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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)

OMB No 1545-0047 Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service and ending A For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Address change TN SECTION PGA OF AMERICA 62-0863884]Name change Doing Business As]Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 615-790-7600 Termin-400 FRANKLIN RD Amended 1,757,453. City or town, state or country, and ZIP + 4 G Gross receipts \$ 37069-8204 H(a) Is this a group return Applica-FRANKLIN, TN pending ☐Yes 🏋 No F Name and address of principal officer: JEFF ABBOT for affiliates? Yes No same as C above H(b) Are all affiliates included? Tax-exempt status: ☐ 501(c)(3) X 501(c) ((insert no) 4947(a)(1) or L If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ J Website: ▶ K Form of organization X Corporation L Year of formation 1972 M State of legal domicile TN Association Other > Trust Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 3 $\overline{10}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 73 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 100 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 170,191. 4,535. Contributions and grants (Part VIII, line 1h) ,344,366. 1,405,103. Program service revenue (Part VIII, line 2g) 73,770. 74,809. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,000.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) О. 11 1,588,327. 1,499,447. Total revenue - add lines 8 through 11/4 frust equal Part VIII, column (A), line 12) 12 Grants and similar amounts baid (Part IX, column), lines 1.3) 29,340. 23,247. 13 0. 0. Benefits paid to or for members (Part IX, column (A) line 4) Salaries, other compensation, employed benefits (gart IX, column (A), lines 5-10) 474,672. 472,277. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (b), line 26) 0. 17 Other expenses (Part IX, column A) Thes 11a-11d, 11f-24e) 1,080,420. 1,083,645. 1,582,037. 1,581,564. Total expenses. Addlines 13-17 (must equal Part IX, column (A), line 25) 6,290. < 82,117.>Revenue less expenses. Subtract line 18 from line 12 ssets or Balances **Beginning of Current Year End of Year** 1,439,282. 1,456,187. 20 Total assets (Part X, line 16) 5,692. 166,761. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 433,590. 289,426. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer 5/1/2012 Date Sign JEFF ABBOT, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Paid setf-emo Firm's EIN ▶ Preparer Firm's name Use Only Firm's address Phone no

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes_ Form 990 (2011)

_	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission: See Schedule O
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
ı	Code)(Expenses \$
	(Code) (Expenses \$ including grants of \$) (Revenue \$ JUNIOR GOLF- PROVIDED A SUPERIOR COMPETITIVE PROGRAM FOR ALL JUNIOR GOLFERS IN THE SECTION AND PROVIDE QUALIFIERS FOR THEM TO FURTHER THEI EXPERIENCE ON A REGIONAL AND NATIONAL LEVEL.
_	(Code) (Expenses \$
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

09100411 791870 TNSEC

Form 990 (2011) TN SECTION P
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)?			٠,,
	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	'		v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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	5	Х	
	similar amounts as defined in Revenue Procedure 98·19? If "Yes," complete Schedule C, Part III			
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		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		Х
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	ļ
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		<u> X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		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		X
þ	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	ļ	X
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	<u> </u>	X
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			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- 15		<u> </u>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
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	L	Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
		Form	gan	(2011)

Form 990 (2014) TN SECTION PGA OF Part IV Checklist of Required Schedules (continued)

			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	X	<u> </u>
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	i I		
	Schedule K. If "No", go to line 25	24a		<u> </u>
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		├──
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a_		├
b		1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	or.		
06	Schedule L, Part I	25b_		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	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	1	х
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):	ĺ		
а		28a	ĺ	Х
b	The second secon	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ĺ	ĺ	
	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?			١
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	l		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
۰-	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			v
20	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?	38	х	
	Note. All Form 990 filers are required to complete Schedule O		•	(2011)
		1 01111		الاالات

rar	Check if Schedule O contains a response to any question in this Part V			
	Officer is deficulte of contains a response to any question in this tract t		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 73			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a _		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	'	ŀ	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible?	6a	_	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6.		
_	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Ī	1
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
·	to file Form 8282?	7c		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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	Į	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.		1	
а	· · · · · · · · · · · · · · · · · · ·	9a	├	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:]		
a	Initiation fees and capital contributions included on Part VIII, line 12	┨		
b		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	Ш.
		Forn	പമമ	(2011)

TN SECTION PGA OF AMERICA

rai	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
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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 0			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	3.7
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6	-^-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х	
	more members of the governing body?	7a	_^_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76	Х	
	persons other than the governing body?	7b	Λ.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_م	Х	ı
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	00_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	1
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	i
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X_	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	X_	<u> </u>
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	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 None		u a	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ИE	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request	ام الله	اماما	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	io iinai	icial	
••	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation.	•	
20	$m_{\rm c}$ and $m_{\rm c}$ and $m_{\rm c}$ and $m_{\rm c}$ and $m_{\rm c}$	UII. Þ		
	300 AVE OF THE CHAMPIONS #205, PALM BEACH GARDENS, FL 33410-18	348		
13200			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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				than o	one n an	(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 trustae	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) HUNT GILLIAND	1 00								0	0
PAST PRESIDENT	1.00	X						0.	0.	0.
(2) LAMAR MILLS	1 00	v						0.	0.	0.
DIRECTOR PROVING	1.00	^	-	-		\vdash		0.	0.	
(3) MARK BROWN DIRECTOR	1.00	Х						0.	0.	0.
(4) GENE BACONE	1.00	<u> </u>	 					•		
DIRECTOR	1.00	x						0.	0.	0.
(5) TRAVIS MUNCY		-								
DIRECTOR	1.00	Х						0.	0.	0.
(6) JON GOIN										
DIRECTOR	1.00	X						0.	0.	0.
(7) CHRIS DIBBIE									•	
DIRECTOR	1.00	X		<u> </u>		_		0.	0.	0.
(8) JOHNNY BRIDGEMAN	1.00	х						0.	0.	0.
DIRECTOR (9) NEIL COLLINS	1.00	^	-				_	0.		
PRESIDENT	1.00			х				0.	0.	0.
(10) KEN CROWDER				-	\vdash					
VICE PRESIDENT	1.00			Х				0.	0.	0.
(11) JEFF ABBOT										
EXECUTIVE DIRECTOR	55.00			X				136,485.	0.	15,061.
						-				

132007 01-23-12

Form 990 (2011)

(A) Name and title	Average hours per week (describe	box, offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other pensa	of
	hours for related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MIS		fro orga and	om th anizat d relat	e tion ted
									-				
													
1b Sub-total						•		136,485.		0.	1	5,0	61
 Total from continuation sheets to Part Total (add lines 1b and 1c) Total number of individuals (including but 		nose	liste	ed al	bove	▶ •) wh	io re	136,485. eceived more than \$100	0,000 of reportab	0. 0. le	_1	5,0	061
compensation from the organization	•											Yes	No
 Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the 	r such individual										3		x
and related organizations greater than \$	150,000? <i>If "Yes</i>	" co	mple	ete S	Sche	edule) J f	or such individual			4	Х	ļ
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," c							elat	ed organization or indiv	dual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	dep	ende	ent c	onti	racto	rs t	hat received more than	\$100,000 of com	npens	ation f	rom	
the organization. Report compensation (A)	or the calendar y	ear	endı	ng v	v <u>ith</u>	or w	thir	the organization's tax (B)	year.		(0		
Name and busine	ess address	N	INC	<u> </u>				Description of s	services	С	ompe	nsatio	nc
							_						
								* ***					
										<u> </u>		_	
2 Total number of independent contractor	s (including but r	ot li	mita	4+0	+	00 10	**	d above) who received r	nore than				

Statement of Revenue Part VIII (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns Membership dues 1b 1c Fundraising events 1d d Related organizations 1e Government grants (contributions) f All other contributions, gifts, grants, and 4,535 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 4,535 Total. Add lines 1a-1f Business Code 567,681 2 a HANDICAP REVNEUE 900099 567,681 Program Service Revenue 900099 517,822. 517,822. TOURNAMENT REVENUE 194,682. 900099 194,682. SPONSORSHIP 51,050 900099 51,050. ADP FUNDING 41,520. 900099 41,520 MEMBER DUES 900099 32,348. 32,348. All other program service revenue 1405103 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 <u>29,</u>079. 29,079. other similar amounts) Income from investment of tax-exempt bond proceeds 15,000. 15,000 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 303736. assets other than inventory b Less: cost or other basis 257709. 297 and sales expenses <297 46,027. c Gain or (loss) 45,730. 45,730. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ▶ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 1499447. 1210421 284,491. Total revenue See instructions 12 Form **990** (2011) 132009 01-23-12

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).

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 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	4- 64-			
(organizations in the United States See Part IV, line 21	17,247.			************
2 (Grants and other assistance to individuals in				
1	the United States. See Part IV, line 22	6,000.	· · · · · · · · · · · · · · · · · · ·		
3 (Grants and other assistance to governments,	İ			
(organizations, and individuals outside the				
,	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5 (Compensation of current officers, directors,	151 546			
1	trustees, and key employees	151,546.			
	Compensation not included above, to disqualified				
ı	persons (as defined under section 4958(f)(1)) and				
- 1	persons described in section 4958(c)(3)(B)	0.60 5.00			
	Other salaries and wages	263,582.			
B	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	00.005			
9 (Other employee benefits	28,237.			
0 1	Payroll taxes	31,307.		1	
1	Fees for services (non-employees):				
а	Management		<u> </u>		
b	Legal				
C	Accounting				
d l	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	111 656			
9	Other	114,676.			
2	Advertising and promotion	10,332.			
3	Office expenses	57,382.			
4	Information technology				
5	Royalties				
6	Occupancy	16,487.			
7	Travel	47,969.			
8	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
-	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	22,168.		<u> </u>	
3	Insurance	14,456.			
	Other expenses Itemize expenses not covered				
i	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)				
	TOURNAMENT PRIZES	323,927.			
	SITE FEE EXPENSE	198,570.			
· ·	HANDICAP EXPENSE	193,686.			
d	FOOD & BEVERAGE	64,723.			
e	All other expenses	19,269.	- :		
5	Total functional expenses. Add lines 1 through 24e	1,581,564.			
6	Joint costs. Complete this line only if the organization			Τ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ If following SOP 98-2 (ASC 958-720)			1 1	

	t X	Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	33,936.	1	165,210.
	2	Savings and temporary cash investments	266,176.	2	110,334.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	58,714.
	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	0.	9	20,939.
	10a				
		basis. Complete Part VI of Schedule D 10a 119,	991.		
	ь	Less accumulated depreciation 10b 77,	240. 65,218.		42,751. 1,058,239.
	11	Investments · publicly traded securities	1,073,952	11	1,058,239.
	12	Investments - other securities. See Part IV, line 11		12	
	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)	1,439,282	16	1,456,187. 56,498.
	17	Accounts payable and accrued expenses	5,692	17	56,498.
	18	Grants payable		18	
	19	Deferred revenue		19	110,263.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, directors, trustees, key employe	es,		
Liabilities		highest compensated employees, and disqualified persons. Complete P	art II		
_		of Schedule L		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			
		parties, and other liabilities not included on lines 17-24). Complete Part 3	Cof		
		Schedule D	F 602	25	166 761
	26	Total liabilities. Add lines 17 through 25	5,692	- 26	166,761.
		Organizations that follow SFAS 117, check here X and com	plete		
Ses		lines 27 through 29, and lines 33 and 34.	1 422 500		1 200 426
au	27	Unrestricted net assets	1,433,590	-	1,289,426.
Ba	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Ī		— ·	nd		
S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1,433,590	32	1,289,426.
_	33	Total net assets or fund balances	1,439,282		1,456,187.
	34_	Total liabilities and net assets/fund balances	1/439/202	• 34	Form 990 (2011)

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

X

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Form 990 (2011)

Act and OMB Circular A-133?

SCHEDULE C (Form, 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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), then

- 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, Part V, line 35c (Proxy Tax), then

		01(c)(4), (5), or (6) organizat	ions: Complete Pa <u>rt III.</u>			
	e of orga	nization			Empl	oyer identification number
		TN SECT	ION PGA OF AMER	[CA		62-0863884
Pa	rt I-A	Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2		expenditures	ation's direct and indirect politi	cal campaign activities i	in Part IV. ▶\$	
Pa	rt I-B	Complete if the org	anization is exempt un	der section 501(c)	(3).	
-	7411111		ncurred by the organization un			
			ncurred by organization manag		_	
			n 4955 tax, did it file Form 4720		·	Yes No
	-	orrection made?	, 1000 100, 0.0 11 110 1 01111 112	, , , , , , , , , , , , , , , , , , , ,		Yes No
		describe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt un	der section 501(c)	, except section 501	c)(3).
1	Enter the	amount directly expended	by the filing organization for s	ection 527 exempt func	tion activities	
			zation's funds contributed to c			
		function activities			▶ \$	
3	Total exe	empt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL	,	
	line 17b	,			▶ \$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	made pa	yments. For each organiza	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organi	zation's funds. Also enter ti	ne amount of political
			additional space is needed, pro			
	·.	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2011

132041

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Sched	lule C (Form 990 or 990-EZ) 2011 TI	N SEC	TION	PGA OF AMER	ICA	62-0)863884 Page 2
	II-A Complete if the organ	nization	is exer	npt under section	n 501(c)(3) and file		
L	(election under section			•			
A Ch				lated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
	expenses, and share					-	
B Ch				nd "limited control" pro	visions apply.		
			•			(a) Filing	(b) Affiliated group
		on Lobby ures" mea		naitures ints paid or incurred.)		organization's totals	totals
1a	Total lobbying expenditures to influe	nce public	opinion (grass roots lobbying)			
	Total lobbying expenditures to influe						
	Total lobbying expenditures (add line			, ,			
	Other exempt purpose expenditures		,				
	Total exempt purpose expenditures		1c and 1c	i)			
	Lobbying nontaxable amount. Enter	-			h columns.		
	If the amount on line 1e, column (a) or (bying nontaxable am	1 t		
r	Not over \$500,000			the amount on line 1e			
	Over \$500,000 but not over \$1,000,0	000		00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,500			00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,00			00 plus 5% of the exce			
	Over \$17,000,000		\$1,000,				
_		***					
g	Grassroots nontaxable amount (ente	er 25% of I	ine 1f)				
h	Subtract line 1g from line 1a. If zero	or less, en	ter -0-				
i	Subtract line 1f from line 1c. If zero c	or less, ent	er -0-				
j	If there is an amount other than zero	on either	line 1h or	line 11, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this ye	ear?					Yes No
				eraging Period Under			
					do not have to comp		
	colu				s 2a through 2f on pa	ge 4.)	
		Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 20	008	(ь) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount						
	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
с	Total lobbying expenditures						
			_				
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures			J.,_,			

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 TN SECTION PGA OF AMERICA 62-086388 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	7 (a)	(b)
	e lobbying activity.	Yes	No	Amo	unt
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)?				
С	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?				
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
; ;	Other activities?				
	Total. Add lines 1c through 1i	777111111			
, -0-	•				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ	<u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ion E01/o	\(E\) or oo	otion	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	3)1 UC 1101)(o), or se	Cuon	
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization make only in house loosying expenditures of \$2,500 or less. Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х
_	answered "Yes."				
1	Dues, assessments and similar amounts from members	W1	1		-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ticai			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С			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 ex	xcess			
	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		
1.7.7	rt IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II·A; and	I Part II·B, III	ne 1. Also, i	complete
this	part for any additional information.				

132043 01-27-12

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

Name of the organization

TN SECTION PGA OF AMERICA

Employer identification number 62-0863884

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	Impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		r
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization 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 pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	organization's accounting for
	conservation easements.	4 Art Historical Transcures or Oth	or Cimilar Assats
Pa	TIII Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		at and balance about works of out
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described as asserted under SEAS 116 (A)		ad balance about works of art. historical
D	If the organization elected, as permitted under SFAS 116 (As		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		▶ .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the complete and the first and the	▶ \$
2	If the organization received or held works of art, historical tre		am, provide
	the following amounts required to be reported under SFAS 1	i to (ASC 956) 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

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) Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 TN SECTION PGA OF AMERICA					<u>0863884</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		··· ·	1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6	-		
7	Prior period adjustments			7	· -		
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9	·		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	40		10			
-	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Rever		er Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1110 11		тас р	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
	Recoveries of prior year grants	2c					
C	Other (Describe in Part XIV.)	2d					
d	Add lines 2a through 2d	20			—- , , ,		
e	Subtract line 2e from line 1				2e 3		 -
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1.					·	
4		1 40 1				ļ	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b					
b	Other (Describe in Part XIV.) Add lines 4a and 4b	40			— ₄₂		
c					4c 5		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) * XIII Reconciliation of Expenses per Audited Financial Statemer	ente M	Vith Eyne	nege		lrn	
		CIILS V	vitil Expe	11363		4111	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	10-1					
a	Donated services and use of facilities	2a					
Ь	Prior year adjustments	2b	· -				
C	Other losses	2c					
d	Other (Describe in Part XIV.)	2d			—— <u> </u>		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			 -		
_	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	L	
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II						4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this	part to pro	vide an	y additiona	l information.	
							
			 -				
				_			
					_		

132054 01-23-12

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part : General Information on Grants and Assistance

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

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

		+
OMB No 1545-0047	2011	Open to Public Inspection

Employer identification number 62-0863884 ▶ Attach to Form 990. TN SECTION PGA OF AMERICA

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee: critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the <u>United</u> States.	substantiate the ance?	e amount of the grants toring the use of grant f	or assistance, the funds in the United	grantees' eligibilit; I States.	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection e of grant funds in the United States.	Iton X Yes [2
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 received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000.	tovernments and 5,000. Check the	d Organizations in the	• United States. Co	omplete if the organ \$5.000. Part II	anization answered "\	/es" to Form 990, Part additional space is nee	IV, tine 21, for any ded ■	
1 (a) Name and address of organization (b) EIN (c) IRC section or government or government (d) Amount of or government (e) Amount of or government (e) EIN (f) Method of valuation (book, respirance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ŧ
TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD FRANKLIN, TN 37069	58-1893478	501(C)(3)	10,286.	0			PROGRAM ASSISTANCE.	
	:							
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	id government or		listed in the line 1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	lions for Form 990.					Schedule I (Form 990) (2011)	0) (2011)

(f) Description of non-cash assistance (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Schedule I, Part I, Line 2: APPLICANTS MUST PROVIDE AMPLE INFORMATION AND EXTRACURRICULAR ACTIVITIES TO BE CONSIDERED AS A RECIPIENT. ONLY THE MOST COURSEWORK, AND (d) Amount of non-cash assistance Ö DESERVING AND RESPONSIBLE APPLICANTS ARE AWARDED ANY FUNDS. ,000 (c) Amount of cash grant INCLUDING GRADES, (b) Number of recipients COLLEGE SCHOLARSHIP - HAROLD ELLER SCHOLARSHIP PROOF OF COLLEGE ATTENDANCE, (a) Type of grant or assistance Schedule I (Form 990) (2011)

Page 2

62-0863884

TN SECTION PGA OF AMERICA

Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

See separate instructions.

Employer identification number 62-0863884 TN SECTION PGA OF AMERICA

ra	It i Questions negarding Compensation		Yes	No
	Old the second of the second of the fall of the second of		162	
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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Total 990 of other organizations			
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	L	<u>X</u>
b	The state of the s	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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			
5	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		ļ
	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		
ь	Any related organization?	6ь		
	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	<u> </u>	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

IN SECTION PGA OF AMERICA Schedule J (Form 990) 2011

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. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(3)	(0)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
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1 JEFF ABBOT	≥ @	0.	0	0	0.	0	0	
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16	⊞							
				(Schedu	Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

TN SECTION PGA OF AMERICA

Employer identification number 62-0863884

THE DECITION TO CONTINUE TO THE CONTINUE TO TH
Form 990, Part I, Line 1, Description of Organization Mission:
TO ELEVATE THE STANDARDS OF THE PROFESSIONAL GOLFER'S VOCATION AND TO
PROMOTE INTEREST IN THE GAME OF GOLF.
Form 990, Part III, Line 1, Description of Organization Mission:
TO ELEVATE THE STANDARDS OF THE PROFESSIONAL GOLFER'S VOCATION AND TO
PROMOTE INTEREST IN THE GAME OF GOLF.
Form 990, Part VI, Section A, line 6: NOT FOR PROFIT CORPORATION WITH
MEMBERS.
Form 990, Part VI, Section A, line 7a: THE ORGANIZATION'S MEMBERS ELECT
MEMBERS OF THE GOVERNING BODY.
Form 990, Part VI, Section A, line 7b: MEMBERS MAINTAIN THE RIGHT TO
RATIFY DECISIONS MADE BY THE GOVERNING BODY.
Form 990, Part VI, Section B, line 11: THE EXECUTIVE DIRECTOR OF THE
TENNESSEE SECTION REVIEWS THE COMPLETED 990 RETURN FOR COMPLETENESS AND
ACCURACY PRIOR TO FILING. IN ADDITION, A COPY IS SUPPLIED TO THE BOARD FOR
REVIEW AND APPROVAL.
Form 990, Part VI, Section B, Line 12c: THE SECTION INTERVIEWS OFFICERS
AND DIRECTORS ABOUT ANY POTENTIAL CONFLICTS AND REVIEWS THE CONFLICT OF
INTEREST POLICY WITH THEM ANNUALLY.

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization TN SECTION PGA OF AMERICA	Employer identification number 62-0863884
Form 990, Part VI, Section B, Line 15: THE EXECUTIVE DIRE	CTOR'S
COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BAS	ED ON SURVEY
INFORMATION FROM OTHER PGA OF AMERICA SECTIONS, FINANCIAL	STATUS OF THE
SECTION, AND A PERFORMANCE REVIEW.	
Form 990, Part VI, Section C, Line 19: THE ASSOCIATION MA	KES ITS FINANCIAL
STATEMENTS AND OTHER GOVERNING DOCUMENTS AVAILABLE AT THE	PUBLIC'S REQUEST
BY CONTACTING THE TENNESSEE SECTION OFFICE.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-87,344.
BEGINNING BALANCE ADJUSTMENT	4,805.
CURRENT YR SECTION 481(A) ADJ	20,492.
Total to Form 990, Part XI, Line 5	-62,047.
	

(Rev "December 2009) Department of the Treasury

(HTA)

Application for Change in Accounting Method

OMB No 1545-0152

Internal Revenue Service		Identification number (see instructions)			
Name of filer (name of parent corporation if a consolidat	ed group) (see instructions)	62-0863884			
		Principal business activity code number (see instructions)			
Thi Continue DOA of America		813000	,		
TN Section PGA of America Number, street, and room or suite no If a P O box, see	the instructions		01/2011		
	are management		31/2011		
400 Franklin Rd City or town, state, and ZIP code		Name of contact person (see instructions)	<u> </u>		
Franklin	TN 37069-8204	Jeff Abbot			
Name of applicant(s) (if different than filer) and identification		Contact person's telep (615) 790-7600	hone number		
If the applicant is a member of a consolida			P		
If Form 2848, Power of Attorney and Declar	aration of Representative, is atta	sched (see instructions for when Form 2848 is			
required), check this box	<u> </u>		<u> </u>		
Check the box to indicate the type of ap	plicant.	Check the appropriate box to indicate the	type of		
Individual	Cooperative (Sec 1381)	accounting method change being reques	ited.		
Corporation	Partnership	(see instructions)			
- ·	<u> </u>	Depresietion or Americation			
Controlled foreign corporation	S corporation	Depreciation or Amortization			
(Sec. 957)	Insurance co. (Sec 816(a	·	ctivities		
10/50 corporation (Sec. 904(d)(2)(E))	Insurance co. (Sec. 831)	of Financial Institutions			
Qualified personal service	Other (specify) ▶	X Other (specify) ► Overall accounting n	nethod		
corporation (Sec 448(d)(2))		change from cash to accrual.			
X Exempt organization. Enter Code sec	tion ► 501(C)(6)	_			
		ng, the taxpayer must provide all information that is re	levant to the		
taxpayer or to the taxpayer's requested change	in method of accounting. This include	des all information requested on this Form 3115 (inclu			
instructions), as well as any other information th					
The taxpayer must attach all applicable s	upplemental statements requeste	d throughout this form.			
Part I Information For Automati					
		er for the requested automatic change. Enter	Yes No		
•	-	is provided for in guidance published by the			
· · · · · · · · · · · · · · · · · · ·	-	od change number, check "Other," and provide			
both a description of the change and cita	ition of the IRS guidance providing the	he automatic change. See instructions	2 9 1 P		
▶ (a) Change No. <u>122</u>	(b) Other Description ▶		La la firm		
2 Do any of the scope limitations desc	cribed in section 4 02 of Rev. Pro	oc. 2008-52 cause automatic consent to be			
unavailable for the applicant's reque			X		
Note. Complete Part II below and then Pa			6 2 6 3 4		
Part II Information For All Reque			Yes No		
		which the requested change relates, or	7		
terminate its existence, in the tax ye			x **		
If "Yes," the applicant is not eligible	- ·		7 7		
		which the applicant was a member during the	,		
., , , ,		examination (see instructions)?	X		
If "No," go to line 5	Jordi moomo tax rotam(o) andor	oxammanon (oco mondonom)			
	licant is requesting to change a	n issue (with respect to either the applicant or			
	, -	s a member during the applicable tax year(s))			
either (i) under consideration or (ii) j		_ · · · · · · · · · · · · · · · · · · ·	X		
Cities (i) under consideration of (ii)	Signature (see instr				
Under penalties of periury, I declare that I have examine		ng schedules and statements, and to the best of my knowledge	and belief,		
the application contains all the relevant facts relating to	the application, and it is true, correct, and	complete Declaration of preparer (other than applicant) is bar	sed on all		
information of which preparer has any knowledge		Designation (additionally a file of the coll of			
Filer	-1.1	Preparer (other than filer/applicant)			
Huysallor	5/1/2012				
Signature and date		Signature of individual preparing the application and	J date		
Jeff Abbot E	xecutive Director				
Name and title (print or type		Name of individual preparing the application (print of	r type)		
	•		- * *		
		Nome of firm accorded the continue			
	- A Ni-Air-a	Name of firm preparing the application	5 (Rev 12-2009)		
For Privacy Act and Paperwork Reduction A	or Notice, see the instructions	Form 311	3 (Rev 12-2009)		

Form 3	I15 (Rev 12-2009)	TN Section I	PGA of America		62-0863884	P.	age 2
Part			uests (continued)		Yes	No
•			•	·	-		
4 c	Is the method of a	ccounting the ar	oplicant is requestir	ng to change an issue pe	ending (with respect to either		
					ant was a member during the		
	, ,	• •	•	ation (see instructions)?			X
d				eing filed under the proce			
	·	-		request (see instructions			Х
	•		ent from the direct		•		
е					ay or 120-day window period? .		X
•					ed statement (see instructions)		
			examination ende		,		
f					e examining agent and the tax		
·	year(s) under exam				3 3		
	Name ▶		Telephone nu	mber >	Tax year(s) ▶		
g		Form 3115 bee		xamining agent identified	· · · · · · · · · · · · · · · · · · ·		
_	• •		•		applicant was a member during		
• -					eals and/or a Federal court? .		X
					counsel for the government,		
			s and/or a Federal	•			
	Name ▶) 20.0.0 / Appoun	Telephone nu		Tax year(s) ▶		
b		Form 3115 bee			unsel for the government identified		
-	on line 5a?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c				ng to change an issue ur	nder consideration by Appeals and/or	7 45	125 E T
Ū					group in which the applicant was a	1	
				per) (see instructions)?.			X
	If "Yes," attach an					(Z)(
6			line 4a and/or 5a v	with respect to any prese	ent or former consolidated group,		3.4
•	• •				tification number, (c) address,	11.0	
		•	•		amination, before an Appeals office,	N, A	
	and/or before a Fe	-				L., (3)	.5
7				ither an entity (including	a limited liability company) treated as	· iš	5. 2
•					accounting that is an issue under	7. 7.	F. 3
				•	with respect to a Federal income tax		134,08
			areholder of that e		will respect to a rederal income tax	* ******	>~1 ·
			le to make the cha			1. 1	Q192, 59
	• •	_		_		2.3	
ва	• •	•	· · · · · · · · · · · · · · · · · · ·		ent) state that the applicant does not	بد المسد	أدنسيا للمبادأ
	•		· · · · · · · · · · · · · · · · ·	e instructions)?	•	<u> </u>	
b	If "Yes," attach an	•	N/A			-	14.
9 a		•		•	der either an automatic change	,	1×2
	•	~	_) a change in method of	accounting within the past 5 years	2.10.5	
	(including the yea	•	- ·			ļ	X
b	•		•	·	nange in method of accounting		, ,
	•			the applicant received co		1.	
С				_	reement granting a change was not	'	
	•	ed to the IRS, or	the change was n	ot made or not made in t	the requested year of change, attach		
	an explanation						
10 a	Does the applican	t, its predecess	or, or a related part	y currently have pending	any request (including any		
		•	· ·		ounting, or technical advice?		Х
b	If "Yes," for each i	equest attach a	statement providir	g the name(s) of the tax	payer, identification number(s), the		
	type of request (pa	rivate letter rulin	g, change in metho	od of accounting, or techi	nical advice), and the specific issue(s)		,
	in the request(s)		-	-			
11		questing to chai	nge its overall met	hod of accounting? .		X	
• •	• •	•	•		nt and proposed methods of		
	•	• • •	lule A on page 4 of		······································		
	Present method:		Cash		Hybrid (attach description)		
		. _	5	Accrual	Hybrid (attach description)		
	Proposed metho	d:	Cash	X Accrual	Hybrid (attach description)		

instructions), and the amount of the section 481(a) adjustment attributable to each applicant

Form	3115 (Rev 12-2009)	TN Section PGA of America	62-0863884	Page 4
_		181(a) Adjustment (continued)		Yes No
26		(a) adjustment is an increase to income of less that	in \$25,000, does the applicant elect to take th	e Park
		the adjustment into account in the year of change?		
27		section 481(a) adjustment attributable to transaction		
		up, a controlled group, or other related parties?		X
	If "Yes," attach a	-		PAR MAR
Sch	nedule A—Chanc	je in Overall Method of Accounting (If Sche	dule A applies, Part I below must be comp	oleted.)
		n Overall Method (see instructions)		
1		ng amounts as of the close of the tax year preceding	g the year of change. If none, state "None " A	lso, attach a
•		ing a breakdown of the amounts entered on lines 1		•
	otatomont provid		[Amount
	a Income accrued	but not received (such as accounts receivable)		\$
		or reported before it was earned (such as advance	ed payments). Attach a description of	
		he legal basis for the proposed method	·	-81,967
		ed but not paid (such as accounts payable)		
	•	s previously deducted .		
	•	d previously deducted and/or not previously reporte	e d	
1		d previously deducted and/or not previously report		
9		specify) Attach a description of the item and the le		
	-	e section 481(a) adjustment.		
1	h Net section 481	(a) adjustment (Combine lines 1a-1g.) Indicate will	nether the adjustment is an increase (+)	
	or decrease (-) ir	n income. Also enter the net amount of this section	481(a) adjustment amount on Part IV,	
	line 25			\$ -81,967
			_	
2	Is the applicant a	also requesting the recurring item exception under	section 461(h)(3)?	X Yes No
3	•	the profit and loss statement (Schedule F (Form 10		
		ax year preceding the year of change. Also attach		
		lance sheet If books of account are not kept, attac		
		tax return or other return (e g , tax-exempt organiza		
		o not agree with those shown on both the profit and	I loss statement and the balance sheet, attact	n a statement
	explaining the di			
		to the Cash Method For Advance Consent I		
		a change to the cash method must attach the follow		
1	•	inventory items (items whose production, purchase	, or sale is an income-producing factor) and m	naterials
_		ed in carrying out the business.		
	·	is to whether the applicant is required to use the ac		or regulations.
Scl		ge to the Deferral Method for Advance Payn		
1	• • •	s requesting to change to the Deferral Method for a	dvance payments described in section 5 02 of	f Rev. Proc
		C B 991, attach the following information:		
		laining how the advance payments meet the definit		
	• •	s filing under the automatic change procedures of F	lev Proc 2008-52, the information required b	y section
		Rev. Proc 2004-34.		
		s filing under the advance consent provisions of Re	v. Proc. 97-27, the information required by sec	ction
		Rev. Proc. 2004-34.		
2		s requesting to change to the deferral method for a	Ivance payments described in Regulations se	ection
		attach the following.		
	•	laining how the advance payments meet the definit	· · · · · · · · · · · · · · · · · · ·	
		laining what portions of the advance payments, if a		
		ovisions of goods or items, and whether any portion		
	•	vices are less than five percent of the total contract	· · · · · · · · · · · · · · · · · · ·	
	•	laining that the advance payments will be included		s receipts for
		applicant's financial reports See Regulations section		Manager and the control of the contr
	•	laining whether the inventoriable goods exception of		
	substantial adva	nce payments will be received under the contracts.	and now the exception will limit the deferral or	it income

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2)
 - a A description of the types of products produced by the applicant. If possible, attach a brochure
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
 - **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

	tion 2004 Assets (see instructions)			-d 0 \N/A			
Pa	Change in Reporting Income From Long-Term Contracts (Also co	mpiete Part III	on pages / a	10 8)IN/A			
1	To the extent not already provided, attach a description of the applicant's present a						
	and expenses from long-term contracts. Also, attach a representative actual contra			requested			
	change. If the applicant is a construction contractor, attach a detailed description of						
2 a	•			Yes No			
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see inst	ructions)? .	ــا ٠٠٠	Yes No			
	If line 2b is "No," attach an explanation.						
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion	method using co	ost-to-				
	cost under Regulations section 1 460-4(b)?			Yes No			
d		e-of-completion	method	🗖			
	under Regulations section 1 460-4(c)(2)?			Yes No			
	If line 2d is "Yes," attach an explanation of what cost comparison the applicant will	use to determin	e a				
	contract's completion factor		_				
	If line 2d is "No," attach an explanation of what method the applicant is using and t		its use.				
3 a	• • • • • • • • • • • • • • • • • • • •			Yes No			
b	b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-						
	term manufacturing contracts						
	c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.						
4	To determine a contract's completion factor using the percentage-of-completion method:						
	a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? Yes No						
Þ	b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? Yes No						
_	1.094.04.00.00						
5	Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term						
	contracts or Federal long-term contracts.						
	art II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8)						
1	Attach a description of the inventory goods being changed			N/A			
2 2 -	Attach a description of the inventory goods (if any) NOT being changed.			Yes No			
3 a		224 (000 motor)	· · <u> </u>	Yes No			
t		SA (see instruc	lions) /	Yes No			
	If "No," attach a detailed explanation	•	· · · _ <u>L</u>				
_	OL 14	Inventory Be	ing Changed	Inventory Not Being Changed			
4 a	• • •	Drospet mothed	Proposed method				
	Identification methods.	Present method	Proposed method	Present method			
	Specific identification						
	FIFO.						
	LIFO						
	Other (attach explanation)						
				 			
	Cost or market, whichever is lower			·			
	Retail, lower of cost or market Other (attach explanation)						
				And the State of t			
5 5	If the applicant is changing from the LIFO inventory method to a non-LIFO method	attach the follo	wing informatio	n (see			
J	instructions).	, attach the follo	ming informatio	(300			
a							
t		er the applicant	is changing to	he method			
•	required by Regulations section 1.472-6(a) or (b), or whether the applicant is proportion						
c		_		dıx of Rev			
•	Proc 2008-52 (or its successor)	, 500.1011 22 011	C, C. the Appen	O. 110V.			
	1 100 E000 OE (OI IIO 000000001)						

Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities		
	placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

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Pa	Part III Method of Cost Allocation (see instructions	s) (continued)	
Séd	ection C-Other Costs Not Required To Be Allocated (Co	omplete Section C only if the applicant is requesting	ig to change its
me	nethod for these costs)		
		Present met	hod Proposed method
1	3, 3,		
2			
3			
4 5		IID	
6			
7			
8	• •		
9			
10			
	line 11		
<u>11</u>	1 Other costs (Attach a list of these costs.)	<u> </u>	
Sc	chedule E—Change in Depreciation or Amortization	n (see instructions)	
	pplicants requesting approval to change their method of acc		this section
Apı	pplicants must provide this information for each item or class	ss of property for which a change is requested	
	ote. See the List of Automatic Accounting Method Chan		
unc	nder sections 56, 167, 168, 197, 1400I, 1400L, or former sec	ction 168 Do not file Form 3115 with respect to c	ertaın late elections
and	nd election revocations (see instructions).		
1	, , ,		Yes No
	If "Yes," the only changes permitted are under Regulati		
2	2 Is any of the depreciation or amortization required to be	capitalized under any Code section (e.g., section	$\overline{}$
	263A)?		Yes No
	If "Yes," enter the applicable section ▶		
3	3 Has a depreciation, amortization, or expense election b	een made for the property (e.g., the election unde	r
	sections 168(f)(1), 179, or 179C)?		Yes No
	If "Yes," state the election made ►		
4	a To the extent not already provided, attach a statement of		the description the
	type of property, the year the property was placed in se	rvice, and the property's use in the applicant's trac	le or business or
	income-producing activity		
	b If the property is residential rental property, did the appl	licant live in the property before renting it?	Yes No
	c Is the property public utility property?		Yes No
5	To the extent not already provided in the applicant's de	scription of its present method, attach a statement	— —
,	property is treated under the applicant's present method		
	Regulations section 1 162-3, nondepreciable section 26		
_	·		•
6	, , , , , , , , , , , , , , , , , , ,	, , ,	cts supporting the
_	proposed change to depreciate or amortize the property		
7	, , ,		e following
	information for both the present (if applicable) and prop		
	a The Code section under which the property is or will be	, , , , , , , , , , , , , , , , , , , ,	
	b The applicable asset class from Rev. Proc. 87-56, 1987		
	or under section 1400L, the applicable asset class from		
	under former section 168 (ACRS); an explanation why	no asset class is identified for each asset for which	n an asset class
	has not been identified by the applicant		
	c The facts to support the asset class for the proposed m		
	d The depreciation or amortization method of the property	y, including the applicable Code section (e g , 200 ^o	% declining
	balance method under section 168(b)(1)).		
	e The useful life, recovery period, or amortization period	of the property	
	f The applicable convention of the property.		

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an

explanation as to why no special depreciation allowance was or will be claimed

Tennessee Section PGA of America

400 Franklin Rd

Franklin, TN 37069

FEIN: 62-0863884

Business Description:

To elevate the standards of the professional golfer's vocation and to promote interest in the game

of golf.

Sch# 3115 Attachment
Overall Accounting Method Change - From Cash to Accrual for 2011 Tax Year
Part IV Section 481(a) Adjustment
Question #25 - Computation summary

All Amounts are as of 12/31/2011

Revenue:

Defered Revenue:

ADP Contribution Revenue

(\$45,000)

Membership Dues

(\$36,967)

TOTAL REVENUE (\$81,967)

TOTAL EXPENSE N/A

TOTAL ADJUSTMENT (\$81,967) Decrease in Income

Distribution: (Adjustment is spread over 4 years)

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u> 2014</u>
Decrease in Income	(\$20,492)	(\$20,492)	(\$20,492)	(\$20,492)
Held in Net Assets	\$61,475	\$40,984	\$20,492	\$0