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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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending						
B	heck if	C Name of organization		D Employer identific	cation number	
	Addre	KGA-PGA, INC.				
\vdash	Name change			61-0	941146	
F	Initial		Room/suite			
\vdash	return _Frnal	1116 ELMORE JUST DRIVE	noom/suite)243-8295	
	retum/ termin			G Gross receipts \$	773,566.	
	ated Amend			H(a) Is this a group re		
片	_Ireturn Applic			for subordinates		
_	_Ition pendir	SAME AS C ABOVE		H(b) Are all subordinates in		
	27.076	empt status: 501(c)(3) X 501(c) (6) ((insert no.) 4947(a)(1) c	or 527		list. (see instructions)	
		e: ► WWW.KYGOLF.ORG	<u> 02.</u>	H(c) Group exemption	•	
		organization: X Corporation	I Year		State of legal domicile: KY	
	art I	Summary	<u> </u>	51101111011. 2 57511	Totale of logar dofficito. 222	
_	1	Briefly describe the organization's mission or most significant activities. PROV	IDE AI	DMINISTRATIV	E SERVICES	
Governance		AND SUPPORT TO KENTUCKY'S FAMIL OF GOLF (ORGAN:	IZATIONS. AL	SO TO	
rna	2	Check this box If the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	sets	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	8	
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	0	
Activities &	5	Total number of individuals employed in calendar year 2014 (Part-V,-line-2a)			12	
Ϋ́	6	Total number of volunteers (estimate if necessary)	VED	6	8	
ćţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		၂ပ 7a	1,258.	
-	b	Net unrelated business taxable income from Form 990-T, line 34	2015	[6] 7b	<2,142.>	
Revenue Revenue		8 AUG 1 8	2013	Prior Year	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		42,050.	21,625.	
	9	Program service revenue (Part VIII, line 2g)	에, UL	647,494.	750,649.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	34.	
_ <u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		126,919.	1,258.	
. <u>. </u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		816,484.	773,566.	
i C	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
٠,	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S C	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		486,957.	503,018.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
xpen	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>			
ш	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)		370,705.	277,348.	
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		857,662.	<u>780,366.</u>	
. (0	19	Revenue less expenses Subtract line 18 from line 12		<41,178.	> <6,800.	
Net Assets or Fund Balances			В	eginning of Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)		132,288.	150,914.	
et de	21	Total liabilities (Part X, line 26)	<u> </u>	80.	25,506.	
꾡	22	Net assets or fund balances Subtract line 21 from line 20		132,208.	125,408.	
$\overline{}$	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:			y knowledge and belief, it is	
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare		1 / 1 :	
		Signature of officer		Date	11/15	
Sig				Date		
Her	е	STEVE MCMILLEN, EXECUTIVE DIRECTOR Type or print name and title				
Da!a		Print/Type preparer's name Preparer's sugnitative Property A.S. F. MORRIES		* 11.11. ++		
Paid		DOUGLAS E MORRIS	Dec	Self-elliploy	# P00547659 61-1064249	
Preparer Firm's name DEMING MALONE LIVESAY & OSTROFF PSC Firm's EIN Use Only Firm's address 9300 SHELBYVILLE ROAD SULTE 1100					01-1004247	
USE	OHIY	LOUISVILLE, KY 40222-5187	U	Dhone no / E	02)426-9660	
N/a:	, tha II	RS discuss this return with the preparer shown above? (see instructions)		[FIIOHE HO. (3		
ivia	y trie ii	no discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No	

	990 (2014) KGA-PGA, INC.	61-0941146	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		
	PROVIDE ADMINISTRATIVE SERVICES AND SUPPORT TO KENTUCKY	'C FAMILY OF	
	GOLF ORGANIZATIONS. ALSO TO ORGANIZE GOLF TOURNAMENTS AN		не
	HADICAP SERVICES TO GOLF FACILITIES IN KENTUCKY.	TO OTHER I	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	ana
4a	revenue, if any, for each program service reported. (Code) (Expenses \$	·• •	
70	(Code) (expenses \$) (Nevenue	16.3	
	MANAGEMENT OF KENTUCKY GOLF FOUNDATION		
	-		
4b	(Code) (Expenses \$) (Revenue)
			· · · · · · · · · · · · · · · · · · ·
	MANAGEMENT OF KENTUCKY GOLF ASSOCIATION		
			
4c	(Code) (Expenses \$) (Revenue	ле \$)
	WANTA CEMENTE OF MENTINGWY DOX		
	MANAGEMENT OF KENTUCKY PGA		
			
			
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses	Earm Q	90 (2014)
43200		roill o	(2014)

Form 990 (2014)	KGA-PGA, INC.	61-0941146	P	age :
Part IV Checklis	t of Required Schedules			
•	- 		Yes	No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, 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		X
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		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
		Form	990	(2014

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes,"	İ		
	complete Schedule L, Part II	26		Х
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		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)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	•		
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014)

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	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	, -	ᆜ
		△	Yes	No
1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		-	
р				
С		ĺ	7.	
_	(gambling) winnings to prize winners?	<u>1c</u>	X	
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0		
	filed for the calendar year ending with or within the year covered by this return	12	🚚	
b	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. <u>2b</u>	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		\ .	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	of If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
D	of If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
		5b	+	
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s	5c	+ +	
Va	any contributions that were not tax deductible as charitable contributions?	6a		X
h	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	. <u>Ga</u>	+	- 21
D	were not tax deductible?	6b		
7		<u> </u>	-	
	,	the payor? 7a		
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	'		
•	to file Form 8282?	7c		
d	d If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e		
f		7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	uıred? 7g		
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.			
а	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter.			
а	·			
b	b Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>	+	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	• • • • • • • • • • • • • • • • • • • •	-	+	
а	a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	+	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	, , , , , , , , , , , , , , , , , , , ,			
	organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand		+	X
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		
Q	u ii res, nasit ned a romi rzo to tepott diese payments rir ivo, provide an explanation in schedule O		m 990	(2014)
		1 01		(50 17)

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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.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		-	r
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	3		
	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.			
	Enter the number of voting members included in line 1a, above, who are independent	4		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			,,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X
3	of officers, directors, or trustees, or key employees to a management company or other person?			v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or	-0		Α_
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-'a		
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the 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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_X_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
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?	l i	٠,,	
	The organization's CEO, Executive Director, or top management official	15a	_ <u>X</u>	37
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<u> </u>
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·va	taxable entity during the year?	16a		x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BARBARA PEAK - (502) 499-7255			
	P.O. BOX 18369, LOUISVILLE, KENTUCKY 40261-0369			
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Part VII Comp	pensation of Officers	Directors	Trustees	Key Employees	Highest Compensated	

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	Danken						(D) Reportable	(E) Reportable	(F) Estimated
name and Title	hours per	box	, unle	ss pe	rson	ıs botl	h an	compensation	compensation	amount of
	week	-	ceran	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director		ŀ				the	organizations	compensation
	hours for related	b or d	활			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	1 trus		8	преп		(VV-2/1099-WIGC)		organization and related
	below	gal	tona	l _	ge,	st co	-			organizations
	line)	Indivi	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Form			3
(1) TOM COOKSEY	1.00									
PRESIDENT		X		X				0.	0.	0
(2) KELLY WILLIAMS	1.00	<u> </u>							!	
VICE PRESIDENT		X		X				0.	0.	0.
(3) PETE GARVEY	1.00	}								
DIRECTOR		X		<u> </u>				0.	0.	0
(4) RALPH LANDRUM	1.00									
DIRECTOR		X						0.	0.	0.
(5) DAVE NICHOLAS	1.00							_	_	_
DIRECTOR		X						0.	0.	0
(6) CHRIS OSBORNE	1.00	Į							_	_
DIRECTOR		X						0.	0.	0
(7) JIMMY RIDDLE	1.00	ļ								
DIRECTOR	1 22	X	_		-	-		0.	0.	0
(8) JIM WELLS	1.00	∤								
DIRECTOR	45.00	X	_	_				0.	0.	0
(9) STEVE MCMILLEN	45.00	┨						101 000	_	
EXECUTIVE DIRECTOR	5.00			X				101,880.	0.	0
		┨								
		\vdash	\vdash	_	\vdash					
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] _								
		L	L	L	L	1	L			

Form **990** (2014)

Form **990** (2014)

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2014)

1,258

258

1,258

1,258

750,649

773,566.

432009

d Ali other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Miscellaneous Revenue

11 a CONTRACT SERVICES REVE

Business Code

900099

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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101,880 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 289,539 7 Other salanes and wages Pension plan accruals and contributions (include <u>17,821</u> section 401(k) and 403(b) employer contributions) 59,328. a Other employee benefits 34,450 Payroll taxes 10 Fees for services (non-employees): 11 Management 938. Legal b 5,460 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 37,583. 12 Advertising and promotion 57,858. 13 Office expenses 350 Information technology 14 Royalties 15 52,000 Occupancy 16 22,139 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,142 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 2,388 Depreciation, depletion, and amortization 22 12,941 23 Other expenses. Itemize expenses not covered 24 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 O.) 53,595 HANDICAP EXPENSES 18,009 TOURNAMENT EXPENSES 4,514 PAINT d STAKES 3,814 1,617 All other expenses Total functional expenses. Add lines 1 through 24e 780,366 25 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)

14310804 757979 051301

KGA-PGA, INC.

Pai	rt 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	37,903.	1	89,107.
	2	Savings and temporary cash investments	20,271.	2	20,289.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,907.	4	16,809.
	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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,958.	9	21,292.
	10a	Land, buildings, and equipment, cost or other	<u> </u>		
		basis. Complete Part VI of Schedule D 10a 105,511.			
	ь	Less: accumulated depreciation 10b 102,094.	5,804.	10c	3,417.
	11	Investments - publicly traded securities		11	
	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	41,445.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	132,288.	16	150,914.
	17	Accounts payable and accrued expenses	80.	17	25,506.
	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	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		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	80.	26	25,506.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
3ali	28	Temporanly restricted net assets		28	
臣	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			
þ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	132,208.	32	125,408.
Z	33	Total net assets or fund balances	132,208.		125,408.
	34	Total liabilities and net assets/fund balances	132,288.	34	150,914.

Form **990** (2014)

	990 (2014) KGA-PGA, INC.	61-094	<u> 1146</u>	Pag	ge 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>66.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	780),3	<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<(5,8	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132	<u>2,2</u>	<u>08.</u>
5	Net unrealized gains (losses) on investments	5			
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	129	<u>5,4</u>	<u>08.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	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	О.			
2 a	, , , ,		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	1 _ 1		
	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			٠,,
	Act and OMB Circular A-133?		3a	-	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iirea audit	26		

Form **990** (2014)

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KGA-PGA, INC.

Employer identification number 61-0941146

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	- · · · · · · · · · · · · · · · · · · ·	e used only
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		. Yes No
Par		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	——————————————————————————————————————	torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	' '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	 '
•	year >	3	3
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		_
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue 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 trea		al gaın, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form COO. Part V		> \$
	• •		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 KGA – PGA									5 Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Oth	<u>er Simil</u>	<u>ar Asse</u>	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, checl	any of the	following that	at are a s	significant	use of its	collection	ı ıtems
	(check all that apply).									
а	Public exhibition	C	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how th	ey further tl	he organizati	on's exe	empt purp	ose in Parl	ı XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatıo	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
12	Is the organization an agent, trustee, custod		diany for	contribution	e or other as	eate no	tuncluded			
Ia	on Form 990, Part X?	and of other intermet	dialy ioi	Contribution	is or ourier as	3613 110	rinciaaca		Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	Mowing t						7 162	
b	Tes, explain the arrangement in rait XIII	and complete the it	MOWING I	aule.			[Amount	
_	Beginning balance						1c		Anount	
d	Additions during the year	•			•	•	1d			
u	Distributions during the year					•	1e		•	
•	Ending balance	•				••	1f			
) 2a	Did the organization include an amount on F	orm 990 Part X line	21 for (escrow or ci	istodial acco	ount liah			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII		•				•		1 163	= "
Pai									•	
		(a) Current year	1	rior year	(c) Two yea		(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance	(u) continue	(2).	you.	(6)6)62		(4)	, care baon	(0): 00:	June Duck
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
- e	Other expenditures for facilities									
·	and programs				ļ					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	a. column (a	a)) held as:					
-	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , , ,	%	3 ,(-	-,,					
b	Permanent endowment	%								
_	Temporarily restricted endowment ▶	%								
•	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for	the organi	zation		
	by.								Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•	•		•			•	3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds						
Pai	t VI Land, Buildings, and Equipn				·					
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value
		basis (invest		basis	(other)		preciation		(-)	
1a	Land									
b	Buildings									
С	Leasehold improvements							_		
d	Equipment									
е	Other			10	5,511.		102,0	94.	3	3,417.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur						- 3	3,417.

3,417. Schedule D (Form 990) 2014

432053 10-01-14

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) 2014

	dule D (Form 990) 2014 KGA-PGA, INC.			61-0941146 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per l	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			1
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses pe	r Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
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		• ••	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		7
c	Other losses	2c		7
d	Other (Describe in Part XIII.)	2d		7
e	Add lines 2a through 2d	<u></u>		2e
3	Subtract line 2e from line 1		••••	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1
h	Other (Describe in Part XIII)	4b		7
c	Add lines 4a and 4b	<u> </u>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		•••	5
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4, Part X, line 2; Part XI,
			· · · · · · · · · · · · · · · · · · ·	
		 		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

KGA-PGA, INC.

Employer identification number 61-0941146

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ORGANIZE GOLF TOURNAMENTS AND OVERSEE THE HADICAP SERVICES TO GOLF
FACILITIES IN KENTUCKY.
FORM 990, PART VI, SECTION B, LINE 11:
EXECUTIVE DIRECTOR REVIEWS IN DETAIL. IF ANY CONCERNS ARE NOTED, THEY ARE
BROUGHT TO THE BOARD OF DIRECTORS' ATTENTION.
FORM 990, PART VI, SECTION B, LINE 12C:
THE PRESIDENT AND EXECUTIVE DIRECTOR REVIEW THE POLICY QUARTERLY TO ENSURE
COMPLIANCE.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY COMPARABILITY DATA AND IS
REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY. THE EXECUTIVE DIRECTOR ALSO
HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PERMITS 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

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

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

entity

foreign country)

of disregarded entity

Employer identification number 61-0941146Direct controlling End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Primary activity <u>a</u> INC. Name, address, and EIN (if applicable) KGA-PGA Name of the organization Part 1

Part II Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year.	ganizations Complete if the organization ar	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one o	r more related tax-exem	ıpt	
(a)	(q)	(0)	(p)	(e)	E	(b) (c)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	Z(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	entity?	٤
KENTUCKY GOLF FOUNDATION - 02-0661784	TO PROMOTE GOLF IN						
1116 ELMORE JUST DRIVE	KENTUCKY AND PROVIDE FREE						
LOUISVILLE, KY 40245	GOLF INSTRUCTION TO YOUTH	KENTUCKY	501(C)(3)	4	KGA-PGA, INC.	×	
KENTUCKY GOLF ASSOCIATION - 23-7150508	ORGANIZE AND CONDUCT						
1116 ELMORE JUST DRIVE	VARIOUS STATE AMATEUR GOLF						
LOUISVILLE, KY 40245	TOURNAMENTS	KENTUCKY	501(C)(6)				×
KENTUCKY SECTION PGA - 61-0719612							
1116 ELMORE JUST DRIVE	CONDUCT GOLF TOURNAMENTS						
LOUISVILLE, KY 40245	FOR THE COMMUNITY	KENTUCKY	501(C)(6)				×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2014

61-0941146 Page 2

Schedule R (Form 990) 2014 KGA-PGA, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	1	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	•	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Ox managing Ulle partner? 65) Yes No	Perc	(k) entage nership
						:							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpo	ration or Trust Co	emplete if the	e organizatior	n answered "	res" on Form	990, Part I	V, line 34	because it ha	d one or n	nore rela	ated
(a) Name, address, and EIN of related organization	NIE.	Primi	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	1 - 1	Section 512(b)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)
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													_
432162 08-14-14				23						Schec	Schedule R (Form 990) 2014	nm 990)	2014

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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, of IV of this schedule					res. No	9
1 Dunng the tax year, did the organization engage in any of the following transaction	ins with one or more re	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıty			19		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan guarantees to or for related organization(s)				14	_	×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)						×
				Ş		>
				27 :		4 :
h Purchase of assets from related organization(s)				Ę		.
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
				;	>	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	4	:
 Performance of services or membership or fundraising solicitations for related organization(s) 	janization(s)			=	1	×I:
 Performance of services or membership or fundraising solicitations by related organization(s) 	janization(s)			ξ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			£	\dashv	×
 Sharing of paid employees with related organization(s) 				9	×	
					;	
p Reimbursement paid to related organization(s) for expenses				<u>e</u>	×	
 Reimbursement paid by related organization(s) for expenses 				19	×	
				+		Þ
				= 4		4
				2	4	
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 the	is line, including covered	relationships and transaction thresholds.			ĺ
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) KENTUCKY GOLF FOUNDATION	×	52,000.LEASE	LEASE AGREEMENT			
(2) KENTUCKY GOLF FOUNDATION	0	94,738.	• AGREEMENT			
(6)						
(5)						
(9)						
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Schedule R (Form 990) 2014 KGA-PGA, IN

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

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

(a)	ĝ (a)	(3)	6	(e)	9	()	3	9	8	3
Name, address, and EIN of entity	Primary activity	micile	t incomi related,	Partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropr- Code V-UBI General or Percentage Uniate amount in box 20 managing ownership allocations? of Scharffulls (2.1 partner?)	General o managing partner?	Percentage ownership
		country)	sections 512-514) Yes	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2014

Schedule F	R (Form 990) 2014	<u>KGA-PGA,</u>	INC.	61-0941146 Page 5
Part VII	R (Form 990) 2014 Supplemental Info	rmation		
	Provide additional inform	nation for response	s to questions on Schedule R (see instructions)	
	1 TOVICE ACCITIONAL INTOM	nation for response	s to questions on ochequie A (see instructions)	
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Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

Application Return Is For Application Return Code Is For Code Is For Code Form 990 or Form 990 EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11	If you are	e filing for an Automatic 3-Month Extension, complete	e only Par	t I and check this box					
Electronic filling (e-file). You can electronically file Form 8888 it you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990 T), or an additional find studentials 3 month extension of time. You can electronically file Form 8888 to request an extension of time to file any of the forms files for file forms and the file forms and the file forms and the file forms and the file forms and f	If you are	e filing for an Additional (Not Automatic) 3-Month Ext	ension, co	omplete only Part II (on page 2 of the	nis form).				
required to file Form 990-T), or an additional front automatic) 3-month extension of time. You can electronically file Form 8986 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 9970, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRSI in paper format (see instructions). For more details on the electronic filing of this form, ideal wowlys.gov/effile and click on e-rifle for Charilles & Nanprofits. Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only and other corporations (including 1/120-C filers), partnerships, REMICS, and fusis must use Form 7004 to request an extension of time to file forches fax returns. Enter filer's Identifyting number (Elimitation of the filer, see instructions. Enter filer's Identifyting number (Elimitation of the filer, see instructions. KGA-PGA, INC. KGA-PGA, INC. KGA-PGA, INC. KGA-PGA, INC. Without or post offices, sate, and ZIP or part of the return that this application is for (file a separate application for each return) COULSVILLE, KY 40245 Enter the Return code for the return that this application is for (file a separate application for each return) Application Better Code is Form 990 or Form 990 EZ Code is Form 990 or Form 990 EZ Code is Form 6009 Form 990 Form 990 Form 990 EZ On 1041-A Form 990 Form 0441-A Form 990 For	Do not com	plete Part II unless you have already been granted a	n automat	ic 3-month extension on a previously	y filed Fon	m 8868.			
thins to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IIISIN paper format (see instructions). For more details on the electronic filling of this form, relative www.is.gov/effile and click on e-file for Charities & Nonzorlis. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acoproration required to file Form 8901 and requesting an automatic 6-month extension - check this box and complete Part I only White copporations (including 1120-C fileral), perinerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Interest the return of the extension of time to file income tax returns. Interest the return of exempt organization or other filer, see instructions. Finding year. Interest the Return code for the return that this application is for (file a separate application for each return) Interest the Return code for the return that this application is for (file a separate application for each return) Application Interest the Return code for the return that this application is for (file a separate application for each return) Application Interest the Return code for the return that this application is for (file a separate application for each return) Application Interest the Return code for the return that this application is for (file a separate application for each return) Application Interest the Return code for the return that this application is for (file a separate application for each return) Interest the Return code for the return that this application is for (file a separate application) Interest the Return code for the return that this application is for (file a separate application) Interest the Return code for the return that this application is for file as a separate application for each return) Interest the Return code for the return that this application	Electronic	filing (e-file) . You can electronically file Form 8868 if yo	ou need a	3-month automatic extension of tim	e to file (6	months for a co	rporation		
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March Mar	1	Name of exempt organization of other mer, see instruc	cuons.		Elibiolei	identification nu	imber (EIN) or		
Number, street, and room or suite no. If a P.O. box, see instructions. 116 ELMORE JUST DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions LOUISVILLE, KY 40245 Enter the Return code for the return that this application is for (file a separate application for each return) Application Application Application Application Application Code Is For Code Form 990 or Form 990 EZ O1 Form 990-T (corporation) O2 Form 1041-A O3 Form 4720 (individual) O3 Form 990-T (corporation) O4 Form 5227 O5 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 990-T (sec. 401(a) or 408(a) trust) O6 Form 990-T (trust other than above) O6 Form 890-T (trust other than above) O6 Form 890-T (trust other than above) O7 Form 990-T (trust other than above) O7 Form 990-T (trust other than above) O8 Form 890-T (trust other than above) O8 Form 890-T (trust other than above) O9 Form 890-T (orint	ra pa Tua				C1 0041	1 4 6		
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Form 4720 (individual) O3 Form 4720 (either than individual) O6 Form 990-PF O7 990-PF O7 990-PF O8 Form 6069 O8 Form 8870 O9 O9 Form 8870 O9 O9 Form 8870 O9 O9 O9 Form 8870 O9 O9 O9 O9 O9 O9 O9 O9 O9 O9 O9 O9 O9 O	Form 990	or Form 990 EZ	01	Form 990-T (corporation)			07		
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If the organization does not have an office or place of business in the United States, check this box			<u>, </u>						
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check the box			s in the Hr				\mathbf{L}		
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above. It is for the organization's return for: X calendar year 2014 or ANAY 1 1 201 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estmated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.							. P L		
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