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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

B Chase's Explication D Employer identification number	A	For the	2011 calendar year, or tax year beginning and	ending		
RENYLUKY SECTION PGA UF AMERICA Propriet	В	Check if applicable	C Name of organization	D Employer identifi	cation number	
Doing Business As Doi	Г	Addre	KENTUCKY SECTION PGA OF AMERICA			
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Tax-exempt status: Stotics St	F	Initial		Room/suit		
City or town, state or country, and ZiP + 4 City or town, state or country, and ZiP + 4 City or town, state or country, state or country		Termir	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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B Net unrelated business taxable income from Form 990T, line 34 B Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 17:2) 14 Benefits paid to or for members (Part IX, column (A), lines 17:3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 19:4) 16 Benefits paid to or for members (Part IX, column (A), lines 19:4) 17 Other expenses (Part IX, column (A), lines 19:4) 18 Total expenses, Add lines 13:17 (must equal Part IX, column (A), lines 19:4) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 33 Total assets (Part X, line 26) 34 Library, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compliate, Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Sign Here Primi's name DEMING MALONE LIVESAN COSTROFF PSC Firm's line 20 (502) 426-9660 May the IRS discuss this return with the preparer shown above? (see instructions)	es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
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14 Benefits paid to or for members (Part IX, column (A), line 41). 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 41e). 16 Professional fundraising expenses (Part IX, column (A), line 41e). 17 Other expenses (Part IX, column (A), line 41e). 18 Total expenses (Part IX, column (A), line 41e). 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 10 Total liabilities (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 19 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complaje. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 10 Date 11 Print/Type preparer's name 12 Print/Type preparer's name 13 Douglas E MORRIS 14 Benefits paid to or for members (Part IX, column (A), line 41e). 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 41e). 16 O. 17 Other expenses (Part IX, column (A), line 41e). 18 Total expenses (Part IX, column (A), line 41e). 19 Eagnaning of Current Year 10 End of Year 10 End of Year 11 End of Year 12 Find of Year 12 Find of Year 13 Gong 105. 14 Gong 105. 15 Jay 79 Jay 1. 16 O. 17 Jay 2. 18 Total sexenses Subtract line 21 from line 20 19 Total liabilities (Part X, line 26). 10 Jay 2. 10 Total liabilities (Part X, line 26). 10 Jay 2. 10 Total liabilities (Part X, line 26). 10 Jay 2. 10 J		12	Total revenue · add lines 8 through 11 (must equal Part VIII Column (A) line 12)			
15 Salanes, other compensation, employee benefits (Part IX, Column (A), line 15-0)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	. !		
b Total fundraising expenses (Part IX, Column (N), line 25) b Total fundraising expenses (Part IX, Column (N), line 25) 17 Other expenses (Part IX, Column (N), line 11a-11d, THY24e) 18 Total expenses (Part IX, Column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Total liabilities (Part X, line 26) 26 Total assets (Part IX, line 26) 27 Total assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Part X, line 26) 28 Net assets or fund balances. Subtract line 21 from line 20 29 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part IX, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Total liabilities (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Not assets or fund balances. Subtract line 21 from line 20 25 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 16) 28 Total liabilities (Part X, line 16) 29 Total liabilities (Part X, line 16) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 16) 20 Total liabilities (Part X, line 16) 21 Tota				18! F		
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17 Other expenses (Part IX, column (A), lines 11a-11d, FM-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Japanture Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complyie. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type or print name and title Print/Type preparer's name DOUGLAS E MORRIS Firm's name DEMING MALONE LIVESAX STROFF PSC Firm's saddress 9300 SHELBYVILLE RD-STE 1100 LOUISVILLE, KY 40222-5187 Phone no. (502) 426-9660 May the IRS discuss this return with the preparer shown above? (see instructions)	Š	b		=0 -	500 200	512 524
19 Revenue less expenses Subtract line 18 from line 12 52,700. 44,657.		17		' ⊢		
Beginning of Current Year End of Year				~ ⊢		
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Sign Signature of officer Date STEVE MCMILLEN EXECUTIVE DIRECTOR	11 11	e, correc	// <u>/ </u>	ilicii prepar	er nas any knowledge.	/>
Here STEVE MCMILLEN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DOUGLAS E MORRIS Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Firm's address 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187 May the IRS discuss this return with the preparer shown above? (see instructions) Date Print Date Print	e:.				Date	4
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LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No					THIN S LIN	<u> </u>
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				ons.		Form 990 (2011)

	n 990 (2011) KENTUCKY SECTION PGA OF AMERICA 61-07196	12 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	TO CONDUCT EDUCATION SEMINARS AND GOLF TOURNMENTS FOR MEMBERS.	
	Did the acceptation and other and professor recovery consists of the acceptable was not listed on	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	JYes LAJ NO
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	tions to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	
-	CONDUCT GOLF TOURNMENTS	
	CONDUCT GOLD TOOLGHILLIATE	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	CONDUCT EDUCATION SEMINARS AND MEETINGS.	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDE COMMUNICATION SERVICES TO MEMBERS	
		_
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶	
	r	orm 990 (2011)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ľ
	If "Yes," complete Schedule A .	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		X
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_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	X	ļ
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		Х
đ	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	- T	:
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
p	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	4.4h		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Α_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	46		Х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>^</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-
17		17		Х
1Ω	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	\vdash	1
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		19		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	 _
	11 100 to line 200, die the organization attach a copy of its addited inflational statements to this fetom.		990	(2011)
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	<u></u>	X
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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		ļ
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			\ \
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С		00.		- T
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
0.4	contributions? If "Yes," complete Schedule M	30		├ ┻
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		х
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- Jac		
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?		1	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	-		
-	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2011)

Check if Schedule O Contrains a response to any question in this Part V 1s Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable 5 Did the organization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable gaming (gambling) without propriate payments to vendors and reportable payments to vendors and reportable payments to the reportable payments to the reportable payments to vendors and reportable payments to the reportable payments to vendors and reportable payments to the reportable payments to vendors and reportable payments to the reportable paymen		t V Statements Regarding Other IRS Filings and Tax Compliance	<u>0 1 2</u>		age J
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 125 125 125 125 125 125 125 125 125 125	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15b III 12b 16a III 12b 17a III 12b		amounts due or received from them)			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15b III 12b 16a III 12b 17a III 12b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			-		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 17b 18a 17b 18b 18c 18c 19c 19c 19c 19c 19c 19c					
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If The states in which the organization is licensed to indoor tanning services during the tax year? 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If The states in which the organization is licensed to indoor tanning services during the tax year?					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	ь	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 In the services on hand 16 In the services on hand 17 In the services on hand 18 In the services on hand 19 In the services on hand 10 In the services on hand 10 In the services on hand 10 In the services on hand 10 In the services on hand 10 In the services on hand 10 In th	_				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		X
		1			
				990 (2011)

132005 01-23-12 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI		-				X			
Sec	tion A. Governing Body and Management									
			ı			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		13						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	_0	;					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other							
	officer, director, trustee, or key employee?			-	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		•	 -	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		is filed?	L	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		Ļ	5 6		X			
6	·									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			-	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			-	7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:							
	The governing body?			-	8a	<u>X</u>				
	Each committee with authority to act on behalf of the governing body?		·- ·	-	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the							
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		·		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code.)							
40-	Dod the supervision have been been been been superficient of			Г		Yes	No			
	Did the organization have local chapters, branches, or affiliates?	4		F	10a		<u>X</u>			
D	If "Yes," did the organization have written policies and procedures governing the activities of such conditions to an extension of the condition of the conditions of the cond	napter	s, amiliates,		ا					
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	lu bofo	ro filma the form	· -	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bot Describe in Schedule O the process, if any, used by the organization to review this Form 990	iy belo	re ming the form	'´ -	11a	X				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				40-	х	•			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	to con	flicte2		12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?		•	\vdash	126	Λ_				
·	In Schedule O how this was done	ය, u	SCHOE		12c	х				
13	Did the organization have a written whistleblower policy?			<u> </u>	13	-22	Х			
14	Did the organization have a written document retention and destruction policy?		-	F	14		X			
15	Did the process for determining compensation of the following persons include a review and approv	al by in	Idenendent		17					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	dopondon.							
а	The organization's CEO, Executive Director, or top management official				15a		X			
	Other officers or key employees of the organization	•			15b		X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	-	F						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	nth a							
	taxable entity during the year?				16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		•							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure				•					
17	List the states with which a copy of this Form 990 is required to be filed ▶KY		_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s oi	nly) av	allab	le				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (of interest policy	, and	finan	cial				
	statements available to the public during the tax year		2							
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the orga	nızatı	on: 🕨	• _				
	ORGANIZATION - 502-243-8295									
	1115 ELMORE JUST DRIVE, LOUISVILLE, KY 40245									
132000					Form	990 (2011)			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE SHAFER PRESIDENT	1.00	x		х				0.	0.	0.
(2) CHRIS OSBORNE	1.00		\vdash			┢				
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) KELLY WILLIAMS										
TREASURER/SECRETARY	1.00	X		x			1	0.	0.	0.
(4) GARY BEBELAAR										
BOARD MEMBER	1.00	X						0.	0.	0.
(5) MIKE THOMAS		ļ								
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0.
(6) RALPH LANDRUM								_	_	_
BOARD MEMBER	1.00	X	<u> </u>	ļ				0.	0.	0.
(7) CARMELLO BENASSI	1									
BOARD MEMBER	1.00	X				├	ļ	0.	0.	0.
(8) CHRIS BROWN	1 00							0.	0.	_
BOARD MEMBER	1.00	X	-	-		├		0.	0.	0.
(9) BRAD MORROW	1.00	x						0.	0.	0.
BOARD MEMBER (10) GARRY NELSON	1.00	<u> </u>			 			<u> </u>	ļ <u>•</u>	<u></u>
BOARD MEMBER	1.00	X						0.	0.	0.
(11) MIKE RILEY	1 2.00	 								
BOARD MEMBER	1.00	x						0.	0.	0.
(12) BRAD MORROW		Ι								
BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHRIS REDLE										
BOARD MEMBER	1.00	X	L	ļ	<u> </u>	<u> </u>		0.	0.	0.
(14) MARK HILL										
EXECUTIVE DIRECTOR	1.00			Х				0.	113,934.	10,000.
120007 04 22 30										Form 990 (2011)

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ra	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(Pos	C)			(D)	(E)		(F)		
	Name and title	Average		not c	heck	more	than		Reportable	Reportable	- 1	Estimated		
		hours per week					ıs bot or/trus		1 '	compensatio	- 1	ar	nount	of
		(describe	<u> </u>					Γ	from the	from related organization		com	other pensa	ition
		hours for	individual trustee or director				-		organization	(W-2/1099-MIS			om th	
		related	50 00	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 ****	,		anızat	
		organizations	trust	institutional trustee		ıyee	e e					_	d relat	
		in Schedule	vidua	静	<u>ئة</u>	Key employee	lesto	횰				organizations		
		O)	ğ	ᆵ	Officer	Key	Highest compensated employee	Former						
				,										
						Г								
					1			}						
			T		i	<u> </u>	T	Ι_						
		1	 			 								
			 											
1h	Sub-total	<u> </u>			·		——	٠	0.	113,9	34.	1	0,0	00.
	Total from continuation sheets to Part V	Il Section A							0.	113,5	0.		0,0	0.
	Total (add lines 1b and 1c)	ii, Section A			• -				0.	113,9		1	0,0	
2	Total number of individuals (including but r	not limited to th	2000	liete	nd al	hove	2) W/	20 r	·				0,0	00.
2	compensation from the organization	iot illinted to ti	1036	liste	u a	DOV	<i>5)</i> WI	10 11	eceived more than \$100	,000 or reportab	iC			0
	Compensation nom the organization												Yes	No
3	Did the organization list any former officer,	director or tra	ieta	a ka	w ar	mole	waa	or	highest compansated e	mnlovee on	Γ		,,,,,	
3	line 1a? If "Yes," complete Schedule J for s			C, KC	y Ci	пріс	усс,	, 0,	riigilest compensated e	inployee on		3		X
А	For any individual listed on line 1a, is the si			·	0000	ation		4 0+1	hor componentian from	the erganization	}	<u>.</u>		Α
4	and related organizations greater than \$15	•		•					•	the organization	1			Х
_										dual for commons	ŀ	4		Λ
5	Did any person listed on line 1a receive or							elai	ed organization of indivi	dual for services	' l	_		v
	rendered to the organization? If "Yes," cometion B. Independent Contractors	ipiete Scriedui	e J i	or st	JCN _	pers	son					5		X
	················									#100 000 of com				
1	Complete this table for your five highest co	•									ipensa	auon 1	IOIII	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitin	or w	rtmir		year.				
	(A) Name and business	address	NT/	TATE					(B) Description of s	ervices	C)) omne	ر) nsatio	n
	Harrie and Basiness	44401000	14/	INC	3			\dashv	- Description of e	CIVICOS		011100	, ioutio	
								\dashv	 					
								\dashv						
							·							
					_				<u> </u>					
2	Total number of independent contractors (-	ot li	mıte	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organ	zation					0							
												Form	990 (2011)

		Statement of never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S, G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
Şţi	f	All other contributions, gifts, gran	ts, and					
호를		similar amounts not included abor	ve 1f					
g	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u>	<u>h</u>	Total. Add lines 1a-1f		<u>▶</u>				
				Business Code				
9	2 a			713910	379,279.			
F G	b			713910	102,896.	102,896.		
e S	С	MEMBERSHIP DUES		713910	46,403.	46,403.		
e a	đ							
Program Service Revenue	е							
-	f	All other program service reve	nue		F20 F70			
\dashv		Total. Add lines 2a-2f		P	528,578.			
	3	Investment income (including	aiviaenas, intere	est, and	9,903.			9,903.
	4	other similar amounts) Income from investment of tax	v evernt hond r	proceeds	9,303.			9,903.
	5	Royalties	k-exempt bond p	noceeds				
	•	1.0yames	(i) Real	(ii) Personal				
	6 a	Gross rents	(1) 11041	(1) 1 01001121			•	
	b	Less rental expenses			,			
ŀ	c	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			•	
ŀ		assets other than inventory						
ĺ	b	Less cost or other basis						
İ		and sales expenses						
ŀ	С	Gain or (loss)		<u>l</u>				
	d	Net gain or (loss) .						
릭	8 a	Gross income from fundraising	g events (not					
ē		including \$	of					
Other Revenu		contributions reported on line	1c). See					
ğ		Part IV, line 18	а	<u> </u>				
₽		Less: direct expenses	. b					
		Net income or (loss) from fund	=	>				
	9 а	Gross income from gaming ac						
	L	Part IV, line 19 Less direct expenses	a					
		Net income or (loss) from gam	b buna activities					
		Gross sales of inventory, less	-					
		and allowances	a a					
	ь	Less: cost of goods sold	b					
		Net income or (loss) from sale	_	•	l			
İ		Miscellaneous Revenu		Business Code				
	11 a	MEETINGS		900099	32,781.	32,781.		
	b	TIME		541800	5,500.	-	5,500.	
	С	OTHER		900099	1,689.	1,689.		
	d	All other revenue						
	е	Total. Add lines 11a-11d	-	▶	39,970.			
13200	12	Total revenue. See instructions.		>	578,451.	563,048.	5,500.	9,903.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response to any question in this Part IX										
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and		ехрепзез	general expenses	expenses						
•	organizations in the United States. See Part IV, line 21	20,000.		[
_	-	20,000.									
2	Grants and other assistance to individuals in										
_	the United States See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the United States See Part IV, lines 15 and 16										
											
4	Benefits paid to or for members Compensation of current officers, directors,										
5	trustees, and key employees										
	Compensation not included above, to disqualified										
6	•										
	persons (as defined under section 4958(f)(1)) and										
-	persons described in section 4958(c)(3)(B) Other salanes and wages										
7	_										
8	Pension plan accruals and contributions (include										
_	section 401(k) and section 403(b) employer contributions) Other amployee benefits			 							
9	Other employee benefits										
10	Payroll taxes Fogs for convect (non-ampleyees)		· · · · · · · · · · · · · · · · · · ·	 	 						
11	Fees for services (non-employees)										
a	Management			<u></u>							
b	Legal .	1,750.									
C	Accounting	1,750.									
d	Lobbying Prefereignet fundraging convises. See Part IV line 17										
e	Professional fundraising services. See Part IV, line 17	-									
T -	Investment management fees										
g 10	Other Advertising and promotion	9,425.									
12	Office expenses	22,058.									
13 14	Information technology	22,030.									
15	Royalties										
16	Occupancy	<u> </u>									
17	Travel	1,967.		<u> </u>							
18	Payments of travel or entertainment expenses	2,50,1									
.0	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	43,062.		 	****						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	155.									
23	Insurance	4,813.									
24	Other expenses, Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	TOURNAMENT EXPENSES	382,573.									
b	INTERN FEES	18,000.									
С	SENIOR PGA EXPENSE	7,094.									
d	AUTOMOBILE EXPENSE	5,814.									
e	All other expenses	17,083.									
25	Total functional expenses. Add lines 1 through 24e	533,794.									
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

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Pa	rt X	Balance Sheet		-		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		68,965.	1	79,100.
	2	Savings and temporary cash investments		107,254.	2	132,326.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	. [11,395.	4	8,748.
	5	Receivables from current and former officers, directors, trustees, key	· [
		employees, and highest compensated employees. Complete Part II				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		,		
		employers and sponsoring organizations of section 501(c)(9) voluntary				
		employees' beneficiary organizations (see instructions)		'	6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges		7,140.	9	8,184.
	10a	Land, buildings, and equipment cost or other				
		· • • • • • • • • • • • • • • • • • • •	654.			
	ь		577.	232.	10c	77.
	11	Investments - publicly traded securities		384,745.	11	
	12	Investments - other securities. See Part IV, line 11		0.	12	380,670.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets	"		14	
	15	Other assets. See Part IV, line 11		·····	15	
	16	Total assets, Add lines 1 through 15 (must equal line 34)		579,731.	16	609,105.
	17	Accounts payable and accrued expenses	1	3,125.	17	4,063.
	18	Grants payable			18	
	19	Deferred revenue	· [4,600.	19	1,890.
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	·		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	es,			
apil		highest compensated employees, and disqualified persons. Complete Pa				
Ĩ		of Schedule L	i		22	• •
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third		. <u></u>		
		parties, and other liabilities not included on lines 17-24). Complete Part X	of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		7,725.	26	5,953.
	ļ —	Organizations that follow SFAS 117, check here X and comp	lete			
S	l	lines 27 through 29, and lines 33 and 34.	ļ	_		
ž	27	Unrestricted net assets		572,006.	27_	603,152.
ala	28	Temporarily restricted net assets			28_	
Ā	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, check here an	d			
卢		complete lines 30 through 34.				
ats	30	Capital stock or trust principal, or current funds			30_	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
et A	32	Retained earnings, endowment, accumulated income, or other funds			32	
ž	33	Total net assets or fund balances	. [572,006.	33	603,152.
	34	Total liabilities and net assets/fund balances		579,731.	34_	609,105.
						Form 990 (2011)

Form	990 (2011) KENTUCKY SECTION PGA OF AMERICA	61-071	9612	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>57</u>	8,4	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	3,7	94.
3	Revenue less expenses Subtract line 2 from line 1	3	4	4,6	<u>57.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	2,0	06.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1	3, <u>5</u>	<u> </u>
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	60	<u>3,1</u>	<u>.52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	·			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				'
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

KENTUCKY SECTION PGA OF AMERICA

Employer identification number 61 – 071 961 2

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a	•						
	for charitable purposes and not for the benefit of the donor of		-					
	impermissible private benefit?	,	Yes No					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa						
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	orically important land area					
	Protection of natural habitat	Preservation of a certific						
	Preservation of open space							
2								
	day of the tax year							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements	2b						
С								
d								
	listed in the National Register	_	2d					
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the c	organization during the tax					
	year ►							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	_					
	violations, and enforcement of the conservation easements r		└ Yes					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ing the year >					
7	Amount of expenses incurred in monitoring, inspecting, and	•	•					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h))(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservati							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for					
Da	conservation easements	f Art Historical Traceures or Oth	an Cimilan Accada					
га	rt III Organizations Maintaining Collections of Complete of the organization answered "Yes" to Form		ier Similar Assets.					
ıa	If the organization elected, as permitted under SFAS 116 (AS		•					
	historical treasures, or other similar assets held for public ext		ce of public service, provide, in Part XIV,					
_	the text of the footnote to its financial statements that describe the properties elected as permitted under SEAS 116 (AS		and balance about conductor of a bit of a little of the second of the se					
D	If the organization elected, as permitted under SFAS 116 (AS							
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, provide the following amounts					
	relating to these items.		. .					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
_	(ii) Assets included in Form 990, Part X		> \$					
2	If the organization received or held works of art, historical tre		gain, provide					
_	the following amounts required to be reported under SFAS 1	το (ΑΟC 908) relating to these items.	.					
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$					
b	Assets included in Form 990, Part X		> •					

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

Schedule D (Form 990) 2011

13

-	dule D (Form 990) 2011 KENTUCKY								19612	
Par	t III Organizations Maintaining Col	lections of A	rt, His	torical 1	reasures, c	or Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession,	and other record	ds, chec	k any of th	e following tha	at are a sig	nificant u	use of its	collection	tems
	(check all that apply).									
а	Public exhibition	c	ı 🔲	Loan or ex	kchange progra	ams				
ь	Scholarly research	e		Other						
С	Preservation for future generations				•					
4	Provide a description of the organization's colle	ctions and explai	n how th	ney furthe	the organizati	on's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange					"Yes" to F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part X			•					·	
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribute	ons or other as	sets not in	cluded			
	on Form 990, Part X?		,						Yes	No.
b	If "Yes," explain the arrangement in Part XIV and	d complete the fo	ollowing	table:						
		-							Amount	
С	Beginning balance						1c		747,00111	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	1 990 Part X line	212				L!!		Yes	☐ No
	If "Yes," explain the arrangement in Part XIV	1000,1 0.11 //, 11110							_ 163	
Par		e organization an	swered	"Yes" to F	orm 990 Part	IV line 10				
		a) Current year		nor year	(c) Two year			eare hack	(e) Four y	pare hack
1a	Beginning of year balance	a) Content year	(0)	nor year	(c) Two year	13 Dack (C	j mice ye	ours back	(e) rour y	cars back
	Contributions									
	Net investment earnings, gains, and losses				-					
d	Grants or scholarships				-					
	Other expenditures for facilities		· · · · · · · · · · · · · · · · · · ·							
C					Ì					
	and programs Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the current	t year and halans	o (kpo 1	a column	(a)) hold as				L,	·
2		t year end baland	.e (iii.e i %	g, column	(a)) Held as					
	Board designated or quasi-endowment Permanent endowment	%								
	Temporarily restricted endowment	⁷⁶ %								
C	The percentages in lines 2a, 2b, and 2c should of									
20	, -	•	ation the	at are held	and administr	rad for the	orgoniz	ation		
Ja	Are there endowment funds not in the possession	of of the organiza	alion in	at are rielu	and administe	red for title	organiza	ation	[v	N-
	(i) unrelated organizations									es No
	(ii) related organizations				-				3a(i)	
L			- Cabaa	dula DO					3a(ii)	
4	If "Yes" to 3a(ii), are the related organizations lis	•							3b	
Par	Describe in Part XIV the intended uses of the ord t VI Land, Buildings, and Equipmen				· · · · · · · · · · · · · · · · · · ·					
					ot or other	/-\ A =		<u>. </u>	(d) Davi	
	Description of property	(a) Cost or o basis (investr			st or other s (other)	` '	umulated eciation	-	(d) Book v	/alue
	Lond	Dasis (IIIVesti	nem)	Dasi	3 (011161)	depre	alion			
	Land							_		
	Buildings		····							
	Leasehold improvements							_		
	Equipment				EO 654	<u>-</u>	50 E5	77		77
	Other .	15 600 5 :			50,654.		50,57	'_'- 		$\frac{77.}{77}$
TOTAL	. Add lines 1a through 1e (Column (d) must equa	arrorm 990 Part	x colur	nn (K). Ilne	(IOICE)					11.

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

132053

	dule D (Form 990) 2011 KENTUCKY SECTION PGA OF AMERICA			<u>0719612</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	tatemer		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			451.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_,		<u>,794.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			<u>,657.</u>
4	Net unrealized gains (losses) on investments	4		<13	,511.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4 through 8	9		<13	,511.:
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		31	,146.
	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue p	er Retur		
1	Total revenue, gains, and other support per audited financial statements		1	564	,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a		3.5	11.>		
b	Donated services and use of facilities 2b				
c	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV.)				
	Add lines 2a through 2d		2e	_13	,511.:
e	Subtract line 2e from line 1	•	3		, 451.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	3	370	, 331.
4					
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4b				
b	(1	Λ
c	Add lines 4a and 4b Tatal review Add lines 2 and 4a. This must arrivel Form 200. Part I line 13.		4c 5	579	<u>0.</u> ,451.
Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statements With Expe	neae			, 4) 1 •
		11363			794.
1	Total expenses and losses per audited financial statements		1	333	, / 54 •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
Ь	Prior year adjustments				
С	Other losses . 2c				
d	Other (Describe in Part XIV)				_
е	Add lines 2a through 2d		. <u>2e</u>		0.
3	Subtract line 2e from line 1		3	533	<u>,794.</u>
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				
b	Other (Describe in Part XIV.)				
C	Add lines 4a and 4b		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	533	<u>,794.</u>
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa	ırt IV, lıı	nes 1b and	2b, Part V, line	4, Part
X, lın	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to pro	vide ar	ny addition	al information	
PAI	RT X, LINE 2: THE ORGANIZATION IS A BUSINESS LEAGUE	THA'	T HAS	BEEN	
CL	ASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER TH	AN Z	A PRIV	/ATE	
FO	INDATION AND IS EXEMPT FROM FEDERAL, STATE AND LOCAL	IN	COME 1	TAXES AS	
DES	SCRIBED UNDER SECTION 501(C)(6) OF THE INTERNAL REVE	NUE	CODE	THE	
ORO	GANIZATION FILES AN INFORMATIONAL TAX RETURN AS REQU	IRE	D BY I	EDERAL	
	AND THE PROPERTY OF THE PROPER				
REC	GULATIONS. HOWEVER, INCOME FROM CERTAIN ACTIVITIES N	ют ¹	DTRECT	יב.ז א אוזין	red
<u></u>	JOELLIOND . MONEY DIN I INCOME LINON CONTINUE ROLLY I I I I I I I I I I I I I I I I I I				_ ~~
ጥር	THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT	ירף ייףי	O ጥልሄ፤	PA MOTTA	
	THE CHARLETTON O TAM EMERIT TONIOUS PAT DE SODOEC	· '	O TUM	LI I OH AD	
יואדן	RELATED BUSINESS INCOME.				
OTAI	THE POSTUDO THEORE.		Caha	dule D (Form 9	00) 2011

2 Employer identification number Schedule I (Form 990) (2011) 61 - 0719612Open to Public OMB No 1545-0047 2011 Inspection (h) Purpose of grant DONATION TO THE GOLF or assistance HOUSE OF KENTUCKY, X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 20,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table OF AMERICA LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table KENTUCKY SECTION PGA 61-0941146 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 1116 ELMORE JUST DRIVE LOUISVILLE, KY 40245 Name of the organization Department of the Treasury Internal Revenue Service KGA-PGA, INC. SCHEDULE (Form 990) Part II Part I

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 19 (b) Number of recipients (a) Type of grant or assistance 132102 01-27-12

Page 2

61-0719612

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

KENTUCKY SECTION PGA OF AMERICA

Schedule I (Form 990) (2011)

Part III

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

KENTUCKY SECTION PGA OF AMERICA

Employer identification number 61 – 0.71.9.61.2

REMITORIAL DECITOR TON OF MEMORIES 1 OF 0/19012
FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR REVIEWS IN
DETAIL. IF ANY CONCERNS ARE NOTED IT IS BROUGHT TO THE BOARD OF DIRECTORS
ATTENTION.
FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT AND EXECUTIVE
DIRECTOR REVIEW THE POLICY REGULARLY TO ENSURE COMPLIANCE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PREMITS THE PUBLIC
REVIEW OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS DURING NORMAL BUSINESS HOURS AT THE ASSOCIATION'S
OFFICE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -13,511.
FORM 990, PART XII, LINE 2C:
THIS PROCESS IS NEW, AS THIS IS THE FIRST YEAR THE ORGANIZATION HAS
BEEN AUDITED. THE ACCOUNTING FIRM SUBMITS AN ENGAGEMENT LETTER TO THE
ORGANIZATION. THE BOARD OF DIRECTORS REVIEW THE ENGAGEMENT LETTER AND
APPROVE IT. THE EXECUTIVE DIRECTOR PROVIDES OVERSIGHT DURING THE AUDIT
WORK. A DRAFT IS PRESENTED TO THE BOARD. ONCE ALL QUESTIONS ARE
ANSWERED THE BOARD APPROVES THE REPORT.

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

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011 Open to Public Inspection Employer identification number 61-0719612

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) KENTUCKY SECTION PGA OF AMERICA Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
						;
N/A						
Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	tions (Complete if the organization an	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more reli	ated tax-exempt

(a)	(Q)	(0)	(p)	(e)	(£)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	٠
				501(c)(3))		Yes	No
KGA-PGA, INC 61-0941146	PROVIDE HANDICAP SERVICES						
1116 ELMORE JUST DRIVE	TO KY GOLF CLUBS AND						
LOUISVILLE KY 40245	ORGANIZE GOLF TOURNAMENTS	KENTUCKY	501(C)(6)				×
KY GOLF ASSOCIATION - 23-7150508	ORGANIZE AND CONDUCT						
1116 ELMORE JUST DRIVE	VARIOUS STATE AMATEUR GOLF					•	
LOUISVILLE, KY 40245	TOURNAMENTS	KENTUCKY	501(C)(6)				×
KY PGA GOLF FOUNDATION - 61-1378729	TO FURTHER THE GOLF						
1116 ELMORE JUST DRIVE	EDUCATION OF THE COMMUNITY				KY SECTION PGA OF		
LOUISVILLE, KY 40245	AND SUPPORT KY PGA GOLF	KENTUCKY	501(C)(3)	509(A)(2)	AMERICA		×

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

SEE PART VII FOR CONTINUATIONS21

Schedule R (Form 990) 2011

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61-0719612

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Schedule R (Form 990) 2011 KENTUCKY SECTION PGA OF AMERICA

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

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Yes No 3 6 Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ ate alfocations? Dispropertion-Yes No Ξ Share of end-of-year assets **e** <u>6</u> Share of total income Predomnant income (related, unrelated, excluded from tax under sections 512-514) છ **e** Primary activity (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Part IV

Percentage ownership Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) (d)
Direct controlling
entity Legal domicile (state or foreign country) Name, address, and EIN of related organization

Schedule R (Form 990) 2011

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132162 01-23-12

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schoolule				× ×	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?	3	<u>2</u>
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				1c	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1e	×
					;
 Sale of assets to related organization(s) 				*	×
g Purchase of assets from related organization(s)				19	×
h Exchange of assets with related organization(s)				ŧ	×
 Lease of facilities, equipment, or other assets to related organization(s) 				;=	×
j Lease of facilities, equipment, or other assets from related organization(s)				÷	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1k	×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			7	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×
n Sharing of paid employees with related organization(s)				1	×
 Rembursement paid to related organization(s) for expenses 				10	×
				1p	×
a Other transfer of cash or property to related organization(s)				×	
				╀	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	ation 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)					
(3)					
(4)					
(c)					İ
(9)					
132183 01-23-12	23		Schedul	Schedule R (Form 990) 2011	2011

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

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

(k) ercentage wnership		:		
General or Permanaging or partner?				
bisproportion (i) (j) (k) Disproportion (code V-UBI) General or Percentage United Importion (code V-UBI) General or Percentage Illustrians? (complete In Dox 20 managing ownership Asia No (Form 1065) Yes No				
Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all Are all Solici(3) orgs?				
(d) Predominant income related, excluded from tax under section 512-514) ry				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2011

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Part VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see instruc	:tions)
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
MANUEL OF PRIMER ORGANIZACION	
NAME OF RELATED ORGANIZATION:	
KY PGA GOLF FOUNDATION	
PRIMARY ACTIVITY: TO FURTHER THE GOLF EDUCATION OF THE COMM	UNITY AND
GUDDODE VV DON GOLE NGGOO	
SUPPORT KY PGA GOLF ASSOC	
	
	
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