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EXTENDED TO NOVEMBER 15, 2017

632001 11-11-16

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 Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	2016 calendar year, or tax year beginning	and e	ending			
В	Check if applicable	C Name of organization GEORGIA SECTION PGA OF			D Employer identific	ation number	
	Addres: change	AMERICA, INC.					
	Name change	Doing business as			58-10	089016	
	Initial return	Number and street (or P.0 box if mail is not del	E Telephone number				
L	Final return/ termin-	590 WEST CROSSVILLE RD	, NO. 204		678-4	161-8600	
_	ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,774,047.	
Ļ	return	ROSWELLI, GA 30073	HARL DAILL		H(a) Is this a group re		
L.,	tion pending	I F Name and address of principal officer PLC	NAEL PAULL		for subordinates		
_	Tayloyo			or 527	H(b) Are all subordinates in		
		mpt status		JI 321	H(c) Group exemption	list (see instructions)	
			sociation Other	I Year		State of legal domicile: GA	
		Summary		12			
_	$T \rightarrow T$	Briefly describe the organization's mission or most	significant activities SEE S	SCHED	JLE O		
Activities & Governance	· }	, ,					
rna	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispos	sed of mor	e than 25% of its net as	sets	
Š	3 1	Number of voting members of the governing body	(Part VI, line 1a)		3	16	
. O	4 1	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	16	
Ses	5	otal number of individuals employed in calendar y	/ear 2016 (Part V, line 2a)		5	9	
) <u> </u>	6	otal number of volunteers (estimate if necessary)			6	50	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Total unrelated business revenue from Part VIII, co	,		7a	7,800.	
<u>_</u>	b	Net unrelated business taxable income from Form	990-T, line 34		7b	0.	
Service -		Sentular transport (Dort VIII time 41)		-	Prior Year 300.	Current Year 1,200.	
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		~~~~ 	1,634,494.	1,675,272.	
(A) \$	10	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		44,216.	6,571.	
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			8,455.	7,915.	
		Total revenue - add lines 8 through 11 (must equal			1,687,465.	1,690,958.	
		Grants and similar amounts paid (Part IX, column (11 11	ų K	3,200.	580.	
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	400,230.	408,779.	
Fxnenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	, L	0.	<u> </u>	
Ž	b .	Fotal fundraising expenses (Part IX, column (D), lin		0.		1 346 654	
	17	Other expenses (Part IX, column (A), lines 11a-11d		<u> </u> _	1,265,598.	1,319,871.	
		Total expenses Add lines 13-17 (must equal Part		<u> </u> -	1,669,028.	1,729,230.	
		Revenue less expenses Subtract line 18 from line	12		18,437.	<38,272.>	
ets or	20 20	Fotal accets (Part V. line 16)		₽	eginning of Current Year 1,187,925.	End of Year 1,208,945.	
t Assets	20 21	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		-	330,300.	374,537.	
Net		Net assets or fund balances Subtract line 21 from	line 20	-	857,625.	834,408.	
Ī		Signature Block	Time 20		<u> </u>	001,1001	
		ties of perjury, I declare that I have examined this return.	mcluding accompanying schedule	s and stater	ments, and to the best of m	y knowledge and belief, it is	
		t, and complete Declaration of preparer other than offici				•	
_		Michael A. V.					
Sı	gn	Signature of officer			Date		
Н	ere	MICHAEL PAULL, EXEC. D	IRECTOR		11/3/17		
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN	
Pa	aíd	Akto Erick and a contra	,	,	ıf self-employe	ed ed	
Pr	eparer	Firm's name			Firm's EIN		
U	se Only	Firm's address					
_		·			Phone no.		
М	ay the IF	RS discuss this return with the preparer shown ab-	ove? (see instructions)			Yes No	

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

Yes ______ Form 990 (2016)

	GEORGIA SECTION PGA OF	
	n 990 (2016) AMERICA, INC. 58-1089016	Page 2
Pai	Int III Statement of Program Service Accomplishments	(T
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission SEE SCHEDULE O	X
2		X No
3		X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	;
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported	and ————
4a	TOURNAMENTS: AS PART OF GEORGIA SECTIONS MISSION TO PROMOTE THE GASOF GOLF, WE CONDUCTED OVER ONE HUNDRED GOLF TOURNAMENTS THIS YEAR WE THOUSANDS OF PARTICIPANTS THROUGH THE STATE OF GEORGIA, INCLUDING TOURNAMENTS THE GEORGIA SENIOR OPEN, AND GEORGIA WOMEN'S OPEN.	ITH
4b	(Code) (Expenses \$	
	PROFESSIONALS ARE EXPERT INSTRUCTORS AND COMMUNITY LEADERS WHO HELP PROVIDE AFFORDABLE AND ACCESSIBLE GOLF TO EVERYONE, EVERYWHERE WITH	
	THE STATE OF GEORGIA. GEORGIA SECTION PROVIDES EDUCATIONAL PROGRAM	S TO
	ENSURE THAT GOLF PROFESSIONALS WILL REMAIN AT THE FOREFRONT OF THE PROVIDING ENJOYMENT TO MANY FOR GENERATIONS TO COME.	GAME
4c	(Code) (Expenses \$	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	

632002 11-11-16

Form **990** (2016)

4e Total program service expenses ▶

Form 990 (2016) AMERICA, INC.
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		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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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, 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	<u> </u>
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		1	۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	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		Х
	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			
45	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	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
40	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	1		X
	Company Company at the Company of th	19 Form	990	(2016)
		. 5111		(=0.10)

GEORGIA SECTION PGA OF AMERICA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		
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		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	. '		v
	Schedule K If "No", go to line 25a	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ا ۱		ŀ
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25		l
	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			i
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056	}	
	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	x
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 43
27	-	į	[l
	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		\vdash	 -
26	instructions for applicable filing thresholds, conditions, and exceptions)		ļ	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	χ̈́
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	\vdash	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		 	 -
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>	\vdash	
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?		<u> </u>	
	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	L	Х
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	l
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-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	L
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_	L	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_	Х	<u> </u>
		Гаша	000	(2016)

Form :	990 (2016) AMERICA, INC. 58-1089	016	Р	age 5
Par				
	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 171			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	- [
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			Ι ΄
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9	- 1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	'
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	1
	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	
	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		Х
	If "Yes," enter the name of the foreign country			abla
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 55	_	
Va	any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 00	\vdash	
D	were not tax deductible?	6b	ĺ	
-		- 60	 	├
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Ì	1
a		7b		┼
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	├─	┼
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	٦.		l
	to file Form 8282?	7c	├	┼─
	If "Yes," indicate the number of Forms 8282 filed during the year			1
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. 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.	١_		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		——
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├—	┼
10	Section 501(c)(7) organizations. Enter		l	[
а	Initiation fees and capital contributions included on Part VIII, line 12	ł	ſ	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1]
11	Section 501(c)(12) organizations. Enter		}	1
а	Gross income from members or shareholders	ł	1	}
b	Gross income from other sources (Do not net amounts due or paid to other sources against	(ļ	1
	amounts due or received from them)	Į	l	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1]	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		ļ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l		Į
	organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	n 990	(2016

Page 6

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

	Chapter Cabadula Chaptering a regression as state to any line in this Dat 18			X		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management		 -¬			
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 16					
	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 16					
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?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
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					
<i>,</i> a	more members of the governing body?	7a	Х			
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>				
D	* -	7b	х			
_	persons other than the governing body?	10		├		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		χ̈	(
а	The governing body?	8a	X	├		
þ	Each committee with authority to act on behalf of the governing body?	8b		 -		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		Ì	٠,		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ــــــــــــــــــــــــــــــــــــــ	X		
<u>Sec</u>	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	<u> </u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	i	<u> </u>	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
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	<u> </u>	X		
b	147 Control of the state of the second because of the declarate many the second that so the second s	12b				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
Ŭ	In Schedule O how this was done	12c	ļ	1		
13	Did the organization have a written whistleblower policy?	13	_	X		
	Did the organization have a written document retention and destruction policy?	14		X		
14	·	 -	1-	 		
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		x	-		
а	The organization's CEO, Executive Director, or top management official	15a	 ^	X		
b	Other officers or key employees of the organization	15b	├	 ^		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	}	1			
	taxable entity during the year?	16a	L	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		l			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's]		l		
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>		
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
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)	avaılal	ole			
	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)					
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial			
19	statements available to the public during the tax year	- m (Ci)	.0141			
	State the name, address, and telephone number of the person who possesses the organization's books and records					
20	THE GEORGIA SECTION CONTROLLER - 561.624.8400					
	300 AVE OF CHAMPIONS #205, PALM BCH GARDENS, FL 33418					
_	JUU AVE OF CHAMPIONS #203, FALM BCH GARDENS, FU 33410					

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

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

- 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)	(B)			_ (0				(D)	(E)	(F)	
Name and Title	Average	(40	not c	Posi	tion	than	nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	n an	compensation	compensation	amount of	
	week	-	cer an	dad	irecto	r/trus	tee)	from	from related	other	
	(list any	recto	ŀ					the	organizations	compensation	
	hours for related	or d	aa			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	Indiwdual trustee or director	institutional trustee		99/	ngu		(VV-2/1099-WIISC)		organization and related	
	below	dualt	ntiona		,oldr	st cor				organizations	
	line)	nd in	Institu	Officer	Key employee	Highest compensated employee	Former				
(1) CARY BROWN	1.00							<u> </u>			
CENTRAL CHP PRESIDENT		Х			ì	\		0.	0.	0	
(2) MATTHEW EVANS	1.00										
DIRECTOR		Х						0.	0.	0	
(3) JEFF DUNOVANT	1.00				Г						
DIRECTOR		X			1	Ì		0.	0.	0	
(4) DANA SCHULTZ	1.00	Π									
EAST CHP PRES/SEC/TRES		X			<u></u>			0.	0.	0	
(5) JORDON ARNOLD	1.00										
NORTH CHP PRES/SEC/TRES		X						0.	0.	. 0	
(6) BRIAN CONLEY	1.00				l						
DIRECTOR		Х				L.		0.	0.	0	
(7) SHAWN KOCH	1.00	<u> </u>			ļ	!				_	
DIRECTOR		X		<u> </u>	<u> </u>	oxdot		0.	0.	0	
(8) TODD ORNSBY	1.00	l			İ	ľ					
DIRECTOR		X			L_	<u>L</u>	_	0.	0.	0	
(9) RASHAD WILSON	1.00	.				l	1	1		_	
DIRECTOR		X	_		<u> </u>	L	_	0.	0.	0	
(10) SCOTT HARE	1.00	١.,			l						
DIRECTOR		X	_	_	<u> </u>	╙		0.	0.	0	
(11) MARK LAMMI	2.00	Ì.,				1	Ì	1			
DIRECTOR		X	<u> </u>	_	<u> </u>	ļ.,	_	0.	0.	0	
(12) WILL BARTRAM	1.00	۱.,					1			_	
DIRECTOR	4 00	X	₩	<u> </u>	<u> </u>	▙	ㄴ	0.	0.	0	
(13) BRANDON STOOKSBURY	4.00	1	1	Į						l ,	
SECRETARY/TREASUER		 	┡	X	<u>L</u>	<u> </u>	<u> </u>	. 0.	0.	0	
(14) MARK MONGELL	4.00	1	l	٦,						_	
HONORARY PRESIDENT		├	₩	X	⊢		L	0.	0.	0	
(15) JOHN GODWIN	4.00	-						0.	_	^ ا	
VICE PRESIDENT	4.00	├	├-	Х	⊢	-	-	ļ	0.	0	
(16) BRIAN ALBERTSON	4.00	ł		х	ĺ			0.	0.		
PRESIDENT (17) MICHAEL PAULL	60.00	├-	\vdash	┞╧	⊢	₩	├-	ļ	<u> </u>	0	
EXECUTIVE DIRECTOR	00.00	1		x		1		111,914.	0.	30 105	
632007 11-11-16	<u></u>	L	<u> </u>	Λ	_	<u>L_</u>		111,914.		30,195 Form 990 (201	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average	(40		Pos				(D) Reportable	(E) Reportable		Es	(F) stimate	ed
	hours per	ю́ох	not check more than one t, unless person is both an cer and a director/trustee)			ıs bot	h an	compensation compensati			amount of		
	week (list any	\vdash	Cer an	uau	mecte	Jiraus	100)	from	from related			other	
	hours for	direct				, D		the organization	organizations (W-2/1099-MIS			pensa om th	
	related	stee or	ustee			ensate		(W-2/1099-MISC)	(anızat	
	organizations below	al trus	onal tr		loyee	comp ec						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
		늘	=	<u>-</u>	¥	Ξ -5	Œ						
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		L											
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		┢	┼		┝	-	_	 -					
		ł											
1b Sub-total		<u> </u>		<u> </u>	<u> </u>		—	111,914.		0.	3	0,1	95.
c Total from continuation sheets to Part V	II, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)					_		<u> </u>	111,914.		0.	3	0,1	95.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable	е			_
compensation from the organization					-				1.7 . ·			V	1
3 Did the organization list any former officer,	director or tri	ıcto	م اده	01	male		٥,	highoot componented o		ı	-	Yes	No
line 1a? If "Yes," complete Schedule J for s			e, ne	y ei	прк	учее	, Oi	riignest compensated e	mployee on		3		x
4 For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15									o organization		4	-	Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	irom	any	y unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	nplete Schedul	e J	for s	uch	per	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation '	from	
the organization Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	Itnii	n the organization's tax	year T			<u> </u>	
Name and business	address	N	ONI	3				Description of s	ervices	С)) ompe		n
	'						\neg			-	` _		
							႕						
							\dashv						
2 Total number of independent contractors (including but r	ot I	mıte	d to	tho	se li	stec	d above) who received in	nore than				
\$100,000 of compensation from the organi						0							
												000	

15211103 791870 GEORGIA

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under sections 512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 10 d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,200 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1,200 Business Code 2 a TOURNAMENT REVENUE Program Service Revenue 900099 804,926, 280,749. 804,926 SPONSORSHIP REVENUE 900099 280,749. c MEMBERSHIP DUES 900099 229,395. 229,395 d ADP - FUNDING 900099 217,495. 217,495. HANDICAP REVENUE 900099 64,260. 64,260. All other program service revenue 900099 78,447. 78,447. Total. Add lines 2a-2f 675,272. Investment income (including dividends, interest, and other similar amounts) 5,906. 5,906. Income from investment of tax-exempt bond proceeds 5 Royalties 115. 115.(i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other assets other than inventory 83,754 Less cost or other basis 83,089 and sales expenses c Gain or (loss) 665 d Net gain or (loss) 665. 665. 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADVERTISING REVENUE 541800 7,800 7,800. d All other revenue e Total. Add lines 11a-11d 7,800. Total revenue See instructions. 690,958.1,394,523. 7,800. 632009 11-11-16 Form 990 (2016)

Part IX Statement of Functional Expenses									
Section	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								
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	580.		<u> </u>	,				
2	Grants and other assistance to domestic	ļ							
	individuals See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign			İ					
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members			ļ					
5	Compensation of current officers, directors,	140 110							
	trustees, and key employees	142,110.							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
~	persons described in section 4958(c)(3)(B)	193,582.		 					
7	Other salaries and wages Pension plan accruals and contributions (include	193,362.		 	 -				
8	section 401(k) and 403(b) employer contributions	18,668.							
9	Other employee benefits	31,472.							
10	Payroll taxes	22,947.		 					
11	Fees for services (non-employees)	22/31/1		 					
· ·	Management								
b	Legal			 					
c	Accounting								
d	Lobbying	7,200.							
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees	4,831.							
g	Other (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch 0)	20,108.							
12	Advertising and promotion	15,129.							
13	Office expenses	24,546.							
14	Information technology		·	<u></u>					
15	Royalties			ļ					
16	Occupancy	9,565.		ļ					
17	Travel	203,321.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials			 	ļ				
19	Conferences, conventions, and meetings	2 111			ļ				
20	Interest	2,111.	 	<u> </u>					
21	Payments to affiliates	37,856.		 					
22	Depreciation, depletion, and amortization	16,603.		 	 				
23	Insurance Other expenses Itemize expenses not covered	10,003.		 					
24	above. (List miscellaneous expenses in line 24e. If line				Į.				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			:					
а	TOURNAMENT PRIZES	607,196.		 					
h	TOURNAMENT OPERATIONS	238,341.		 	 				
c	PROCESSING FEES	36,518.							
d	FOOD AND BEVERAGE	31,287.							
-	All other expenses	65,259.	 	 					
25	Total functional expenses. Add lines 1 through 24e	1,729,230.							
26	Joint costs Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.			1					
	Check here tf following SOP 98-2 (ASC 958-720)			1	1				

Form **990** (2016)

15211103 791870 GEORGIA 2016.04020 GEORGIA SECTION PGA OF AMER GEORGIA1

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet	-		
	Check if Schedule O contains a response or note to any line in this Part X			T
		(A)		(B)
		Beginning of year		End of year
1	Cash · non-interest-bearing	88,112.	1	120,752
2		72,325.	2	404,913
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	97,669.	4	103,972
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			•
ء ا	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	=		
S1955H 7	employees' beneficiary organizations (see instr) Complete Part II of Sch L	055 005	6	
2 7 2 3	Notes and loans receivable, net	257,996.	7	258,996
` 8	Inventories for sale or use	1 000	8	
9	Prepaid expenses and deferred charges	1,966.	9	902
"	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 675,541.	. 250 004	_	* * * * * * * * * * * * * * * * * * * *
	b Less accumulated depreciation 10b 357,131.	352,821.	10c	318,410
11	Investments - publicly traded securities	316,036.	11	
12	Investments - other securities See Part IV, line 11		12	
14	Investments · program-related See Part IV, line 11 Intangible assets		13	
1		1 000	14	
15 16	Other assets See Part IV, line 11	1,000.	15	1,000
17	Total assets. Add lines 1 through 15 (must equal line 34)	1,187,925.	16	1,208,94
18	Accounts payable and accrued expenses Grants payable	68,204.	17	122,482
19	Deferred revenue	100 500	18	405 40
20	Tax-exempt bond liabilities	192,589.	19	195,433
21	· L		20	
	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
22				
22	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		-	
23	L	60 507	22	<u> </u>
24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	69,507.	23	56,622
25	Other liabilities (including federal income tax, payables to related third		24	
-	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D			
26	Total liabilities. Add lines 17 through 25	330,300.	25	274 525
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	30,300.	26	374,537
.	complete lines 27 through 29, and lines 33 and 34.		ı	
27 28 29 30 31 32	Unrestricted net assets			ē
28	Temporarily restricted net assets		27	
29	Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117 (ASC 958), check here		_29	
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.		
31	Paid-in or capital surplus, or land, building, or equipment fund	15,219.	30	15 210
32	Retained earnings, endowment, accumulated income, or other funds	842,406.	31	15,219
33	Total net assets or fund balances	857,625.	32	819,189
34	Total liabilities and net assets/fund balances	1,187,925.	33	834,408
	and not doubtonaria balances	1,101,343.	34	1,208,945

Form **990** (2016)

GEORGIA SECTION PGA OF AMERICA, INC.

Form	990 (2016) AMERICA , INC	58-108	39016	Pa	ge 12
Pa	t 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	1,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,72		
3	Revenue less expenses Subtract line 2 from line 1	3			72.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			25.
5	Net unrealized gains (losses) on investments	5	1	4,0	55.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1,0	00.
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	83	4, <u>4</u>	08.
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>
				Yes	No
1	Accounting method used to prepare the Form 990		- 1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			_ ;
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis			٠.	
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 separa	te 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	ne audıt,		Ça `	
	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	μ.	۲.	
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L_

632012 11-11-16

SCHEDULE_C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III			
	ne of organization GEORGIA	SECTION PGA OF		En	nployer identification number
	AMERICA	, INC.			58-1089016
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527	organization.
					
1	Provide a description of the organi	zation's direct and indirect politic	al campaign activities i	ın Part IV	
2	Political campaign activity expendi	tures		•	\$
3	Volunteer hours for political campa	ign activities		-	
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?	•	,		Yes No
t	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 50	01(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	> \$
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities		3	_	> \$
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here a	and on Form 1120-POL		
	line 17b			· •	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5			N) of all section 527 pc	olitical organizations to w	
•	made payments For each organiza				
	contributions received that were p				•
	political action committee (PAC) If		, ,		5 5
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
	(a) Name	(5) / 1201035	(0, 2)	filing organization's	· _ · _ · _ · _ · _ · _ · _ · _
			1	funds If none, enter	.0. promptly and directly
					delivered to a separate
					political organization If none, enter -0-
_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					1
		 		 	
		 		 	
			<u> </u>	 	
				 	
		1			

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

GEORGIA SECTION PGA OF

Schedule C (Form 990 or 990 EZ) 2016	AMERI	CA, IN	IC.		58-	1089016 Page 2
Part II-A Complete if the org section 501(h)).	anızatı	on is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
	tion belon	ge to an aff	iliated aroun (and list	in Dort IV and affiliated		
expenses, and shar	e of even	ys to an an ee lobbung	avnonditures)	in Part IV each affiliated	group member's na	me, address, EIN,
			experiolitures) nd "limited control" pr			
		bying Expe		ovisions apply	(a) Filing	(b) Affiliated group
			ınts paid or incurred	l.)	organization's totals	totals
1a Total lobbying expenditures to influ	ience pub	ilic opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	ience a le	gislative bo	dy (direct lobbying)	Ī		
c Total lobbying expenditures (add Iii	nes 1a an	d 1b)		Γ		
d Other exempt purpose expenditure	es			Ī		†
e Total exempt purpose expenditures	s (add line	s 1c and 1d	d)	Ī		
f Lobbying nontaxable amount Ente				th columns	· · · ·	
If the amount on line 1e, column (a) or			bying nontaxable an			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
Over \$17,000,000	300,000	\$1,000,		<u> </u>		
		Ψ1,000,				
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zero		· ·		-		
i Subtract line 1f from line 1c If zero	,			F		
j If there is an amount other than zer			line 1. did the organia	zation file Form 4720		<u> </u>
reporting section 4911 tax for this			into 11, did the organiz	cation the Form 4720		
reporting decision for the text of this	7001	4-Year Av	eraging Period Under	r section 501(h)		Yes No
(Some organizations th	at made	a section 5	01(h) election do not	t have to complete all o	f the five columns	helow
			ate instructions for li		· are rive columns	Delow.
				ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lohbung pantayahla amaunt						
2a Lobbying nontaxable amount				 		
b Lobbying ceiling amount (150% of line 2a, column(e))						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount			-			
(150% of line 2d, column (e))						
, , , , , , , , , , , , , , , , , , ,				 		
f Grassroots Johnwan avnandituras						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 AMERICA, INC.

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b))
of the	lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				1
а	Volunteers?		<u> </u>		1
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?	_			
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		l		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			·	
i	Other activities?				
j	Total Add lines 1c through 1i				
_	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	ar? 3		X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No," C	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).		l l		
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	P	4	l I	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
_	t IV Supplemental Information			·	
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground	in list) Part	II.A lines 1	and 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	p 1151), 1 art	II A, III 103 1	and 2 (See	
111511	actions), and Fart ind, line in Also, complete this part for any additional information				
			<u> </u>		
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.

GEORGIA SECTION PGA OF

Emplo

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** AMERICA, INC. 58-1089016

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on 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 e	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	• • •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year •		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe- violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	to morning, inspecting,	, mandling of violations, and emoleting cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	▶ \$	and an ordinations, and amoroting period.	ation outsine during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, .,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$
ιцΛ	For Paperwork Peduction Act Notice see the Instruction	o for Earm 000	Schodulo D (Form 000) 2016

GEORGIA SECTION PGA OF AMERICA, INC.

Sche	dule D (Form 990) 2016 AMERICA					_		<u>58-10</u>	89016 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	ar Asse	ts (continued)
3	Using the organization's acquisition, accessing	on, and other record	ls, check	any of the	following tha	t are a s	ignificant	use of its	collection items
	(check all that apply)								
а	Public exhibition	c	·	_oan or excl	hange progra	ams			
b	Scholarly research	e	. [_](Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizati	on's exe	mpt purp	ose in Par	XIII
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er sımılaı	r assets		
	to be sold to raise funds rather than to be ma							<u> </u>	Yes No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not	included		_
	on Form 990, Part X?							L_	」Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able					
									Amount
C	Beginning balance						1c	<u> </u>	
d	Additions during the year						1d	Ļ	
е	Distributions during the year						1e	<u> </u>	
f	Ending balance						_1f	L	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabi	lity?	L_	」Yes No
b	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on Fo					
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities					1			
	and programs		<u> </u>			_			
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	and administe	ered for t	the organi	ızatıon	
	by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	•)				3b
4	Describe in Part XIII the intended uses of the		owment	funds					
Pa	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	√, line 11a S	See Form 990	D, Part X	, line 10		
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) A	ccumulat	ed	(d) Book value
		basis (invest	ment)	basis	(other)	de	preciation	<u> </u>	
1a	Land								
b	Buildings			47	2,046.		222,5	36.	249,510.
С	Leasehold improvements								
đ	Equipment				5,498.		30,5		4,923.
е	Other			16	7,997.		104,0	20.	63,977.
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colur	mn (B), line	10c)			>	318,410.

AMERI	$C\Delta$	INC
THILLY	Cr.	T14 C 4

58	3 – 1	10	89	9 0	1	6	Page	3
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a) Description of security or category (including name of security)	(b) Book value	line 11b See Form 990		nd-of-year market value
Financial derivatives	(1)	(0)	14.24.1.1.1.200(0) 01	ia or your market value
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)	 			
(E)				
(F)				
(G)	·			
(H) _				
al (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.	·			
Complete if the organization answered "Yes" of	on Form 000 Dart IV	line 11e See Form 000	Dort V Inc. 12	
(a) Description of investment	(b) Book value			nd-of-year market value
	(2) 2001 74100	(0) (1100 01	<u> </u>	id or your market value
(1)			···	
(2)				
(3)				
(4)				
(5)				
(6)	 -			
(7)				
(8)				
(9)	 			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX Other Assets.	F 000 D+ N		2 D- AV 1 45	
Complete if the organization answered "Yes" (a) [on Form 990, Part IV Description	, line 11d See Form 990	J, Part X, line 15	(b) Book value
	zeachphon			
				(b) Book value
(1)				(b) BOOK value
(2)				(b) BOOK Value
(2)				(D) DOOK VAIDE
(2) (3) (4)				(U) DUOK VAIUE
(2) (3) (4) (5)				(U) DUOK VAIUE
(2) (3) (4) (5) (6)				(D) DOOK VAILE
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6)				(D) BOOK VAIGE
(2) (3) (4) (5) (6) (7) (8) (9)				(U) DOOK VAILE
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line	2 15)			(U) DUOK VAILLE
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.		, line 11e or 11f See Fo (b) Book value	rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV		rm 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV	(b) Book value		25

	t VI Poponoilistics of Povonus per Audited Financial Ct	atamanta With Davin	28-1089016	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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	1.1		
_	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	. , ,	2c		
d	Other (Describe in Part XIII)			
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	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_ C		• 1	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	•	nses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a		
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		2c		
d		_2d		
е	•		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	1 1	
а		4a		
b	·	4b		
_				
С			4c	
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	4c 5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.		5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
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Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
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Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part IV, lines 1b and 2b,	5	XI,

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.irs.gov/form990.

GEORGIA SECTION PGA OF

Emplo

Open to Public Inspection

OMB No 1545-0047

AMERICA, INC.

Employer identification number 58-1089016

30 100 010
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE THE ENJOYMENT & INVOLVEMENT IN THE GAME OF GOLF AND TO
CONTRIBUTE TO THE GROWTH OF THE GOLF PROFESSIONAL AND THE GOLF
INDUSTRY. THE GEORGIA SECTION WILL ACCOMPLISH THIS MISSION BY
ENHANCING THE SKILLS OF THE GOLF PROFESSIONALS AND PROMOTING THE
OPPORTUNITIES FOR AMATEURS, MANUFACTURERS AND THE GENERAL PUBLIC. AS A
RESULT, THE GEORGIA SECTION WILL ELEVATE THE STANDARDS OF THE
PROFESSIONAL GOLFERS VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF,
AND PROMOTE THE OVERALL VITALITY OF THE GAME.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE THE ENJOYMENT & INVOLVEMENT IN THE GAME OF GOLF AND TO
CONTRIBUTE TO THE GROWTH OF THE GOLF PROFESSIONAL AND THE GOLF
INDUSTRY. THE GEORGIA SECTION WILL ACCOMPLISH THIS MISSION BY
ENHANCING THE SKILLS OF THE GOLF PROFESSIONALS AND PROMOTING THE
OPPORTUNITIES FOR AMATEURS, MANUFACTURERS AND THE GENERAL PUBLIC. AS A
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PROFESSIONAL GOLFERS VOCATION, STIMULATE INTEREST IN THE GAME OF GOLF,
AND PROMOTE THE OVERALL VITALITY OF THE GAME.
FORM 990, PART VI, SECTION A, LINE 6:
NOT FOR PROFIT CORPORATION WITH MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION'S MEMBERS VOTE IN ELECTIONS AT ANNUAL MEETINGS.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

SCHEDULE R

Related Organizations and Unrelated Partnerships

Open to Public Inspection

(g) Section 512(b)(13) Employer identification number 58-1089016 ž OMB No 1545-0047 2016 controlled entity? Direct controlling Yes 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 Ξ Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. GEORGIA SECTION PGA OF Total income Exempt Code € section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. Primary activity Primary activity INC. Name, address, and EIN (if applicable) AMERICA, Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part II Part

Schedule R (Form 990) 2016

58-1089016

Page 2

GEORGIA SECTION PGA OF AMERICA, INC.

Part III 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 Schedule R (Form 990) 2016

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Name address and EIN	(u) Primary activity	Legal	(u) Direct controlling	Predominant income		(1) Share of total	Share of	Displ		Code V-UBI	General or F	ercentage
of related organization		domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		ıncome	end-of-year assets			x 5)	managing partner?	managing ownership partner?
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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	janizations Taxable a	as a Corp	oration or Trust. Co year	mplete if the	organization	answered "Ye	s" on Form	990, Part IV, III	ne 34 becaus	se it had on	e or mor	e related
(a)			(q)	(2)	(p)	(e)		£	(6)		Ē	(1)
Name, address, and EIN	z	Prım	Primary activity ∟		Direct controlling			Share of total	Share of		Percentage	512(b)(13)
of related organization				(state or foreign country)	entity	(C corp, S corp, or trust)	s corp, l	income	end-or-year		diusin	entity?
GEORGIA PGA CORPORATION - 58-19	58-1984826					-	-			-	-	
590 W CROSSVILLE RD #204							_					
ROSWELL, GA 30075	[1]	INACTIVE	-	GA N/A	'A	C CORP				10	100.00%	×
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632162 09-06-16			!	23						Schedule R (Form 990) 2016	R (Form	990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2016

					١-	I
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Kes	۲
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 n	elated organizations listed	in Parts II-1V?			Į.
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ξ.			19		×I
b Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				1d		×
e Loans or loan quarantees by related organization(s)				1e		×
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1		×
 Exchange of assets with related organization(s) 				1;		X
j Lease of facilities, equipment, or other assets to related organization(s)				1		×
k Lease of facilities, equipment, or other assets from related organization(s)				+	1	਼×
1 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)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n		X
 Sharing of paid employees with related organization(s) 				10		×
a Bamburcamant and to related organization(s) for evacues				ţ		√×
				} ;		: ≻
q Heimbursement paid by related organization(s) for expenses				-	+	۱۲
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				15		×∣
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	for information on who must complete this line, including covered relationships and transaction thresholds			ļ
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						' 1
(2)						
(6)						
(4)						1
(5)						
(9)						
632163 09-06-16	24		Schedule R (Form 990) 201	R (Form	2 (066 ر	Ğ

58-1089016 Page 4

GEORGIA SECTION PGA OF AMERICA, INC.

Schedule R (Form 990) 2016 AMERICA, INC.

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

that was not a related organization See instructions regarding exclusion	Structions regarding excit	Sign for certain inv			-	(2)	4	3	15	(4)
(a)	(g)	(<u>)</u>	(a)		=	6		(all-Mobo)	6	(vi)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)		Share of total	Share of end-of-year	tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partner?	managin	ownership
		country)	sections 512-514)		ıncome	assets	Yes No	(Form 1065)	Yes No	
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