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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 private foundations)

OMB No 1545-0047

Department of the Treasury Interna Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization Address change KENTUCKY SECTION PGA OF AMERICA Name change 61-0719612 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 Termin-1116 ELMORE JUST DRIVE 502-243-8295 Amende 984,424. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-LOUISVILLE, KY 40245 H(a) Is this a group return pending Yes X No F Name and address of principal officer. STEVE MCMILLEN for subordinates? SAME AS C ABOVE |Yes | H(b) Are all subordinates included? Tax-exempt status: _____ 501(c)(3) __X 501(c) (6) (insert no.) If "No," attach a list, (see instructions) J Website: ► WWW.KYGOLF.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > Year of formation: 1925 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities TO CONDUCT EDUCATION SEMINARS SCANNED APR 2 9 2014
Activities & Governance AND GOLF TOURNAMENTS FOR MEMBERS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6,260. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <6,145.> 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0. 0 Contributions and grants (Part VIII, line 1h) 454,851 475.341. Program service revenue (Part VIII, line 2g) 12,594. 13,110 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 41,452. 81,025 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 548,986 529,387. 20,000. 20,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 478,940 471,400. 17 Other expenses (Part IX, column (A), lines 11a-11d Total expenses Add lines 13-17 (must equal Part Scolumn (A), line 25)

Revenue less expenses. Subtract line 18 from line 32 APR 1 1 2014 SSO 498,940 491,400. Revenue less expenses. Subtract line 18 from line 50,046. 37,987. ö **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 677,216 741,519. OGĐEN ,458 О. Total liabilities (Part X, line 26) 675,758 Net assets or fund balances Subtract line 21 from line 20 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. 3-27-14 Signature of office Sign EXECUTIVE DIRECTOR STEVE MCMILLEN, Here Type or print name and title Date PTIN Print/Type preparer's name P00547659 Paid DOUGLAS E MORRIS self-employed Firm's name DEMING MALONE LIVESA OS/TROFF Firm's EIN 61-1064249 Preparer Firm's address ▶ 9300 SHELBYVILLE RD STE Use Only LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660

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

	990 (2013) KENTUCKY SECTION PGA OF AMERICA	<u>61-0719612</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	*Briefly describe the organization's mission: TO CONDUCT EDUCATION SEMINARS AND GOLF TOURNMENTS FOR METERS OF THE PROPERTY OF	MEMBERS.	
2	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	Ye	s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if "Yes," describe these changes on Schedule O.	? Ye	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ners, the total expenses	, and
4a	(Code) (Expenses \$	nue \$)
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	nue \$)
4c	(Code) (Expenses \$	nue \$)
	•		
در ۾	Other program convece (Decembe in Schedule C.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses		990 (2013)

Form 990 (2013) KENTUCKY SECTION PGA OF AMERICA 61-0719612 Page 3
Part IV Checklist of Required Schedules

			Yes	No
1	'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	ļ	X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	├─
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	,		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	—
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
124	Schedule D, Parts XI and XII	100		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		_^
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			İ
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		x
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		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) KENTUCKY SECTION P
Part IV Checklist of Required Schedules (continued)

			Yes	NO.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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	00		v
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		Х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	х	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Soa	Α.	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36	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	30		
J1	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 11b and 19?	"		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2013
		. 51111		,,

Form 990 (2013) KENTUCKY SECTION PGA OF AMERICA Part V . Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5		
b	Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable	וֹס	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
	(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)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501/cV12) organizations. Enter:	-		
	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		
U				
100	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	120		
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2013)
				/

KENTUCKY SECTION PGA OF AMERICA 61-0719612 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{x} S

	Check is Schedule O contains a response of note to any line in this Fart Vi					42
Sec	tion A. Governing Body and Management					
		1.	11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			_2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	$\label{eq:decomposition} \mbox{ Did the organization make any significant changes to its governing documents since the prior Form}$		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:		'	
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	7,	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X_	
	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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escnbe			
	ın 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	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,				.,
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a ,			
	taxable entity during the year?			_16a	ļ <u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anizatio	on's	401		
200	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 40	List the states with which a copy of this Form 990 is required to be filed ► <u>KY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T /Saa	tion 501(c)(3)s only)	availah	مام	-
18	for public inspection. Indicate how you made these available. Check all that apply	1 (360	don our (c)(o)s unly) i	a v aliaL	, IC	
	Own website X Another's website X Upon request Other (explain	n in Sa	hadula (1)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		·	d finar	ncıal	
19		Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	or interest policy, all	u miai	iciai	
20	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books a	and rea	ords of the organize	tion: 🖿	•	
20	ORGANIZATION - 502-243-8295		ords of the organiza			

332006 10-29-13

Form 990 (2013)

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1115 ELMORE JUST DRIVE

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KELLY WILLIAMS	1.00]								
PRESIDENT		X	ļ	X				0.	0.	0.
(2) RALPH LANDRUM	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) PETE GARVEY	1.00	ļ							_	_
TREASURER/SECRETARY		X	ļ	X				0.	0.	0.
(4) JAMINE DEKEUSTER	1.00	ļ							•	_
BOARD MEMBER		X	ļ					0.	0.	0.
(5) CRAIG HEIBERT	1.00	↓							•	_
BOARD MEMBER	1.00	X	<u> </u>					0.	0.	0.
(6) BRAD MORROW	1.00	١.,							•	
BOARD MEMBER	1 00	X				_		0.	0.	0.
(7) GARRY NELSON	1.00	٠,,							•	_
BOARD MEMBER	1 00	X			_			0.	0.	0 .
(8) CHRIS REDLE	1.00	٠,,								
BOARD MEMBER	1 00	X			ļ			0.	0.	0.
(9) WILLIAM SCHNEIDER	1.00	X							0	•
BOARD MEMBER	1.00	1						0.	0.	0.
(10) JASON STILLEY	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	U .
(11) LARRY WARD	49.00	v						0.	0.	0 .
BOARD MEMBER (12) STEVE MCMILLEN	1.00	1					_			0
EXECUTIVE DIRECTOR	49.00	1		X				0.	105,091.	0.
EABCOITY DIRECTOR				-				J.	103 / 031.	
		-								
		4								

Form **990** (2013)

(A) Name and title	(B) Average hours per week (list any	(do box offi	not cl	(C Posi heck i ss per	POSITION eck more than one s person is both an if a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensatior from related organizations	İ	am	(F) timate ount other pensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	om the anizat I relat nizati	e ion ed
		\ 											
	-												
		-											
										_			
1b Sub-total		_					<u> </u>	0.	105,09	91.			0.
c Total from continuation sheets to	Part VII, Section A							0.	105,09	0.	·		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including	=	nose	liste	ed al	bove	e) wi	no re						
compensation from the organization	<u> </u>	-										Yes	0 No
3 Did the organization list any former line 1a? If "Yes," complete Schedule	J for such individual										3		х
4 For any individual listed on line 1a, is and related organizations greater that									the organization		4		x
5 Did any person listed on line 1a rece rendered to the organization? If "Yes							elat	ed organization or indiv	idual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five high	and componented in					roote	+	but recoved more than	\$100,000 of com		ation f		
Complete this table for your five high the organization. Report compensat										pense	200111	0111	
	(A) siness address	N	INC	3				(B) Description of s	services	C	(Comper		n_
									_				
2 Total number of independent contra \$100,000 of compensation from the		not li	mıte	d to		se li 0	stec	d above) who received n	nore than		F		

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Form **990** (2013)

		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
	`		*		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
our		Membership dues	1b					
S, G	С	Fundraising events	1c					
重	d	Related organizations	1d					
J.S.	е	Government grants (contribut	tions) 1e					
를 있	f	All other contributions, gifts, gran	nts, and					
E E		similar amounts not included abo	ove 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
Q #	<u>h</u>	Total. Add lines 1a-1f		•				
	_	MOTIONIA MENIMO		Business Code	200 007	220 007		
jce		TOURNAMENTS	 	713910	320,987.			
lue J	b	PGA NATIONAL		713910	104,627.			
Program Service Revenue	C	MEMBERSHIP DUES	<u> </u>	713910	49,727.	49,121.		
gra Re	d							
P	e	All other program service reve						
_	'	Total. Add lines 2a-2f	enue	•	475,341.			
\neg	<u>ч</u>	Investment income (including	dividends intere		4/3,341.			
	3	other similar amounts)	dividends, intere	st, and	11,037.			11,037.
	4	Income from investment of ta	x-exempt bond p	roceeds	22/00/0			11,0371
	5	Royalties	or oxompt bond p					
	•		(ı) Real	(ii) Personal				
	6 a	Gross rents	(4)	(1) 1 21221141				
		Less. rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ıı) Other				
		assets other than inventory	452,999.					
	b	Less cost or other basis						
		and sales expenses	451,442.					
	С	Gain or (loss)	1,557.					
	d	Net gain or (loss)		•	1,557.			1,557.
e l	8 a	Gross income from fundraising	ig events (not					
en.		ıncluding \$	of					
Other Reven		contributions reported on line	1c) See					
ē		Part IV, line 18	а	3,050.				
₽		Less. direct expenses	, b	3,595.	E 4 E			- 4-
		Net income or (loss) from fund	-	<u> </u>	<545.	P		<u> <545.</u> >
	9 a	Gross income from gaming ad						
		Part IV, line 19	а					
		Less direct expenses	b ana actuutus					
		Net income or (loss) from gan Gross sales of inventory, less	_			 		
	10 a	and allowances						
	h	Less cost of goods sold	a b					
		Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code				
Ì	11 a	MEETINGS		900099	35,737.	35,737.		
	b			541800	3,500.	33,7374	3,500.	
	c	OMITTED		900099	2,760.		2,760.	
	-	All other revenue			_,,,,,,		,,,,,,,,	
	-	Total, Add lines 11a-11d		•	41,997.			
	12	Total revenue. See instructions.		>	529,387.	511,078.	6,260.	12,049.
33200 10-29	9 · 13							Form 990 (2013)

Form 990 (2013) KENTUCKY SECTION PGA OF AMERICA Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon			(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	20,000.			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees)				
'' a	Management				
b	Legal				<u></u>
c	Accounting	2,200.			
d	Lobbying	_,			-
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	21,590.			
14	Information technology				
15	Royalties				
16	Occupancy	2 225			
17	Travel	8,227.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 551			
19	Conferences, conventions, and meetings Interest	80,551.			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				»· · · · · · · · · · · · · · · · · · ·
23	Insurance	4,113.			<u> </u>
24	Other expenses. Itemize expenses not covered			-	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	KGVA EXPENSE	9,645.			
b	TOURNAMENT EXPENSES	315,221.			
С	INTERN FEES	21,000.			
d	BOARD EXPENSE	5,275.			
е	All other expenses	3,578.			
25	Total functional expenses. Add lines 1 through 24e	491,400.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2013)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	107,357.	1	129,107
2	Savings and temporary cash investments	130,934.	2	131,131
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	22,880.	4	28,253
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ŀ	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	····	7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
_	a Land, buildings, and equipment: cost or other	··· ·· · · · · · · · · · · · · · · · ·		-
	basis Complete Part VI of Schedule D 10a 50,654.			
Ł		0.	10c	(
11	Investments - publicly traded securities	<u> </u>	11	
12	Investments - other securities. See Part IV, line 11	416,045.	12	453,028
13	Investments - program-related See Part IV, line 11	410/045.	13	±33/02(
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)	677,216.	16	741,519
17	Accounts payable and accrued expenses	1,458.	17	741751
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
	Complete Part 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 X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	1,458.	26	C
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		İ	
ຄ	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	675,758.	27	741,519
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			,_
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	675,758.	33	741,519
34	Total liabilities and net assets/fund balances	677,216.	34	741,519

Form 990 (2013)

	990 (2013) KENTUCKY SECTION PGA OF AMERICA	61-071	9612	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	,			
		•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 529</u>	_	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>491</u>	_	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	675		
5	Net unrealized gains (losses) on investments	5	27	<u>,7</u>	7 <u>4.</u>
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	741	,5:	<u>19.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			<u>\</u>	'es	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a	_	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	ar guidte, evaluar why in Cabadula O and decombs any stone taken to undergo evaluate		1 04	•	

Form **990** (2013)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

	KENTUCKY SECTION P		61-0719612
Par			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	iunds
	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	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	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.		
			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 st	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-	eleased, extinguished, or terminated by the org	ganization 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	it holds?	L Yes L 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) abo	ve satisfy the requirements of section 170(h)(4	I)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		<u>.</u>
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	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		> \$
2	If the organization received or held works of art, historical tre	•	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	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. 332051 09-25-13

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets;			Y SECTION							19612	
a Public exhibition d Loan or exchange programs b Scholarly research c Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII Forms the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for asset funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization solection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yea" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 b if "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance Additional during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions □ Distribut	Pai	t III · Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	er Simila	ar Asse	ts(continue	ed)
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII D Duning the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII D Duning the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3	Using the organization's acquisition, accessi	ion, and other recor	ds, chec	k any of the	following the	at are a sı	gnificant	use of its	collection i	tems
b Scholarly research c	•	(check all that apply):									
c	а	Public exhibition	•	d 🔙	Loan or exc	change progr	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements, Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the explaination arrangement in Part XIII Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No No If Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Yes, No Ye	b	Scholarly research	•	e 🔲	Other						
5 During the year, did the organization solicit or receive donations of art, instonical treasures, or other similar assets to be said to raise funds rather than to be maintained as part of the organization's collection? Yes No reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21 Yes No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 10	С	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is Intermediate the following table:	4					-			ose in Par	t XIII	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X? □ Ves □ No □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year of Ending the Yes" (a) If Yes □ No □ If "Yes	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	ner sımılar	assets		-	
reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 tel 1 tol 2 Distributions during the year 1 tel 2 Distributions during the year 1 tel 2 Distributions during the year 1 tel 2 Distributions during the year 2 Distributions during the year 2 Distributions during the year 3 Ending balance 2 Distributions during the year 3 Distributions during the year 4 Distributions during the year 5 Endograment in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 a Beginning of year balance b Contributions C Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. a Board designated or quass-endowment											No_
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		-	ete if the	e organizatio	on answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Dot the organization include an amount on Form 990, Part X, line 212 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds, Complete if the organization answered "Yes" to Form 990, Part IV, line 10 [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F											
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b Permanent endowment ▶	2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	lg, column (a)) held as.					
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%							
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			equal Form 990. Part	X. colu			<u> </u>	50,0	<u> </u>		

0. Schedule D (Form 990) 2013

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(9)

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

SCHEDULE I (Form 990)

(Form 990)
Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2013 Open to Public

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

							Employer identification number
KENTUCKY	SECTION P	PGA OF AMERICA	CA				61-0719612
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or ass	sistance, and the selec	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	complete if the orga	anization answered "	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated	\$5,000. Part II can		if additional space is needed	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							DONATION TO THE GOLF
KGA-PGA, INC.							HOUSE OF KENTUCKY TO BE
1116 ELMORE JUST DRIVE LOUISVILLE, KY 40245	61-0941146	501(C)(6)	20 000	0			USED FOR PAYING ON THE MORTGAGE OF THE BUILDING.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table				;	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 61-0719612 (e) Method of valuation (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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information EXPLANATION: THE ORGANIZATION MAKES A DONATION EACH YEAR TO KGA-PGA. (d) Amount of non-cash assistance THE DONATION IS REQUIRED TO BE USED TO PAY ON THE BUILDING'S (c) Amount of cash grant KENTUCKY SECTION PGA OF AMERICA (b) Number of recipients OUTSTANDING MORTGAGE BALANCE. SCHEDULE I, PART I, LINE 2: (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

SCHEDULE 0

(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.

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

KENTUCKY SECTION PGA OF AMERICA

Employer identification number 61-0719612

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: EXECUTIVE DIRECTOR REVIEWS IN DETAIL. IF ANY CONCERNS ARE
NOTED IT IS BROUGHT TO THE BOARD OF DIRECTORS ATTENTION.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE PRESIDENT AND EXECUTIVE DIRECTOR REVIEW THE POLICY
REGULARLY TO ENSURE COMPLIANCE.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION PREMITS THE PUBLIC REVIEW OF ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS DURING
NORMAL BUSINESS HOURS AT THE ASSOCIATION'S OFFICE.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

2013

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Open to Public Inspection

> SECTION PGA OF AMERICA KENTUCKY Name of the organization

61 - 0719612Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

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

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

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

SEE PART VII FOR CONTINUATIONS

332161 09-12-13 LHA

Schedule R (Form 990) 2013

61-0719612 Page 2

Schedule R (Form 990) 2013 KENTUCKY SECTION PGA OF AMERICA

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

General or Percentage managing ownership Schedule R (Form 990) 2013 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Code V-UBI General or Pamount in box managing cod Schedule K-1 (Form 1065) Yes No Percentage ownership Ξ Share of end-of-year assets Œ Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) 21 (d) | Direct controlling | entity Primary activity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 332162 00-12-13 Part IV

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	ın Parts II-IV?	\vdash
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				If X
g Sale of assets to related organization(s)				X X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ŧ.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			т Ж
 Sharing of paid employees with related organization(s) 				10 N
n Reimbilissement naid to related organization(s) for expenses				÷
				2 5
d neillibulsellellt palu by leigled olgalikation(s) for expelleds				ļ
r Other transfer of cash or property to related organization(s)				٦٠ X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1)				
(2)				
(6)				
(4)				
(9)				
191				
332163 09-12-13	22		Schedule	Schedule B (Form 990) 2013

61 - 0719612

Page 4

Schedule R (Form 990) 2013 KENTUCKY SECTION PGA OF AMERICA

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

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

(e)) @	(5)	9	(e)	€	(a)	3	0	8	8
Name, address, and EIN of entity	ctivity	əg Eg	Predominant incom (related, unrelated,	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropre Code V-UBI General or Percentage unate amount in box 20 managing ownership allocations? of Schedille K-1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-51	s No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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					_					-
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				+					+	
										-
				$\frac{1}{2}$			_		$\left\ \cdot \right\ $	

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 KENTUCKY SECTION PGA OF AMERICA	61-0719612 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions)	
•	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:
NAME OF RELATED ORGANIZATION:	
KY PGA GOLF FOUNDATION	
PRIMARY ACTIVITY: TO FURTHER THE GOLF EDUCATION OF THE COMM	UNITY AND
SUPPORT KY PGA GOLF ASSOC	
-	
	