONS

ldentifier	Return Reference	Explanation
PART VI, LINE 11A		THE RETURN WAS REVIEWED BY THE FOLLOWING OFFICERS AND MANAGEMENT OF THE WORLD GOLF FOUNDATION THE VICE PRESIDENT OF FINANCE AND HUMAN SERVICES, AND THE VICE PRESIDENT AND GENERAL COUNSEL THE 990 RETURN AS FILED WITH THE IRS WAS ALSO MAILED TO THE BOARD OF DIRECTORS IN NOVEMBER 2012 PRIOR TO FILING

ldentifier	Return Reference	Explanation
PART VI, LINE 12C		THE EMPLOYEE HANDBOOK CONTAINS COMPREHENSIVE CONFLICTS OF INTEREST POLICIES AND REPORTING PROCEDURES THAT GOVERN ALL EMPLOYEES, INCLUDING KEY EMPLOYEES AND OFFICERS WHO ARE ALSO EMPLOYEES EACH EMPLOYEE SIGNS A CERTIFICATION WHEN THEY REVIEW THE CONFLICTS OF INTEREST SECTION OF THE EMPLOYEE HANDBOOK, AND THE EMPLOYEE HANDBOOK IS POSTED AT ALL TIMES ON THE ORGANIZATION'S INTRANET WEB SITE. THERE IS NO ANNUAL WRITTEN DISCLOSURE FORM EMPLOYEES ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO AN OFFICER OR THE DIRECTOR OF HUMAN RESOURCES PROMPTLY AS THEY ARISE. MONITORING AND MANAGING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON THE BOARD OF DIRECTORS AND AMONG EMPLOYEES IS THE RESPONSIBILITY OF THE CHIEF EXECUTIVE OFFICER, WITH ADVICE AND CONSULTATION FROM OTHER OFFICERS, DIRECTORS, SUPERVISORY STAFF AND THE DIRECTOR OF HUMAN RESOURCES. AS STATED IN THE EMPLOYEE HANDBOOK EMPLOYEES AND OFFICERS WHO ARE ALSO EMPLOYEES ARE REQUIRED TO REPORT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND TO TAKE APPROPRIATE ACTION INCLUDING ADEQUATE DISCLOSURE AND NOT PARTICIPATING IN DECISIONS THAT INVOLVE THE CONFLICT OF INTEREST.

ldentifier	Return Reference	Explanation
PART VI, LINE 15A AND 15B		THE 2011 COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE VICE PRESIDENT WAS DECIDED BY THE COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT DIRECTORS BASED ON SEVERAL CRITERIA INCLUDING A WRITTEN REPORT WITH COMPARABILITY DATA FROM THE GOLF INDUSTRY A WRITTEN RECORD WAS MADE OF THE COMMITTEE'S COMPENSATION DECISIONS THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES WAS DETERMINED BY THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE VICE PRESIDENT, WITH ALL SUCH COMPENSATION REFLECTED IN THE BUDGET APPROVED BY THE DIRECTORS

Identifier	Return Reference	Explanation
PART VI, LINE 19		THE ARTICLES OF INCORPORATION ARE AVAILABLE ANYTIME ONLINE FROM THE STATE OF FLORIDA, DIVISION OF CORPORATIONS THE ARTICLES OF INCORPORATION, BY LAWS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST THE AUDITIED FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
PART XI, Line 5		Pension Related Settlement Costs -153,072

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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

Schedule R (Form 990) 2011

DLN: 93493319046162

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization WORLD GOLF FOUNDATION INC

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Employer identification number 59-2998925

Name, address,	(a) 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 or more relations	on of Related Tax-Exempt Organizat ted tax-exempt organizations during the	i ons (Complete r tax year.)	f the organization	answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	e ıt had	one
Name, address, ar	(a) Id 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	cont	g) 12(b)(13) rolled ızatıon
							Yes	No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 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?		(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	
											i	
							·			·		

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
(1) WGV ENTERPRISES INC & SUB ONE WORLD GOLF PLACE ST AUGUSTINE, FL 32092 59-3399797	GOLF MANAGEME	FL	NA	C Corp	114,794	26,395	100 000 %

Schedule R (Form 990) 2011		Pag	ge 3
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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	a	Yes	
b Gift, grant, or capital contribution to related organization(s)	b		No
c Gift, grant, or capital contribution from related organization(s)	.c		No
d Loans or loan guarantees to or for related organization(s)	d	Yes	
e Loans or loan guarantees by related organization(s)	.e		No
f Sale of assets to related organization(s)	.f		No
g Purchase of assets from related organization(s)	g		No
h Exchange of assets with related organization(s)	h		No
i Lease of facilities, equipment, or other assets to related organization(s)	Li		No
j Lease of facilities, equipment, or other assets from related organization(s)	.j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	.k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	LI		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	.m		No
n Sharing of paid employees with related organization(s)	n	Yes	
o Reimbursement paid to related organization(s) for expenses	.о		No
p Reimbursement paid by related organization(s) for expenses	p		No
q Other transfer of cash or property to related organization(s)	q	Yes	
r Other transfer of cash or property from related organization(s)	.r		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) WGV ENTERPRISES INC & SUB	1A ı	877	FMV
(2) WGV ENTERPRISES INC & SUB	1A IV	18,000	FMV
(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)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	Share of end-of-year otal income assets		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(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

Schedule R (Form 990) 2011

Additional Data

Software ID:

Software Version:

EIN: 59-2998925

Name: WORLD GOLF FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description