Form **990** 

## **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 2016

Dep	artment of	the Treasury	Do not enter social security numbers on this form as it ma	-	•	4 / / -		to Public		
	mal Revenu		► Information about Form 990 and its instructions is at www					ection		
<u>A</u>			ndar year, or tax year beginning 12/01 , 2016, and en	ding	11/		, 20 17			
В		applicable	C Name of organization UNITED STATES GOLF ASSOCIATION			D Employ	er identificati	on number		
$\square$	Address of	•	Doing business as USGA			13-1427105				
	Name cha	*	· }	n/suite		E Telephone number				
	Initial retu	nu n	77 Liberty Corner Road			908-234-2300				
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code							
$\sqcup$	Amended	d return	Liberty Corner, NJ, 07938			G Gross receipts \$ 276,596,54				
Ц	Application	on pending	F Name and address of principal officer. Mike Davis	H(a) is	this a gro	oup return for	subordinates?	Yes 🗹 No		
			77 Lilberty Corner Road, Liberty Corner, NJ 07938				s included? 🔲			
	Tax-exem	npt status	√ 501(c)(3)	If "No	," attac	chalist (s	ee instructions	<b>:</b> )		
<u>J</u>	Website:	. ► wwn	w.usga.org	H(c) (	Group e	exemption	number 🕨			
		rganization [	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of for ☐ Corporation ☐ Trust ☐ Description ☐ Trust ☐ L Year of for ☐ Description ☐ Trust ☐ Description ☐ Descr	mation 1	894	M State	of legal domic	ale DE		
P	art I	Summ	ary			_				
	1 1	Briefly de	scribe the organization's mission or most significant activities: The	United Sta	ites G	olf Asso	ciation pror	notes and		
Se		conserve	s the true spirit of the game of golf as embodied in its ancient and hono	rable traditi	ions.	It acts in	the best int	erests of		
۳		(Continue	d on Schedule O, Statement 1)							
Activities & Governance	2	Check thi	s box ▶☐ if the organization discontinued its operations or dispose	d of more	than	25% of	its net asse	ts.		
<u>=</u> €	3 1	Number o	of voting members of the governing body (Part VI, line 1a)			3		15		
8	4 1	Number o	of independent voting members of the governing body (Part VI, line 1	lb)		4		15		
iie's	5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)			5		404		
	1		ber of volunteers (estimate if necessary)			6		9,500		
© V	1		elated business revenue from Part VIII, column (C), line 12			7a		1,682,838		
≥			ated business taxable income from Form 990-T, line 34			7b		-133,409		
$\overline{}$	<u> </u>		IRS Recd	Pri	or Yea		Curre	nt Year		
SCHAMMED	8 (	Contribut	ons and grants (Part VIII, line 1b)		23	580,084		25,455,357		
7	1		service revenue (Part VIII, line 2g) 11-6-2018			717,583		154,241,447		
₹.		_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		717,218		24,283,359			
Š	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		641,514					
Š			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			656,399		11,019,340		
	1		d similar amounts paid (Part IX, column (A), lines 1–3)	<del> </del>		833,390		214,999,503		
	1		paid to or for members (Part IX, column (A), line 4)		3,0	033,380		5,149,472		
	1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)		50			0		
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			611,923		55,166,957		
ĕ						142,796		342,273		
ă			raising expenses (Part IX, column (D), line 25) ►	<b></b>	400	700 754		444 447 070		
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>		732,754		141,447,079		
			ess expenses. Subtract line 18 from line 12			320,863		202,105,781		
		nevenue	ess expenses. Subtract line 10 from line 12	Beginning		335,536	Endo	12,893,722 f Year		
Net Assets or Fund Balances	20 7	Total acce	to (Dort V. line 16)	Degitting			Liiu U			
Sage	20 1		ets (Part X, line 16)	<u> </u>		419,628		472,006,094		
	21		lities (Part X, line 26)			391,575		113,102,488		
			s or fund balances. Subtract line 21 from line 20	İ	315,0	028,053		358,903,606		
_	art II		ure Block			<del> </del>				
			y, I declare that I have examined this return, including accompanying schedules and st te Declaration of preparer (other than officer) is based on all information of which prep.				ny knowledge	and belief, it is		
	T	1	to become and or property (other trial officer) to based on all who meator of which prepare	arer rias arry n	T					
e:-			Anna de distribuir							
Sig		,	ture of officer		Date	•				
He	re		an Pikitch, Assistant Treasurer			<del></del>				
		<del>/</del>	or print name and title	Date		<del>,</del>	I			
Pa	id	Print/Typ	e preparer's name Preparer's signature		Check T if PTIN					
	eparer					self-emp	oloyed			
	e Only		me ►		Firm's	s EIN 🕨				
	···y		dress >		Phone					

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

For Paperwork Reduction Act Notice, see the separate instructions.



Yes No Form **990** (2016)

Cat No 11282Y



Other program services (Describe in Schedule O.) See Schedule O, Statement 2 4d (Expenses \$ 38,864,635 including grants of \$ 2,981,489 ) (Revenue \$ Total program service expenses 🕨 158,440,646

Part,	W Checklist of Required Schedules	<u></u>		
<u> </u>			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	† –
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	<u> </u>	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
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		1
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		1
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.			•
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<del></del>
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		
	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		1
	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		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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	•	<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	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	<b>✓</b>	
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	<b>✓</b>	
	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		1
	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 (see instructions)	17	1	
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		<b>√</b>
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		<b>√</b>
			~~~	

Paru.	Checklist of Required Schedules (Continued)			<del></del>
	The state of the s		Yes	No
-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓_
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	1	
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	<b>V</b>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<b>  •</b>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
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	1	
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
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		1
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," complete Schedule L, Part II	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<b>√</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		
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		<b>✓</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
į.	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 635	4	` ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			] .
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<u>_</u>	<u> </u> —
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<b>/</b>	
24		`		ļ.
ь	Statements, filed for the calendar year ending with or within the year covered by this return   2a   404   If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<del></del>	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<b>/</b>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	1	<del>  -</del> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	\ <u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	/	İ
b	If "Yes," enter the name of the foreign country:   Cayman Islands, British Virgin Islands	1	<u> </u>	-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			'
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<b>√</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		,
Ai.		7c		<u>✓</u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year		—	<del></del> -
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u>√</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	$\vdash$		<u>√</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<del></del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	<u></u> 8		
9	Sponsoring organizations maintaining donor advised funds.	• ==	+71	-45
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12		-	,-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	!		İ
11	Section 501(c)(12) organizations. Enter:	, ',		
а	Gross income from members or shareholders		•	,
b	Gross income from other sources (Do not net amounts due or paid to other sources	. 1		
	against amounts due or received from them.)			٠
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	.	·	•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
٤.	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 organization is licensed to issue qualified health plans	, 1	-	1
_			Ī	٠.
C	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		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	I	

Part						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI			<i>✓</i>		
Section	on 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 1a 15			{		
	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.		i			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15					
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		✓		
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? .					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓		
6	Did the organization have members or stockholders?	6	✓_			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a	✓	•		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b	<b>\</b>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following.					
а	The governing body?	8a	<b>✓</b>			
b	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<b>✓</b>		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		1		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	<b>/</b>		
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	_	<u> </u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	<del></del> -	<sup>1</sup>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	_		
b		120	<b>-</b>	<del>                                     </del>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120				
40	describe in Schedule O how this was done	12c	/	-		
13	Did the organization have a written whistleblower policy?	14	1	<del>                                     </del>		
14 15	Did the process for determining compensation of the following persons include a review and approval by		-			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official	15a	<b>7</b>			
a b	Other officers or key employees of the organization	15b				
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<del>'                                    </del>	1		
16a						
.00	with a taxable entity during the year?	16a		1		
b	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		<b>—</b>	<u> </u>		
-	participation 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				
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only		
	available for public inspection. Indicate how you made these available. Check all that apply.					
	☑ Own website ☑ Another's website ☑ 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 in	terest	polic	y, and		
	financial 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 re-	ecords	s: <b>►</b>			
	Mark Loftus, (908)234-2300					

	L2016	

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

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.

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
	(C)									
(A)	(B)	(do n	Position do not check more than one					(D)	(E)	(F)
Name and Title	Average		box, unless perso					Reportable	Reportable	Estimated
	hours per week (list any		rand	_	· · ·	or/trust	<del>, ,</del>	compensation from	compensation from related	amount of other
	hours for	or d	Inst	Officer	<b>₽</b>	휲	Former	the	organizations	compensation
	related organizations	rec	효	ĕ	Key employee	) of est	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	altr	nal	\	亨	ig S		1 27 1033 111100,	1	and related
	line)	Individual trustee or director	Institutional trustee		6	Ę				organizations
		ē	tee			Highest compensated employee		]		
		_			-	-	$\vdash$			
Diana M Murphy	30									
Executive Committee Member and President	0	✓		✓		<u> </u>		0	0	0
Sheila C Johnson	10				ļ		l		[	
Executive Committee Member and Secretary	0	<b>✓</b>		✓				0	0	0
George J Still Jr	10									
Executive Committee Member and Treasurer	0	<b>✓</b>		✓				0	0	0
J Michael Bailey	10									
Executive Committee Member	0	✓						0	0	0
William E Fallon	10							1		
Executive Committee Member (through January 20		<b>/</b>					ļ,	0	0	0
J Stuart Francis	10	,								
Executive Committee Member	0	<b>✓</b>						0	0	0
Malcolm Holland III	10									
Executive Committee Member (through January 20	0	<b>√</b>					<u> </u>	0	0	0
Glenn Thomas Hough	10									
Executive Committee Member	0	<b>✓</b>	Ш					0	0	0
Robert D Kain	10									
Executive Committee Member	0	<b>✓</b>	$\Box$		ļ		_	0	0	0
Martha J Lang	10									
Executive Committee Member	0	✓						0	0	0
Gregory B Morrison	10									
Executive Committee Member	0	<b>✓</b>					_	0	0	0
Asuka Nakahara	10	_								
Executive Committee Member (through January 20		<b>✓</b>						0	0	0
Mark E Newell	10								,	
Executive Committee Member	0	✓	Ш				_	0	0	0
Mark P Reinemann	10							)		
Executive Committee Member	0	✓				L		0	0	0

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

	T -			(	C)			T		
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average			check more than one less person is both an				Reportable	Reportable	Estimated
	hours per week (list any	office	er and	_	irect	rector/trustee		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	nst	Officer	F O	emg Higt	Former	the	organizations	compensation
	related organizations	rect	Institutional trustee	ě	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	우뿔	a a	}	Į ŏ	eom		[		and related
	line)	stee	rust	l	ĕ	pens				organizations
			8			Highest compensated employee				
0.00										
Clifford J Shahbaz	10	1								_
Executive Committee Member	0	-	-	-	<del> </del>		$\vdash$	0	0	0
Thomas I Barkin	10	,								_
Executive Committee Memeber		/	H	-		-	-	0	0	0
Stephen A Beebe	10	1								
Executive Committee Member	<del>                                     </del>			├	┝		┢	0	0	0
William B Siart	10	1			ĺ		ĺ			_
Executive Committee Member	<del> </del>	<b>-</b>	-		-	<b></b> -	-	0	0	0
Mike Davis	40	ł		/			1			
Executive Director/CEO	0	<u> </u>	├	<b>*</b>	⊢		-	1,494,952	0	118,233
Susan Pikitch	40			/			ļ	400 444		F0 000
Assistant Treasurer and Chief Financial Officer	0	<del>                                     </del>	┢	┡	⊢	<del> </del>	$\vdash$	466,144	0	53,302
Kathryn Carson Assistant Secretary and Chief Legal Officer	40	{		/				415 220	o	42.262
	<del></del>		-	+	$\vdash$	<del>                                     </del>		415,329		42,363
Michael Butz Senior Managing Director	40		ł	l	1			565,224	o	41.883
Sarah Hirshland	40	<del>                                     </del>	$\vdash$		۲	<del>                                     </del>	┼	565,224		41,003
Senior Managing Director	0	ł			1			630,791	o	66,509
John Bodenhamer	40		H	┢	Ť		$\vdash$	030,791		00,303
Senior Managing Director	0	1	ļ		1	ļ	1	590,609	ا	63,125
Rand Jerris	40		T	<del>                                     </del>	Ė		┢┈	330,000		03,123
Senior Managing Director	0	1			1			502,733	اها	44,033
Steven Schloss	40		t				T	1	<u> </u>	
Senior Managing Director	0	1	]	j	1	j		410,533	0	56,414
Andrew Rhodes	40		Г					1		
Senior Managing Director	0	1	l	ļ	1			403,490	o	46,950
Reg Jones	40	1								
Managing Director, U.S. Open Championships	0	1				✓		352,340	o	33,495

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	<u>s, a</u> r	<u>nd F</u>	lighe <sup>,</sup>	<u>st C</u>	compensated E	mployees (co	<u>ntin</u>	iued)		
•					-	C)			ļ				-	
	(A)	(B)	l <sub>(dor</sub>	not ch		sition more	e than d	one	(D)	(E)		(	(F)	
	Name and title	Average	box, i	unles	ss pe	erson	ıs both	h an	Reportable	Reportable			mated	
		hours per week (list any	<del>/</del>		1	_	tor/trust	<del>-</del>	compensation	compensation fr related	rom		unt of ther	
		hours for	Individual trustee or director	nst	Officer	ey l	ag H	Former	the	organizations		compe	ensation	n
		related organizations	Pe de	institutional trustee	Cer	Key employee	Joy iest	i e	organization (W-2/1099-MISC)	(W-2/1099-MIS	;C)		n the	
		below dotted	호르	onal		탕	ြန္မ		(44-2/1033-141100)	1			related	
		line)	ust	2	'	/ee	ig	'	i				ızatıons	3
		1	8	stee	'		Highest compensated employee							
Mary I	Lopuszynski	40		H	$\vdash$	H		$\vdash$	<del> </del>		$\dashv$			
	r Director, Merchandise & Licensing	0	<u> </u>		L'	<u>L</u> '	✓	<u>'</u>	309,845		_0		18	3,566
John	Spitzer	40				[ '		'						_
Manag	ging Director, Equipment Standards	0	<u> </u> '	$\bigsqcup$	<u></u>	<u>_</u>	<b>✓</b>	<u> </u>	306,597		0		23	3,957
Jeff H	/	40	'		'	[ '		'	1					_
Manag	ging Director, Rules & Open Championships	0	<u> </u>	$\sqcup$	<u> </u>	<u>                                     </u>	/	<u> </u>	297,701		0		28	3,903
Kimbe	erly Erusha	40	] '		'			'		ĺ	_			_
Manag	ging Director, Green Section	0	↓'	Ш	∟'	∟'	/	⊥'	284,734		0		21	1,661
	·	<u> </u>	] '		[ '	[ '		'				_		_
		<u> </u> '	<u> </u>	Ш	<u> </u>	∟'	<u> </u>	<u></u> '			_			
		<u> </u> '	] '			[ '	[	'	1					
		<u> </u>	<u> </u>	Ш	L_'	$\bigsqcup'$	<u> </u>	Щ'						
	/	<b></b> !	1 1				'	'						
		<u> </u>	<u> </u> '	Ш	<u> </u>	∟'	L'	∟'						
		<u> </u>	] '		'	'		'			- 1			
		<u> </u>	!	Ш	<u></u>	<u> </u>	<u></u> '	⊥_'						_
		!			[ /		[	[ /			Ī			
		<u> </u>	<u>                                     </u>	Ш	<u></u>	$\bigsqcup '$	<u></u> '	<u> </u>						
		<u> </u>	] /		[ ]	[	[ '	[ /						
		<u> </u>	<u>                                     </u>	Ш	<u>'</u>	$\bigsqcup$	<u>'</u>	<u></u>						
		<b></b> !	] !				'	'	•					
			<u> </u>	Ш	Ш	Ш	<u> </u>	Щ	<b>_</b>		_+			
1b	Sub-total		٠.	•	•		•		7,031,022		0		659	<u>,394</u>
C	Total from continuation sheets to Part				٠	٠.		<b>•</b>		<u> </u>	-+			
d	Total (add lines 1b and 1c)						<u></u>	<b></b>	7,031,022		0	<del></del>	659	,394
2	Total number of individuals (including but reportable compensation from the organization)		I to th	ose	list	ed a	above	wl (د	ho received mo	ore than \$100	1,000	0 of		
	10po(112.00 001)po(112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.00 112.								1,00	<del></del>			Yes	No
3	Did the organization list any former off	ficer, direc	tor, c	or tr	uste	зе,	key ε	emp	oloyee, or high	est compens	ate	d [ ]	100	<u> </u>
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	indı	vidi	ıal					3		<del></del> -
4	For any individual listed on line 1a, is the	sum of rer	portat	ale c	com	nper	nsatio	n a	nd other comp	ensation fron	n the	<del></del>		<u> </u>
-	organization and related organizations												1	1
	individual											4	<b>7</b>	
5	Did any person listed on line 1a receive of	r accrue co	omper	nsat	lion	fror	n any	/ uni	related organiz	ation or indiv	idua		<del>`</del> †	í
-	for services rendered to the organization?											5	-	7
Section	on B. Independent Contractors				_					··				<u></u>
1	Complete this table for your five highest of	compensate	ed inc		end	ent	contr	acto	ors that receive	d more than	\$10	0.000 of		
	compensation from the organization. Rep												n's ta	x
	year.	-						•	-			J		
	(A)							Г	(B)			(C)		
	Name and business addr	ress							Description of se	ervices		Compensa	ition	
Arena	Americas, 7000 S 10th Street, Oak Creek, WI	53154		_				Ter	nts for US Open	(rental)			5,886	, <u>588</u>
	Systems, PO Box 822469, Philadelphia, PA 1			_	_	_		IT C	Consultant				5,297	,800
Avisor	Young Project Management USA, 1120 Hea	dquarters P	laza,	Nort	th T	owe	r 8th i	Bui	ilding renovatio	ns	5,255,543			
Gensle	er, 12478 Collections Center Drive, Chicago,	IL 60693			_	_		Bui	ilding renovation	ns			2,171	
Aggre	ko LLC, 15600 John F Kennedy Blvd, Suite 6					_			nerators				2,114	,735
2	Total number of independent contractor							) th	ose listed abo	ve) who				
	received more than \$100,000 of compensa	ation from t	the or	gani	izati	ion l	<b>&gt;</b>		207	13	-		*	

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Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule O c	ontains a	res	ponse or note to			(C)	<u>.</u> (D)					
		·	, <u>,</u>	•	• · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue oxcluded from tax under sections 512-514					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a	o									
Gra	b	Membership dues .	· ·	1b	9,078,824				1					
ts, ( Arr	С	Fundraising events		1c	0									
Gif	ď	Related organizations		<u>1d</u>	0		ĺ		Í					
ns, Sim	e	Government grants (contril		1e					1					
utio	f	All other contributions, gifts and similar amounts not include		4.6					ļ					
erib Ger	_	Noncash contributions included		1f	16,376,533		1							
no.	g h	Total. Add lines 1a-1f			283,200	25 455 257	ĺ							
		Total. Add lines 1a-11	<del></del>	<u> </u>	Business Code	25,455,357								
Program Service Revenue	2a	Championships, includir	na Broade:	aet	711300	137,206,250	137,206,250	0						
Rev	ь	USGA Members Program		331	711300	5,434,149	5,434,149	0	0					
<u>ic</u>	c	GHIN			711300	5,868,842	5,868,842	0	0					
eτ	d	Green Section Services			711300	1,549,391	1,549,391	0	0					
E	e	Equipment Standards &	Testing		711300	1,461,342	1,461,342	0	0					
gra	f	All other program service		·		2,721,473	1,600,233	1,121,240	0					
Pro	g	Total. Add lines 2a-2f .				154,241,447			1					
	3	Investment income (in	•	livid	ends, interest,									
		and other similar amour	•	٠	• [	11,133,123	0	-75,934	11,209,057					
	4	Income from investment of	f tax-exem	pt bo	ond proceeds 🕨	0	0	0	0					
	5	Royalties		<u>.</u>		1,591,539	0	0	1,591,539					
		<u> </u>	(ı) Real		(ii) Personal		}							
	6a	Gross rents		0	0	1	i		}					
	b	Less: rental expenses		0	0	1								
	C	Rental income or (loss)		0	0									
	d 7a	Net rental income or (los Gross amount from sales of	(i) Secuntie	·	(ii) Other	. 0	0	0						
	l 'a	assets other than inventory	67,620		21,618									
	ь	Less: cost or other basis	07,020	,010	21,010		ì		)					
	-	and sales expenses .	54,492	200	اه	Ì								
	С	Gain or (loss) .	13,128				}							
	d	Net gain or (loss)			▶	13,150,236	0	0	13,150,236					
		,												
Jue	8a	Gross income from fund	draising				j	]	j					
Other Reven		events (not including \$	0	_										
æ	ļ	of contributions reported												
Jer	ł	See Part IV, line 18		_	0	1	1		ł					
₹	b	Less. direct expenses .			0		1.	<del></del>						
	C	Net income or (loss) from			events . ►	0		0	0,					
	9a	Gross income from game See Part IV, line 19					[							
	١.			-		1			1					
	b	Less: direct expenses . Net income or (loss) from												
	10a				VIIICS P		0	0						
		returns and allowances			16,532,639				}					
	Ь	Less: cost of goods sole		_	10,000,000		Ì		1					
	C	Net income or (loss) from				9,427,801	8,790,269	637,532	0					
		Miscellaneous Reve			Business Code				]					
	11a								·····					
	b													
	С													
	d	All other revenue												
	е	Total. Add lines 11a-11			· ·	0								
	12_	Total revenue. See inst	tructions.	· -	<u> ▶ </u> [	214,999,503	161,910,476	1,682,838	25,950,832 Form 990 (2016)					

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 respon	se or note to any li	ne in this Part IX		🗸
	ot include amounts reported on lines 6b, 7b, b, 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	5,101,472	5,101,472		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
•	·	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16	40.000	40.000		
4	Benefits paid to or for members	48,000	48,000		
5	Compensation of current officers, directors,	U			
•	trustees, and key employees	6,302,709	440,722	E 061 007	
6	Compensation not included above, to disqualified	0,302,703	440,722	5,861,987	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	0	0	0
7	Other salaries and wages	35,496,912	25,610,810	8,623,036	1,263,066
8	Pension plan accruals and contributions (include				.,,,
	section 401(k) and 403(b) employer contributions)	5,126,204	4,579,354	525,747	21,103
9	Other employee benefits	5,290,602	2,658,097	2,260,300	372,205
10	Payroll taxes	2,950,530	2,079,016	764,361	107,153
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	541,597	541,597	0	0
C	Accounting	165,862	0		0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	342,273			342,273
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	890,983	0	890,983	. 0
g	(A) amount, list line 11g expenses on Schedule O.)	22 422 422	45.000.000		
12	· · · · · · · · · · · · · · · · · · ·	22,486,480	15,039,062	7,189,242	258,176
13	Advertising and promotion	2,320,422	2,303,837	16,585	0
14	Office expenses	9,277,280	6,553,404	739,879	1,983,997
15	Royalties	21,813,955	18,513,407	2,865,877 0	434,671
16	Occupancy	907,215	889,765	17,450	0
17	Travel	4,899,528	3,823,286	1,031,571	44,671
18	Payments of travel or entertainment expenses	.,,000,020	0,020,200	1,051,571	44,071
	for any federal, state, or local public officials	o	0	اه	0
19	Conferences, conventions, and meetings .	2,411,695	1,011,487	1,391,292	8,916
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	5,847,582	2,995,386	2,852,196	0
23	Insurance	2,569,894	2,413,539	156,355	0
24	Other expenses. Itemize expenses not covered			,	•
	above (List miscellaneous expenses in line 24e. If	-6 2			,
	line 24e amount exceeds 10% of line 25, column	a stage of the		n t	
	(A) amount, list line 24e exponsos on Schedule O.)	- ` ` `	Marine Control		
a	Championships - prize money	21,000,000	21,000,000	0	0
b	Championships - other expenses	41,480,667	40,492,374	326,753	661,540
٠ د					
d	All other expenses				
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	4,833,919	2,346,031	2,322,333	165,555
<u>25</u> 26	Joint costs. Complete this line only if the	202,105,781	158,440,646	38,001,809	5,663,326
20	organization reported in column (B) joint costs	}			
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing \_\_\_\_\_ 1 13,608,478 88,973 1 '2 Savings and temporary cash investments . . . . . . 23,216,860 1,500,000 2 3 1,000,000 3 Pledges and grants receivable, net . . . . . . 0 4,201,654 6,585,417 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 0 Assets Notes and loans receivable, net . . . . . . . 1,212,000 0 7 Inventories for sale or use . . . . . . . . 1,045,802 8 953,563 8 9 19,372,619 Prepaid expenses and deferred charges . . 15,333,819 9 Land, buildings, and equipment, cost or 10a other basis. Complete Part VI of Schedule D 10a 107,252,823 Less: accumulated depreciation . . . 10b 10c 72,486,518 34,766,305 42,648,458 11 300,960,188 Investments—publicly traded securities . . . . . 242,828,188 11 Investments—other securities. See Part IV, line 11 . 77,843,874 12 55,539,311 12 13 13 Investments—program-related. See Part IV, line 11 . . . 0 0 14 14 O 0 0 15 15 Other assets. See Part IV, line 11 . . . . . 0 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 408,419,628 472,006,094 17 Accounts payable and accrued expenses . . . . . . . 26,688,811 17 16,048,809 0 18 0 18 40,321,260 19 38,301,274 19 Deferred revenue . . . . Tax-exempt bond liabilities . . . . . . . 0 20 29,215,110 20 0 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 23 24 0 0 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . . . 25 26,381,504 29,537,295 26 Total liabilities. Add lines 17 through 25 93,391,575 113,102,488 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . 314,977,856 27 358,903,606 27 Temporarily restricted net assets . . . . 28 0 28 29 50,197 Net Assets or Fund 29 Ð Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and 图 的 翻打 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 358,903,606 33 315,028,053 34 Total liabilities and net assets/fund balances . . . 408,419,628 472,006,094

. Par	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		214,99	9,503
2	Total expenses (must equal Part IX, column (A), line 25)	2		202,10	5,781
3	Revenue less expenses. Subtract line 2 from line 1	3		12,89	3,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		315,02	8,053
5	Net unrealized gains (losses) on investments	5		31,16	9,259
6	Donated services and use of facilities	6		2,06	0,518
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<del></del>	-2,24	7,946
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		358,90	3,606
Part	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:   Cash Accrual Other		_ 7条	1.4	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	11000	7.00	1.00
_	Schedule O.		7.25	أستعتد	
2a	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			4.754	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	olled (	or jegg	100	EW!
				100	33
	Separate basis Consolidated basis Both consolidated and separate basis			200	-E. 16
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<b>✓</b>	22.5
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	a on	a 454	1	, T
				1 -27,	Ç.,
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	امدماها	. <u> </u>	2	<u> </u>
C	of the audit, review, or compilation of its financial statements and selection of an independent accou		. 1		
	If the organization changed either its oversight process or selection process during the tax year, ex			<b>√</b>	32.2
	Schedule O.	Jiaiii	n SS	4.3	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth (		فكفنه	27.
Ja	the Single Audit Act and OMB Circular A-133?	Oran I	''		./
ь		ran th			<u>✓</u>
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3b		
-	,			n 990	(2016)
	·		17071		(4010)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 990-EZ.

OMB No 1545,0047

Open to Public Inspection

Interna	Hevenue Service	► Information abou	it Schedule A (Fori	m 990 or 990-EZ) and its	instruction	is is at wv		Inspection
	of the organization						Employer identification	
	ED STATES GOL		1 Ot 1 - /All			L = 41=1 = ==	13-142	
Par				organizations must				ns.
	•	•		s: (For lines 1 through		•	•	•
1				on of churches descri (Attach Schedule E (F				$\mathcal{A} \setminus$
2 3				ganization described i				U \
4				onjunction with a hosp				iii). Enter the
•		me, city, and state	•	onjunocion with a noof	J. 1. 4000	ribod iii d		ing. Enter the
5	An organiza		the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, sta	ate, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7				tantial part of its sup	port from	a gover	nmental unit or from	the general public
	described in	section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	A community	y trust described ir	n section 170(b)	<b>(1)(A)(vi).</b> (Complete I	Part II.)			
9	An agricultur	al research organi	zation described	d in section 170(b)(1)	<b>(A)(ix)</b> op	erated in	conjunction with a la	and-grant college
	university:	_		culture (see instruction				-
10	✓ An organizat	ion that normally r	receives: (1) more	e than 331/3% of its sunctions—subject to co	upport fro ertain exc	m contril	outions, membership and (2) no more that	tees, and gross
	support from	n gross investment	t income and uni	related business taxal	ble incom	ie (less se	ection 511 tax) from	businesses
				75. See <b>section 509(</b> a				
11		-	•	sively to test for public	-			
12	•	•	•	sively for the benefit on his described in <b>secti</b>	-			
				scribes the type of sup				
a			_	l, supervised, or contr		-	•	_
4			-	regularly appoint or e	-			
		-		ete Part IV, Sections				
b	☐ Type II.	A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizate	on(s), by having
	control o	r management of	the supporting o	rganization vested in	the same	persons	that control or mana	age the supported
	organiza	tion(s). <b>You must</b> (	complete Part i	V, Sections A and C.	•			
C				ting organization oper ons). <b>You must comp</b>				illy integrated with,
d	I ☐ Type III :	non-functionally i	i <b>ntegrated.</b> A su	pporting organization	operated	d in conn	ection with its suppo	rted organization(s)
				nization generally mu				d an attentiveness
	requirem	ent (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
e				a written determinationally integrated sup				: II, Type III
f		ber of supported of						
9			<del></del>	oorted organization(s).	-			<del></del> -
	(i) Name of support	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No	{	
					163	140	<del></del>	
(A)					ļ			
(B)								
(C)	<del></del>	<del>,</del>	_					
				-	<del> </del>			
(D)								

(E) Total

Par	II Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1	1)(A)(iv) and	170(b)(1)(A)(v	ri)
•	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Soot	Part III. If the organization fails to ion A. Public Support	o quality und	er the tests in	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(0) 2014	(4) 0015	(-) 0016	/A Tatal
1	Gifts, grants, contributions, and	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	914 137 10	1. 其為行為以此	1 1 1 1 E	" " " " " " " " " " " " " " " " " " "	A William ! want	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(ć)</b> 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		<i>,</i>				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		19				
11	Total support. Add lines 7 through 10				おを得るだい	はさがなり	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
0 1	organization, check this box and stop he			<del></del>	· · · · ·		<u> </u>
	on C. Computation of Public Suppor					-:-	
14	Public support percentage for 2016 (line					14	%
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ	nedule A, Part : ization did not	II, IINE 14 .			15	<u>%</u>
IVa	hox and stop here. The organization qua	ization did not ilifies as a nubli	ich supported	organization	10 line 14 is 33	o'/3% or more,	Check this
b	box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts-	-and-circumsta umstances" te	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	ation meets the	e "facts-and-c	ircumstances" stances" test.	' test, check t	his box and s	top here.
18	Private foundation. If the organization di	id not check a l	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and	see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	under the te	sis listed bei	ow, please co	implete Part	11.)					
Section	on A. Public Support		·								
Calen	dar year (or.fiscal year beginning in) 🛌	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees			-			-				
	received. (Do not include any "unusual grants.")	21,164,940	16,932,728	21,083,894	25,449,101	25,455,357	110,086,020				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	123,747,083	143,963,353	178,826,579	171,406,341	161,910,476	779,853,832				
3	unrelated trade or business under section 513	0	0	0	. 0	0	0				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0				
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0				
6	Total. Add lines 1 through 5	144,912,023	160,896,081	199,910,473	196,855,442	187,365,833	889,939,852				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	o	0		0	0				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
_	Add lines 7a and 7b	0	0	0	0	0	0				
8	Public support. (Subtract line 7c from line 6.)	0					0				
Casti	on B. Total Support	A D GUT WILLIAM.	W. 1. 15. 15. 15. 15. 15. 15. 15. 15. 15.	SENTENDENCE MA	2176 <b>257</b>	44.40-41531. XX	889,939,852				
		(-) 0040	(h) 0010	(-) 0014	(4) 0045	(-) 0040	(0 T-1-1				
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total				
9	Amounts from line 6	144,912,023	160,896,081	199,910,473	196,855,442	187,365,833	889,939,852				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,403,013	8,762,023	18,275,218	18,219,523	12,724,662	66,384,439				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	425,253	377,550	454,899	566,474	511,035	2,335,211				
С	Add lines 10a and 10b	8,828,266	9,139,573	18,730,117	18,785,997	13,235,697	68,719,650				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	152 740 200	170.025.654	219 640 600	215 641 420	200 601 520	040 640 403				
14											
Sooti	on C. Computation of Public Support			• • • •			<u> </u>				
				2 column (f)		45	99.99.9/				
15	Public support percentage for 2016 (line	• •	-			15	92.83 %				
16 Cooti	Public support percentage from 2015 Sc			<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>	16	93.14 %				
	on D. Computation of Investment In					1451					
17	Investment income percentage for 2016					17	7.17 %				
18	Investment income percentage from 201					18	6.86 %				
19a	331/a% support tests—2016. If the organ 17 is not more than 331/a%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizatı	on . 🕨 📝				
b	331/2% support tests – 2015. If the organization 18 is not more than 331/2%, check this	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organ	ization 🕨 🔲				
20	Private foundation If the organization d	id not obook a	hay on line 14	100 or 10h	shook this how	and see instru	ctions 🕨 🗌				

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations		1	Т
4	Are all of the exceptation's expensively expensively property by name to the exceptation's envertible		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		<u>;                                     </u>	
2		1	-	<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
_		3a	<b>_</b>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		· ·
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
^	Did the organization support any foreign supported organization that does not have an IRS determination	40	ļ	-1
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	,	*,**	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	•	,	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			-
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		,	u
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	-	. •	`
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			]
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		ļ.,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<u> </u>		لــــا
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		1
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			, 1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	4	. ^1
-	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		,	•
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			لـــا
h	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		1
	- Did the digamental nate any energy backness heldings in the lan year; [036 contour of Felin 4720, to			

determine whether the organization had excess business holdings.)

10b

11 Has the organization accepted a gift or contribution from any of the following persons?  A A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  below, the governing body, of a supported organization?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  B 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, "describe in Part VI how the supported organizations electrons or trustees were allocated among the supported organizations how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year  2 Did the organization operate for the benefit of any supported organization; if Yes, "explain in Part VI how providing such benefit carried out the purposes of the supporting organization." If Yes, "explain in Part VI how providing such benefit carried out the purposes of the supporting organization." If Yes, "explain in Part VI how providing organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations in Part VI how control or managed the supporting organization.  2 Were any of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's according to the supported organization's provided organization's according to the supported organization's provided organization's according to the supported organization's accor	Part	Supporting Organizations (continued)			
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or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)  Section D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization with the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's involved in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		1 3 3 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1	3		1		1
Section E. Type III Functionally Integrated Supporting Organizations  1			1 1 m		35
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	2	Activities Test Answer (a) and (b) below		Vac	No
			53r B4	<b>₩</b> ₩	120 12
the supported organization(s) to which the organization was responsive? If "Yes " then in Part VI identity 1/2/3913/3014/2/3	a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		黎	$\left  i_{\sigma_{\lambda}}^{*} \right\rangle$
those supported organizations and explain how these activities directly furthered their exempt purposes,			18. 18		1
how the organization was responsive to those supported organizations, and how the organization determined		how the organization was responsive to those supported organizations, and how the organization determined	140	选	<i>v</i> 1
that these activities constituted substantially all of its activities.		that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	b		173.4	1	£.
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			您	1	
reasons for the organization's position that its supported organization(s) would have engaged in these			Ferri.	Tree.	A.A.
activities but for the organization's involvement.		•			<u> </u>
<ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>			1347		1000
	а		1	790	1 mm
trustees of each of the supported organizations? <i>Provide details in Part VI</i> .		· · · · · · · · · · · · · · · · · · ·		الديدة المراجعة	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	D			المتعققة	المؤذرك

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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	ıst on Nov. 20, 1970 (explai	n in Part VI). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		L
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			4
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		, ,	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		•
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		···
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, - 51	
2 Enter 85% of line 1.	2	الشجوقات الأكام المحادث والما	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	organization (see
instructions).	-	21 - 1 - 1 - 1 - 1 - 1	J

<b>Part</b>	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity	<del></del>	<u> </u>	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	 
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	<u></u>		·
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			· ·
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			]
а				
b		,		1 .
С	From 2013			_
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)		<u></u>	
<u>_i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			j
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years	<u></u>		
<u>b</u>	Applied to 2016 distributable amount		<del>~</del>	
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			į
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013 .			
С	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
*************	
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#### **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.

OMB No 1545-0047

2016

Open to Public Inspection

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UNITE	D STATES GOLF ASSOCIATION			13-1427105
Pai	Organizations Maintaining Donor Ad	lvised Funds or Other Similar Fur	nds or Acco	unts.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fu	nds 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) .		1	
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono	or advisors in writing that the assets h	neld in donor	advised
_	funds are the organization's property, subject to t			
6	Did the organization inform all grantees, donors,			
•	only for charitable purposes and not for the bend			
	conferring impermissible private benefit?			
Par	Conservation Easements.			
, ai	Complete if the organization answered	"Ves" on Form 990 Part IV line 7		
1	Purpose(s) of conservation easements held by the		<u> </u>	<del></del>
'	Preservation of land for public use (e.g., recreations)		f a historically	umportant land area
	Protection of natural habitat			storic structure
	Preservation of open space	Treservation o	a certinea in	Storic structure
2	Complete lines 2a through 2d if the organization h	and a qualified conservation contribute	on in the form	of a consensation
~	easement on the last day of the tax year.	leid a quaimed conservation contribution		Held at the End of the Tax Year
_			<del>-</del>	Tiend de dio End of the Tax Todi
a				
b	Total acreage restricted by conservation easemen			<del></del>
C	Number of conservation easements on a certified			
d	Number of conservation easements included in			
^	J			
3	Number of conservation easements modified, trail	nsterred, released, extinguished, or ten	minated by th	e organization during the
	tax year ►			
4	Number of states where property subject to cons			allian and
5	Does the organization have a written policy reviolations, and enforcement of the conservation e			
_				
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation e	asements during the year
_	<b></b>		_	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation	easements during the year
_	<b>\$</b>			
8	Does each conservation easement reported on lin			
	V N N N I			· · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		nancial statem	nents that describes the
	organization's accounting for conservation easer			
Par	Organizations Maintaining Collection			ilar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under S	•		
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under	· · · · · · · · · · · · · · · · · · ·		
	works of art, historical treasures, or other similar	•	ducation, or i	esearch in furtherance of
	public service, provide the following amounts rela			
	(i) Revenue included on Form 990, Part VIII, line	1	•	<b>\$</b>
	(ii) Assets included in Form 990, Part X		•	<b>\$</b>
2	If the organization received or held works of air	rt, historical treasures, or other simila	r assets for f	
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	items:	
а	Revenue included on Form 990, Part VIII, line 1		>	• \$ o
b	Assets included in Form 990, Part X	<u></u>	•	\$ 0

Par	Organizations Maintaining C	collections of A	Art, His	storicai	I reasures	, or O	ther Similar As	ssets (continued)
3.	Using the organization's acquisition, accollection items (check all that apply):	ccession, and ot	her reco	ords, che	ck any of th	e follo	wing that are a s	significant use of its
а	✓ Public exhibition		d	✓ Loar	or exchang	e prog	rams	
b	✓ Scholarly research		е	☐ Othe	er			
С	✓ Preservation for future generations							
4	Provide a description of the organization XIII.	n's collections a	and exp	lain how t	they further	the ore	ganization's exer	npt purpose in Part
5	During the year, did the organization si assets to be sold to raise funds rather the	nan to be mainta						
Par	t IV Escrow and Custodial Arran					_		
	Complete if the organization a 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, of included on Form 990, Part X?					ions oi	r other assets no	ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	t XIII and comple	ete the f	ollowing t	able:		T A	mount
С	Beginning balance					10		
ď	Additions during the year					10		· <del></del> ··
e	Distributions during the year					16		
f	Ending balance					11	<del></del>	
2a	Did the organization include an amount	on Form 990, Pa	art X, lın	e 21, for e	escrow or cu	ıstodia	l account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part	XIII. Check here	e if the e	xplanatio	n has been	providi	ed on Part XIII .	$\square$
Par	t V Endowment Funds.							
	Complete if the organization a	nswered "Yes"	on Fo	rm 990, I	Part IV, line	<del>1</del> 0.		
		(a) Current year	(b) Pr	ior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year en	d baland	ce (line 1g	, column (a)	) held	as:	
а	Board designated or quasi-endowment	<b>&gt;</b>	%					
b	Permanent endowment ▶	%	-					
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.					
3a	Are there endowment funds not in the p	possession of the	e organ	ization th	at are held a	and ad	ministered for th	е
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related orga							3b
4	Describe in Part XIII the intended uses of		n's end	owment f	unds.			
Par								
	Complete if the organization a	nswered "Yes"	on Fo	m 990, I	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land		0		2,044,908			2,044,908
b	Buildings		0		84,293,520		25,479,249	58,814,271
С	Leasehold improvements		0	1	0		0	0
d	Equipment		0	1	20,914,395		9,287,056	11,627,339
е	Other		0	<del>'</del>	0		0	0
Total	Add lines 1a through 1e (Column (d) mus	et equal Form 90	n Part	Y column	(R) line 10	c 1	▶ □	72 496 510

Pain VII investments—Other Securities.				
Complete if the organization answ	<del></del>	), Part IV, lin	e 11b. See Form	990, Part X, line 12.
(a) Description of security or category (including name of security)	(b)	Book value	, , , ,	hod of valuation -of-year market value
(1) Financial dorivatives		-		
(2) Closely-held equity interests				
(3) Other Emerging markets fund		2,186,444	End-of-Year Marke	t Value
(A) Absolute return hedge fund		8,544,463	End-of-Year Marke	t Value
(B) Long/short hedge fund of funds		33,984,546	End-of-Year Marke	t Value
(C) 11-16:		294,659	End-of-Year Marke	t Value
(D) 4-6		5,539,191	End-of-Year Marke	t Value
(F) Drivers and the found of founds		4,990,008	End-of-Year Marke	t Value
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		55,539,311		
Part VIII Investments - Program Related		00/000/03	L-2	
Complete if the organization answ		D. Part IV. lin	e 11c. See Form	990, Part X, line 13.
(a) Description of investment		Book value	(c) Met	hod of valuation -of-year market value
(1)				······
(2)				<del></del>
(3)				
(4)				
(5)				
(6)				<del></del>
(7)				
(8)			<del></del> -	****
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		<del></del>	Est Sala	2.00
Part IX Other Assets.				
Complete if the organization answ	wered "Yes" on Form 990	) Part IV lin	e 11d. See Form	990. Part X. line 15.
	) Description	σ, ι αιτιν, ιιι	0 110 000 10111	(b) Book value
	,			
(1)				
(2)			<del></del>	
(3)				
(4)		·		<del></del>
(5)	<del></del>		<del> </del>	
(6)		· · · · · · · · · · · · · · · · · · ·		<del></del>
(7)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, co	ol (B) (no 15 )		<b>.</b>	
	л. (B) III е 13 )	· · · · ·		
Part X Other Liabilities.		0 David IV 15m	- 44 445 0	- Faura 000 Dark V
Complete if the organization answ	werea "Yes" on Form 99	u, Part IV, lin	e i le or 11t. See	e rorm 990, Part X,
line 25.	(h) D11			
1. (a) Description of liability	(b) Book value			
(1) Federal income taxes	0			
(2) Accrued 457 (F)	2,846,376			
(3) Accrued Ret Benefits payable	12,855,218			
(4) Accrued Pension	11,183,095			

29,537,295 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2,652,606

(5) Accrued 457B Payable-Deferred Compensation

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

(6) (7) (8) (9)

Par			-	Retu	rn.
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			1	100 270 040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			27.34	199,370,648
a	Net unrealized gains (losses) on investments	2a	ا ،	2.27	
b	Donated services and use of facilities	2b	0 000 510	3.13	
			2,060,518	34.6	
C	Recoveries of prior year grants	2c	7.404.000	-7 /V	
d	Other (Describe in Part XIII.)	2d	7,104,838	1	
e	Add lines 2a through 2d			2e	9,165,356
3		i ·	<i></i>	3	190,205,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			5	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	123	
b	Other (Describe in Part XIII.)	4b	24,794,211		
С 5				4c	24,794,211
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	214,999,503
Part	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990,			er He	turn.
1	Total expenses and losses per audited financial statements		v, iiile 12a.	4	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			28 9	208,366,934
	Donated services and use of facilities	20	0.540.400	1 1	
a	Prior year adjustments	2a 2b	2,519,162	ا د کا	
b	Other losses		0	3.20	
c d		2c 2d	7.404.000	-12 m	
	Other (Describe in Part XIII.)	20	7,104,838	-	0.004.000
e	Add lines 2a through 2d			2e 3	9,624,000
3		<i>i</i> .		3 .%)'.	198,742,934
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	4-		2013 4	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,362,847	**	
b	Other (Describe in Part XIII.)	4b	0	تب	
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	3,362,847
	XIII Supplemental Information.	10.)		5	202,105,781
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4. P:	art IV lines 1h and 2h	· Part	V line 4: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
			=		
	ule D, Part III, Line 1 - The USGA Museum collection includes graphics, books				in is neig for public
exnibi	tion, education and research. No value is assigned to the collection in the stat	ement	s of financial position.		
Cobod	ula D. Bart III. Lina 4. The USCA Museum maintains the world's lorgest and m				D., and and in
	ule D, Part III, Line 4 - The USGA Museum maintains the world's largest and m				
	ving, and interpreting the historical developments of the game in the United S				
	pionships, the museum promotes a greater understanding of golf's cultural sign				
	ors a rich array of programs designed to educate and inspire the public about				
	pment. The museum offers a wide variety of programming to suit audiences of				
	y, as well as internationally, to USGA championship sites, member clubs, and				
compr	ehensive online portal enables photos, videos and other historical content to	be sha	red with a worldwide a	udiend	e.
	ule D, Part X, Line 2 - The USGA is exempt from Federal and state income taxe				
	the "Code"), except for any income derived from unrelated business activities				
	ss income in 2017 and 2016, respectively. In addition, the USGA has been det				
	private foundation" within the meaning of Section 509(a) of the Code. The USC		***************************************		·
	IRS forms 990 and 990-T in the jurisdictions where they are required to do so				
	vere no interest or penalties incurred. As of November 30, 2017, the USGA bel				
	fiscal years prior to 2014. The USGA is required to recognize the tax benefit a				
	ses when it is more likely than not that the position will not be sustained upon				
has no	t taken any material uncertain tax positions and, accordingly, it has not recor	ded an	y liability for unrecogni	zed ta	x benefits.
	***************************************				
Sched	ule D, Part XI, Line 2d - \$7,104,838 is cost of goods sold, as per Part VIII, Line	10b. O	n the audited financial s	statem	ents these
expen	ses are program expenses.				
Sched	ule D, Part XI, Line 4b - Investment income of \$11,133,123 as per Part VIII, Line	3. And	d realized gains on sale	s of in	vestments of

# Part XIII - Supplemental Information (Continued)

\$13,128,618 as per Part VIII. Line 7c (I). On the audited financial statements, these revenues are netted against unrealized gains (losses).  and investment management fees. On the audited financial statements, the net figure is recorded as an increase or (decrease) in net
assets.
Schedule D, Part XII, Line 2d - \$7,104,838 is cost of goods sold, as per Part VIII, Line 10b. On the audited financial statements these
expenses are program expenses.
•••••••••••••••••••••••••••••••••••••••
······································

#### **SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Employer identification number

UNIT	ED STATES GOLF ASSOCIATION	N			1:	3-1427105
Pai	TI General Information Form 990, Part IV, line		ies Outside	the United States. Comp	plete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for th	e grants or as			
2	For grantmakers. Describe assistance outside the United	ed States.	v	·	J J	s and other
3	Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	North America (including Conse	0	0	Program Sandage	Property of USCA Champi	

	·				
(1) North America (including Canad	0	0	Program Services	Broadcast of USGA Champi	0
(2) North America (including Canad	0	0	Program Services	Canadian work permit appli	9,593
(3) North America (including Canad	0	0	Program Services	Pace and innovation sympo	163,870
(4) North America (including Canad	0	0	Program Services	Course Consulting Service	17,014
(5) North America (including Canad	0	0	Program Services	Natural Disaster Relief	25,000
(6) North America (including Canad	0	0	Program Services	Golf Canada meetings-trave	4,308
(7) North America (including Canad	0	0	Program Services	2016 Staff Holiday party pho	2,895
(8) North America (including Canac	0	0	Program Services	2016 Men's and Women's C	11,767
(9) North America (including Canac	0	0	Program Services	GDS Digital Summit-travel	1,234
(10) North America (including Canad	0	0	Program Services	World Junior Girls Champio	3,167
(11) North America (including Canac	0	0	Program Services	Ontario Turfgrass Symposiu	580
(12) North America (including Canad	0	0	Program Services	World Handicap Operations	2,141
(13) North America (including Canad	0	0	Program Services	Championship expense rein	10,850
(14) Central America and the Caribb	0	0	Program Services	2017 Latin American Amate	18,366
(15) Central America and the Caribb	0	0	Program Services	Rules video shoot-travel	2,798
(16) East Asia and the Pacific	0	0	Program Services	Broadcast of USGA Champi	0
(17) Sch F, Stmt 1					

0

0

0

0

Sub-total .

Total from continuation sheets to Part I . . . .

c Totals (add lines 3a and 3b)

273,583

1,195,581

1,469,164

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

		5 .5. (5)	t act of missing and testing the control missing expects and the definered it additional space to increase	A INTERPORT	9000	יים ביים מוספים הם י	מי מסמס ומי וסווומי	icogod:	
-	(a) Name of organization	(b) IRS code section and EIN (f applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
. €		,	,			-			
Ξ.			North America (Incit	North America (incit P.) Boatwright interns	24,000 cneck	cneck			
(3			North America (incl.	North America (incl. P.) Boatwright Interns	24,000 check	check			
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€									
(2)		,							
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3									
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6									
(10)									
(11)	,								
(12)	·								
(13)	,								
(14)									
(15)									
(16)					i				
c	Enter total pur	olunes of recinic	tel anotarineers to	to make the second of the second second to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	orticedo se bortico	and delicated out and a	too boxianooon vat	***************************************	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entitles . . .

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III . (2) E (16) (10) (12) (13) (14) (15) (17) (18) Ξ <u>8</u> (3) **₹** 6 <u>@</u> 6

Part	V Foreign Forms		_
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	✓ Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

#### Part V

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - The USGA provides a limited number of grants to organizations outside the United States, and such cases
typically provide assistance in times of need or crisis. Such grants are approved by the Executive Committee and/or sub-committee Staff
monitors the use of funds to ensure that the grants are spent for proper purposes and are not otherwise diverted from intended use.
Monitoring may include formal periodic reports from the organization or informal reports, depending on the nature of the grant and the
organization it was distributed to. Unspent funds must be returned to the USGA.
organization it was distributed to dispersiones measure to the open
***************************************

#### - SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

Name o	of the organization					Employer identifica	ation number
UNITE	ED STATES GOLF ASSOCIATION						427105
Par		Complete if the	he organiza	ation ansv	vered "Yes" on F	orm 990, Part IV, I	ine 17.
	Indicate whether the organizatio				outpa activities. Ch	and all that analy	
1		n raised lunds					
a	✓ Mail solicitations		e L		ion of non-governn	•	
b	✓ Internet and email solicitation	ns	I L		ion of government	grants	
C	✓ Phone solicitations		g L	J Special	fundraising events		
d	✓ In-person solicitations						
2a	Did the organization have a writter or key employees listed in Form						
		•	•		•	_	☑ Yes ☐ No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			uraisers) pu	ursuant to agreeme	ents under which the	e lundraiser is to be
		_					
			(iii) Did fun	draiger have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have ir control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	<ul><li>(vi) Amount paid to (or retained by)</li></ul>
	or entity (fundraiser)	1	contrat	outions?	l monituotivity	col (i)	organization
			Yes	No			
1 S	ee Schedule G, Part IV, Statement				† I		
1							
2							
3	<del>_</del>						
	<del></del>			<del> </del>	ļ		
4					]		
5	······································		†				<del></del>
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7		-					.,
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10		ĺ				Ì	
		<u> </u>		L	<del> </del>		<del></del>
Total				•	0	342,273	-342,273
3	List all states in which the orga	nization is regi	stered or lic	ensed to s	solicit contributions	or has been notifie	d it is exempt from
	registration or licensing.	J					,
All St	ates						

Р	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" or and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
•			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
œ	2 3	Less: Contributions . Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	_			
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtr	Id lines 4 through 9 in c	olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe	red "Yes" on Form 99	00, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Be Se	1	Gross revenue			- <del> </del>	
ses	2	Cash prizes			<del></del>	
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	* * * * * * * * * * * * * * * * * * *
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	<sub>.</sub> <b>.</b> .	
	a Ist	ter the state(s) in which the or the organization licensed to co 'No," explain:		s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g 'Yes," explain:	aming licenses revoked			

Schedu	le G (Form 990 or 990-EZ) 2016				, Pa	age <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?	tity		Yes Yes		
13	Indicate the percentage of gaming activity conducted in:					
a	1110 01 garineation o taomity	3a				<u></u> %_
b		3b				<del>%</del>
14	Enter the name and address of the person who prepares the organization's gaming/special events books arecords:	ino				
	Name ▶			.=====		. <b></b>
	Address►					
15a	Does the organization have a contract with a third party from whom the organization receives garrevenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the					
	amount of gaming revenue retained by the third party ► \$					
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ►					<del>-</del>
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ► \$					
	Description of services provided ▶					<del>-</del>
	□ Director/officer □ Employee □ Independent contractor					
17	Mandatory distributions:					
	Is the organization required under state law to make charitable distributions from the gaming proceeds	to:				
	retain the state gaming license?			Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	s or				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i See instructions	iii) a	ind ( mat	(v); a ion.	nd	

# SCHEDULE 1 (Form 990)

Department of the Treasury

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

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

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

2016

OMB No 1545-0047

Open to Public Inspection

**%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** √ Yes 13-1427105 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance . (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN UNITED STATES GOLF ASSOCIATION 1 (a) Name and address of organization or government Name of the organization (1) Sch I, Stmt 1 Part I Part II

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(4)							
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(9)							
(Δ)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and governmer organizations listed in the	nt organizatio	ons listed in the	line 1 table		<b>A A</b>	88
For Paperwork Reduction Act Notice, see the Instructions for Form 990	see the instructions for Fo	rm 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be dividicated if additional enace is needed

cases, a thorough application must be submitted in order to receive consideration for funding. Monitoring normally includes formal periodic reports from the recipient organization, detailing a report describing the internship activities and accomplishments, and account for all internship salary payments. Additionally, the intern is required to complete an evaluation on the internship responsibilities and confirm the duration of their employment. Again, unspent funds must be returned to the USGA. Grants to colleges and universities for turfgrass and environmental research, and account for all funds spent. Unspent funds must regional golf associations to finance paid internships for those who are pursuing a career in golf administration. The USGA provides grants to colleges and universities to finance turigrass program progress and use of funds. Monitoring can also include informal reports, depending on the nature of the grant and the organization it was distributed to. For example, grants outcomes, financial compliance, participant statistics, program schedule, instruction provided, and follow-up support. Such information is subject to audit, at the USGA's sole discretion In all cases, unspent funds must be returned to the USGA. Grants to state and regional associations for golf administration internships typically require the recipient organization to complete distributed to programs for juniors and golfers with disabilities typically require the recipient organization to complete a formal assessment report that includes information about program be returned to the USGA. maintenance. In all cases, staff members monitor the use of funds to ensure that the grants are spent for the proper purposes and are not otherwise diverted from intended use. In some Schedule I, Part I, Line 2 - The USGA provides grants to programs that support juniors and golfers with disabilities throughout the United States. The USGA provides grants to state and research and environmental research that may benefit golf courses particularly in reducing critical resource consumption such as water and managing costs related to labor and turf

Schedule I (Form 990) (2016)

#### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Compensation-Information-

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

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

OMB No. 1545-0047

2016

/, line 23.
Open to Public \*
rs.gov/form990.
Inspection
Employer Identification number

**UNITED STATES GOLF ASSOCIATION** 13-1427105 Part | Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions ☐ Tax indemnification and gross-up payments ✓ Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 3.4 .3. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract Compensation survey or study ✓ Independent compensation consultant Approval by the board or compensation committee ☐ Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . . . . . 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. The organization? . . . . . 5a If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Any related organization? **6b** If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe R 化碳 生活 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or eac	n listed individual mu	ist equal the total amo	ount of Form 990, Par	rt VII, Section A, line	la, applicable columr	ר (D) and (E) amount:	s for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Montavable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(E) rotal of counilis (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
Mike Davis, Executive	Ξ	782,692	168,351	543,909	96,365	21,868	1,613,185	519.935
1 Director/CEO	(3)	0		; ; ; ; ; ; ; ; ;	0	0	0	0
Kathryn Carson, Assistant	(1)	330,000	63,525	21,804	27,547	14,816	457,692	0
2 Officer	€	0			0	0	0	0
Susan Pikitch, Assistant	8	375,000	71,485	19,659	39,204	14,098	519,446	0
3 Officer	<b>E</b>	0			0	0	0	0
Michael Butz, Senior Managing	9	450,000	88,523	26,701	26,405	15,478	607,107	0
4 Director	€	0			0	0	0	0
Sarah Hirshland, Senior	≘	441,000	87,787	102,004	44,965	21,544	697,300	90,866
5 managing Director	≊	0	0		0	0	0	0
John Bodenhamer, Senior	€	413,000	86,472	91,137	42,913	20,212	653,734	75,502
6 Maliagiliy Dilector	€	0			0	0	0	0
Rand Jerris, Senior Managing	9	398,000	78,108	26,625	22,728	21,305	546,766	14,778
7 Director	€	0			0	0	0	0
Steven Schloss, Senior	8	328,269	67,725	14,538	35,548	20,866	466,946	0
8 Manaying Director		0	0		0	0	0	0
Andrew Rhodes, Senior	3	326,539	62,813	14,139	32,852	14,098	450,441	0
9 Wanaging Director	Ξ	0			0	0	0	0
Reg Jones, Managing Director,	≘	305,000	35,913	11,427	13,264	20,231	385,835	5,314
10 0.3. Open Granipionships	€	0	0	0	0	0	0	0
Mary Lopuszynski, Senior Director Merchandise 8	8	290,619	14,150	5,076	10,665	7,901	328,411	2,715
11 Licensing	4	0	0	0	0	0	0	0
John Spitzer, Managing Director, Fourinment Standards		259,100	33,165	14,332	658'6	14,098	330,554	0
12 - 4m providence	€	0	0	0	0	0	0	0
Jeff Hall, Managing Director, Dules & Onen Chamaionshins	<b>E</b>	253,000	19,000	25,701	8,691	20,212	326,604	3,165
13 rules & Open Championips	€	0	0	0	0	0	0	0
Nimberly Erusha, Managing Director Green Section	€	247,039	25,127	12,568	7,411	14,250	306,395	0
14 Director, Green Section	€	0	0	0	0	0	0	0
	≘ :		100000000000000000000000000000000000000					
15	<b>E</b>							
æ	≘ ≘							

Schedule J (Form 990) 2016

# Schedule Љ(Form 990) 2016 Part III Supplemental Information

Provide the information, explanation, or descriptions	on, explanation, or descrip	or descriptions	s required for Part I	juired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	1a, 1b	, 3, 4a,	ta, 4b, 4c, 5a, 5b,	c, 5a, t	5b, 6a, 6b	, 7, and {	, and 8, and for Par	Part II.	Also com	<ol> <li>Also complete this par</li> </ol>
for any additional informa	ition.													

Schedule J, Part I, Line 1a - (1) The USGA has a written policy regarding use of corporate jet shares. Such use is strictly limited to USGA business travel, as per USGA policy, and is
subject to Audit Committee review and approval (2.) The USGA's expense reimbursement policy excludes reimbursements for health club dues and social club dues. However, one
special exemption to the social club dues restriction was specifically approved by the Executive Committee and/or the Compensation Committee. This exception is for the CEO/Executive
Director and is based on the snerific 11SCA husiness needs associated with the nasition held

Schedule J, Part I, Line 4 - In calendar 2016, the USGA issued compensation defined as per line 4b. The amounts reported in Schedule J Column C relating to the Supplemental Defined	Benefit Pension Plan (under IRC 457 (f)) are as follows: Davis \$88,415 and Butz \$18,455
 hedule J, Part I, Line	nefit Pension Plan (L

schedule J, Part I, Line 5 - CEO/Executive Director and senior leadership team participate in an incentive compensation plan with metrics measured against strategic organizational	bjectives and financial results. Incentive compensation requires input from compensation committee, a standing committee of the organization's Executive Committee, and approval by	he USGA Board President. Incentive plan many not exceed budget. Total compensation (base salary and incentive compensation plan) for the CEO/Executive Director and senior	team is externally benchmarked on a regular basis. The benchmarking process is conducted by a third-party and reviewed by the USGA Board President
le J, Part I, Line 5 - CEO/Exec	es and financial results Ince	A Board President. Incentive	hip team is externally benchn
chedu	bjecti	he US	eaders

Internal Revenue Code 457(f). The amount of the	retirement benefit is calculated using a retirement age	
chedule J, Part II · Line 1, Column B(iii) · Mike Davis participates in a non-qualified deferred compensation plan established under Internal Revenue Code 457(f). The amount of the	ested benefit earned in 2016 included in other reportable compensation is \$519,935. Under the terms of the plan, the amount of the retirement benefit is calculated using a retirement age	f 65 and is payable via lump sum following the participant's separation of service to the organization.
chedule J, P	ested benefit	f 65 and is pa

Schedule J (Form 990) 2016

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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OMB No 1545-0047

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

(i) Pooled financing Yes No Yes No Yes No **Employer identification number** ş ŝ (h) On behalf of 13-1427105 Yes Yes (g) Defeased No ŝ O (f) Description of purpose Yes Yes 50,000,000 Construction financing စ္ S N  $\omega$  $\mathbf{\omega}$ Yes Yes (e) Issue price 2018 29,695,110 29,215,110 480,000 ĝ 9 N ⋖ Yes Yes (d) Date issued 01/19/2017 ₽ Does the organization maintain adequate books and records to support the Are there any lease arrangements that may result in private business use (c) CUSIP# 000000000 Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? (b) Issuer EIN 27-3866124 which owned property financed by tax-exempt bonds? . Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Proceeds in refunding escrows. Year of substantial completion . Gross proceeds in reserve funds ssuance costs from proceeds . Private Business Use JNITED STATES GOLF ASSOCIATION final allocation of proceeds? Amount of bonds retired Other unspent proceeds Other spent proceeds. Total proceeds of Issue (a) Issuer name Public Finance Authority Bond Issues **Proceeds** Name of the organization Part II Partl Part

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Schedule K (Form 990) 2016

Cat No 50193E

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

bond-financed property? .

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Schedule K (Form 990) 2016

Part III Private Business Hee (Continued)								Page &
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3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	<u>2</u> >	Yes	2	Yes	2	Yes	o Z
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		<i>&gt;</i>						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▶		% 0		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of junrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0.5 %		%		%		%
6 Total of lines 4 and 5		0.5 %		%		%		%
7 Does the bond issue meet the private security or payment test?		,						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		<b>&gt;</b>						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%	:	%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	`					<u></u>		ļ
Part IV Arbitrage								
	,	Ø	ļ	8	ĺ	S	- {	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	% >	Yes	S S	Yes	ON.	Yes	ON.
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	`							
b Exception to rebate?		`						
c No rebate due?		>						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed						-		
3 Is the bond issue a variable rate issue?		1						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		1	ļ					
<b>b</b> Name of provider								
d Was the hedge superintegrated?								
1							Schedule K (F	Schedule K (Form 990) 2016

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Part IV Arbitrage (Continued)			<u> </u>						Page
			A		В	0			
5a Were gross proceeds invested in a guaranteed investment	ment contract (GIC)?	Yes	No.	Yes	No	Yes	No	Yes	2
b Name of provider									
Term of GIC									
6 Was the regulatory safe harbor for establishing the fair market value	value of the GIC satisfied?		,						
7 Has the organization established written procedures to monitor the	temporary period :	1	<b>,</b>						
		>							
<b>Corrective Actio</b>	n								
		'	A	8	_	O		Ω	
	ensure that violations	Yes	No	Yes	No	Yes	ŝ	Yes	Š
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	corrected through the	•							
Part VI Supplemental Information. Provide additional	l information for resp	A page to	Tipetione (	School of	ai ooo N o	- 000:40			
Supplemental information. Provide additional information for responses to questions on Schedule K. See instructions	al information for resp	onses to	duestions	on Schedu	e K. See in	structions			
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#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Noncash Contributions**

. .

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer Identification number

UNIT	ED STATES GOLF ASSOCIATION					13-1427	105		
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method noncash co			
1	Art-Works of art	✓	146			See M Part	<u> </u>	-	
2	Art—Historical treasures								
3	Art-Fractional interests								
4	Books and publications	✓			0	See M Part	11		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes	- · · ·							
8	Intellectual property								
9	Securities—Publicly traded					ļ			_
10 11	Securities—Closely held stock .	<u> </u>							
''	Securities—Partnership, LLC, or trust interests					İ			
10	Securities – Miscellaneous			<del></del> .					
12 13	Qualified conservation			· · · · · · · · · · · · · · · · · · ·		-			
13	contribution—Historic								
	structures								
14	Qualified conservation	<del> </del>							
• •	contribution—Other								
15	Real estate—Residential			<del></del>					
16	Real estate—Commercial	r				<del></del>			
17	Real estate-Other					<del></del>			
18	Collectibles			<del>-</del>					
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( Donated golf balls )	<b>✓</b>	1		283,200	fair market v	alue		
26	Other ► ()								
27	Other ► ()								
28	Other ► (	<u></u> i							
29	Number of Forms 8283 received	by the org	janization during the tax y	ear for contribut	tions for				
	which the organization completed	FORM 8283	, Part IV, Donee Acknowled	igement	$\cdots$	29		-	0
	<b>5</b>							Yes	No
30a		ion receive	by contribution any proper	rty reported in P	art I, lines	1 through			- [
	28, that it must hold for at least the to be used for exempt purposes f	iree years i	rom the date of the initial of	contribution, and	which ish	t required	<del></del>	<del></del> -	لبــا
			s notaling period?	• • • • •			30a	ļ	✓,
31	If "Yes," describe the arrangement Does the organization have a		tanco nolicy that recorre	o the remain -	of an	احددا معامدا			•
ŞΙ			tance policy that require		ות any no	instandard			لـــــا
32a	Does the organization hire or use						31	<b>/</b>	<u> </u>
JZđ			es or related organizations						,
L				• • • • •			32a	<b> </b>	✓,
33	If "Yes," describe in Part II.  If the organization didn't report an	amount in a	column (a) for a tuna of	arty for which a	olume (a) ··	a abackad			
<b>J</b>	describe in Part II.	amount is t	column (c) for a type of prop	serry for which co	וווזטוכ (a) ו	s cnecked,	, l		

Part II	the organization of both. Also complete this part for any additional information.									
a gift acce	M, Part I, Line 31 - The USGA has a gift acceptance policy for any item being donated to the USGA Museum. The USGA also has ptance policy for any non-standard contributions to the USGA. Procedures include reviews by the appropriate staff before any ribution can be accepted. Where appropriate, the Chief Legal Officer is consulted.									
	Judi Commindation out de accepted. Where appropriate, the office Legal Office 15 consulted.									
	M, Part I, Line 33 - As permitted under SFAS 116, the USGA chooses not to report in its revenue statement and balance sheet									
works of a	rt, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service.									
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

**UNITED STATES GOLF ASSOCIATION** 

Employer identification number

13-1427105

Form 990, Part I, Line 6 - The estimate for volunteers represents people who serve on a USGA committee or USGA sub-committee. The estimate also includes the thousands of individuals who volunteer their time at USGA championships, and contribute toward the success of those USGA championships.

Form 990, Part IV, Line 8 - The museum collection, consisting of historical artifacts, works of art, library materials, photographic images, film and video, and other golf memorabilia is owned by the USGA.

Form 990, Part VI, Section A, Line 6 - The USGA is an association of member clubs and courses. While application for membership is open to any golf club, golf course or golf training facility, as specified and defined in the USGA By-Laws, voting privileges are limited to member clubs. Voting privileges do not extend to member courses or to member golf training facilities. Membership applications are reviewed and subject to approval or rejection at the discretion of the Executive Committee. Membership is automatically continuous unless interrupted by written resignation or expulsion in accordance with the USGA By-Laws. Acceptance of membership binds each member to uphold all provisions of the USGA's Certificate of Incorporation, By-Laws and other rules, to accept and enforce all rules and decisions of the Executive Committee acting within its jurisdiction, and to otherwise conduct itself in a manner that furthers the interests of the USGA to promote the best interests and true spirit of the game of golf (The USGA is organized and exists under the Non-Profit Corporation Laws of the State of Delaware. The USGA is a non-stock entity.)

Form 990, Part VI, Section A, Line 7a - The Executive Committee is the governing body of the USGA. The Executive Committee consists of fifteen voting members, including the five officers. Each member of the Executive Committee is elected at the annual meeting of the USGA, and holds office until the annual meeting next succeeding his or her election and his or her successor is elected and qualified, or until his or her resignation or removal. Each member club is entitled to be represented by one voting delegate at the annual meeting of the USGA. Duly certified proxies may be voted by voting delegates at the annual meeting of the USGA.

Form 990, Part VI, Section A, Line 7b - The USGA By-Laws provide that they may be altered or repealed by member clubs acting pursuant to the By-Laws.

Form 990, Part VI, Section B, Line 11b - The Federal Form 990 is compiled by USGA staff. After appropriate staff and the USGA's audit firm, BDO USA, has thoroughly reviewed the Federal Form 990 and deemed it to be accurate and complete, the Federal Form 990 is reviewed with the Executive Director and CEO and the Audit Committee. Before the Federal Form 990 is signed by an officer and submitted to the IRS, a full copy of the document, including all attachments, is provided to each voting member of the Executive Committee.

Form 990, Part VI, Section B, Line 12c - The USGA requires Executive Committee members and USGA employees to administer their affairs honestly and efficiently, exercising due care, skill and judgment for the benefit of the USGA. It is the responsibility of Executive Committee members and USGA employees to make a full disclosure of any personal involvement which might result in a conflict of interest or the appearance of a conflict of interest on their part. Such disclosures are submitted to the Audit Committee and/or the Chief Legal Officer for review and consideration as per stated procedures. Additionally, once a year, the USGA requires Executive Committee members and USGA employees to review the USGA's conflict of interest policy and submit a statement attesting to their understanding of and compliance with the policy. Any conflict of interest or the appearance of a conflict of interest must be included on the submitted statement. The Audit Committee reviews the statements and makes and necessary decisions to manage and/or eliminate the conflicts.

Form 990, Part VI, Section B, Line 15 - On a periodic basis, the USGA does a thorough review of compensation for the Executive
Director/CEO and the executive team. This review includes a compensation survey by an independent compensation consultant, and
consideration of comparability data obtained from other sources. The survey and data are carefully considered by the USGA's
Compensation Committee to ensure that compensation is reasonable and appropriate. Mercer prepared an "Executive Cash Compensation
Update" (Intermediate Sanctions) report dated October 1, 2015. This report would have been used to make compensation decisions for
USGA executives for calendar (and fiscal) year 2016. Substantiation of the deliberation and decision of the compensation committee is
maintained in the meeting minutes. In addition, employees of the USGA undergo a thorough evaluation process each year. Performance
and goals are carefully reviewed and documented, then discussed with the employee. Merit increases and bonus awards are determined
based on these evaluations.

Form 990, Part VI, Section B, Line 16b - The USGA does not currently have any joint ventures, but maintains a joint ventures policy to ensure that all arrangements are consistent with the organization's tax exempt status under IRC Section 501(c)(3). Specifically, the purpose

# **Supplemental Information (Continued)**

of the policy is to set forth guidelines to help ensure that arrangements with for-profit entities will not jeopardize the USGA's tax exempt
status.
Form 990, Part VI, Section C, Line 19 - The USGA's most recent Form 990 and audited financial statements are viewable by the public, as
well as the association's annual impact report, on usga org each year. The USGA makes the following documents available to the public by providing them to GuideStar to post on their website at www.guidestar.org: IRS Letter of Determination; Federal Form 1023; Federal Form
990; Federal Form 990-T; audited financial statements. The USGA also makes its governing documents and conflict of interest policy
available to the public "upon request" at its headquarters location in New Jersey, during normal business hours.
Form 990, Part IX, Line 11g - Expenses includes various professional services, including but not limited to TV and video production,
freelance photography, and public relations/brand building expenses, as well as temporary staffing on IT and GHIN related projects
Form 990, Part XI, Line 9 - Effect of changes to postretirement benefit obligations of (\$2,247,946). On the audited financial statements,
these expenses are recorded as an increase or (decrease) in net assets.