SCANNED MAR 0 7 2019

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Eorm990 for instructions and the latest information

OMB No 1545-0047 Open to Public

Departitient Internal Rev	of the Treasury renua Service		er social security numbers on this to w.irs.gov/Form990 for instructions	-	•	Open to Public .
A For th	ne 2017 calend	ar year, or tax year begin		and ending		
B Check is applicated Address	C Name of GEOR	organization GIA SECTION POTCA, INC.		<u> </u>	D Employer identi	ification number
Nam		usiness as		· · · · · · · · · · · · · · · · · · ·	58-	1089016
lnitia relur	n Number	and street (or P 0 box if ma	ail is not delivered to street address)	Room/suit	e E Telephone numb	per
Final retur term	ın-		LE RD, NO. 204			-461-8600
ated Arn-	City or to		untry, and ZIP or foreign postal code	•	G Gross receipts S	1,785,382
Jretur	U KOPM		cer MICHAEL PAULL		H(a) Is this a group	
tion pend	SAME	AS C ABOVE	Cer MICHALL TAOLL	\sim	for subordinate H(b) Are all subordinates	
I Tax-ex	xempt status L	501(c)(3) X 501(c)	(6) ◀ (insert no) 4947(a	a)(1) or 4		a list (see instructions)
		://WWW.GEORGI	APGA.COM/		H(c) Group exempt	tion number
	of organization L	X Corporation Trust	t Association Other	L.Yea	r of formation 1969	M State of legal domicile; G.
Part I	·		an	1 /	<u> </u>	
1 ق	Briefly describ	e the organization's mission	on or most significant activities SE	E SCHED		
Governance Covernance	Check this he	u b l l f the execute	too doorstood to see the	(2) 2 (2)	100	
2 3		ting members of the govern	tion discontinued its operations or d	sposed of mo	trian-25% of its net	
ဗီ နိ		•	s of the governing body (Part VI, line	Y) \	'/ \ /	
Activities & 2 6 2 6 4 2 6			calendar year 2017 (Part V. line 2a)	177	/\\/ {	
) E		of volunteers (estimate if n	ecessary)	3/		
أ و	Total unrelate	d business revenue from P	Part VIII column (C), line 12	4 /C	Y / 7	a 12,875
	Net unrelated	business taxable income fi		\ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	71	ь 0
			"	$(\vee $	Prior Year	Current Year
8 <u>e</u>		and grants (Part VIII, line 1		\setminus / \mid	1,200	
Revenue 9 10	_	ce revenue (Part VIII, line 2	•	~ -	1,675,272	
		come (Part VIII, column (A),	· ·	<u> </u> _	6,571 7,915	
11		•	s 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	1,690,958	
12		milar amounts paid (Part IX	nust equal Part VIII, column (A), line	12)	580	
14		to or for members (Part IX		-	0	•
l i	•	· ·	benefits (Part IX, column (A), lines 5	-10)	408,779	
ο I		undraising fees (Part IX, co	, , , , , , , , , , , , , , , , , , , ,) -	0	
g b		ing expenses (Part IX, colu	•	0.	4	, , , , , ,
17	Other expense	es (Part IX, column (A), line:	s 11a 11d, 11f-24e)		1,319,871	
18	Total expense	s Add lines 13-17 (must ed	qual Part IX, column (A), line 25)		1,729,230	
19	Revenue less	expenses Subtract line 18	3 from line 12		<38,272	
nces				<u> E</u>	Beginning of Current Yea	
20 21	Total assets (F	•		<u> </u>	1,208,945	
śĕI		(Part X, line 26)		—	834,408	
조 22 Part II		fund balances Subtract lin	ie 21 from line 20		034,400	. 867,043
			this return, including accompanying scho	edules and state	ments, and to the hest of	my knowledge and helief it is
			r than officer) is based on all information		*	,oogo and bollel, It is
		Milal	A faul			
Sign	Signature	e of officer			Date	10
Here		AEL PAULL, EX	EC. DIRECTOR		11/15/	118
aid	Print/Type prep	parer's name	Preparer's signature		Date Check	PTIN
Preparer	Firm's name				self empi Firm's EIN ▶	loyed
Jse Only	Firm's address	<u> </u>			CIGHT S EIN	•
					Phone no	
May the	IRS discuss this	s return with the preparer s	shown above? (see instructions)			Yes No
732001 11	28 17 LHA F	or Paperwork Reduction	Act Notice, see the separate instr	uctions.		Form 990 (2017

GEORGIA SECTION PGA OF AMERICA. INC.

	1990 (2017) AMERICA, INC.	28-1089016	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE O		
	SEE SCREDULE O		
			·
2	Did the organization undertake any significant program services during the year which were not listed on the		
~	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	res	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□v _{••}	X No
3	If "Yes." describe these changes on Schedule O	Tes	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	managed by avance	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported	irs, trie total expenses,	anu
	(Code) (Expenses \$ including grants of \$) (Revenue		
	TOURNAMENTS: AS PART OF GEORGIA SECTIONS MISSION TO PRO		ME.
	OF GOLF, WE CONDUCTED OVER ONE HUNDRED GOLF TOURNAMENTS		
	THOUSANDS OF PARTICIPANTS THROUGH THE STATE OF GEORGIA,	INCLUDING T	
	GEORGIA OPEN, THE GEORGIA SENIOR OPEN, AND GEORGIA WOMEN		
		012111	
		-	
4b	(Code) (Expenses S including grants of S) (Revenu	 ле \$)
	EDUCATION: GOLF PROFESSIONALS ARE THE FOUNDATION OF GOI		 ′
	PROFESSIONALS ARE EXPERT INSTRUCTORS AND COMMUNITY LEADE	ERS WHO HELF	-
	PROVIDE AFFORDABLE AND ACCESSIBLE GOLF TO EVERYONE, EVER	RYWHERE WITH	IIN
	THE STATE OF GEORGIA. GEORGIA SECTION PROVIDES EDUCATION	ONAL PROGRAM	IS TO
	ENSURE THAT GOLF PROFESSIONALS WILL REMAIN AT THE FOREFF	RONT OF THE	GAME
	PROVIDING ENJOYMENT TO MANY FOR GENERATIONS TO COME.		
4c	(Code) (Expenses S including grants of S) (Revenu	re \$)
		<u></u>	
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses		

GEORGIA SECTION PGA OF

PGA OF 58-1089016

Form 990 (2017) AMERICA, INC.
Part IV Checklist of Required Schedules

	1	_	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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes " complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	[ŀ	
	Part VI	11a	Х	
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	116		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ŀ
	or more? If "Yes," complete Schedule F Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	ŀ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A). lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a? If "Yes,"	1	Ī	I

Form **990** (2017)

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			160	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers directors, trustees, key employees, and highest compensated employees? If "Yes," complete		3,7	
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			₩
h	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		-
C	any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	director, trustee, or direct or indirect owner? If "Yes." complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes." complete Schedule N Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
25-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2017)

The check if Schedule O contains a response or note to any fine in this Part V 1a. Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable be fine the number of Forms W2G included in into a Enter-0- if not applicable 1 b 0 0 c. Dot the organization comply, with backup withholding rules for reportable payments to vendors and reportable gamming (gammling) with making with the complex of the manufacture of Forms W2G included in the 1 the 10 of 1	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
tale Einer the number reported in Box 3 of Form 1096. Einer -0 in find applicable be Dritter the number of Forms Wild Ginduded in the lat Einer -0 in not applicable 1 b		Check if Schedule O contains a response or note to any line in this Part V			
b Eiter the number of Forms W26 included in line 1a. Enter 0-if not applicable color bit to granization comply with backup with bidding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize with backup with bidding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize with bidding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize with bidding rules for reportable payments to vendors and reportable gaming (gambling) writings to prize with bidding rules for reportable payments to vendors and reportable gaming (gambling) writings and the properties of the contract of the calendary very and the vendors of the properties of the contract of the calendary very and the organization have an interest in, or a signature or other famical account? 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial Account in a foreign country (such as a bank account; securities account or other financial account)? 5b If "Yes," the first financial financial very organization have an interest in, or a signature or other authority over, a financial Accounts (FBAR) 5c Was the organization a party to a prohibited 14 where it is a party to a prohibited 14 where it is a party to a prohibited 15 where the reasonation at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization filt was or it a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where it is a party to a prohibited 18 where				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 1b If at least one is reported on line 23, did the organization file all required federal employment tax returns? Note If the sum of lines 1a and 2 is greater than 250, you may be required to e-rife (see instructions) 3b Loft the organization have unrelated bissness gross income of \$1.000 or more dumpt the year? 5b If Yes, * has it filed a Form 990-T for this year? If *No.* 10 line 30, provide an explanation in Schedule O 5c If Yes, * that it is a form 990-T for this year? If *No.* 10 line 30, provide an explanation in Schedule O 5c If Yes, * the respiration of the Grego pountry. 5c If Yes, * the erit the name of the Grego pountry. 5c If Yes, * to line 5a or 5b, dot the organization that it was or is a party to a prohibited for schedule of the schedule of the year? 5c If Yes, * to line 5a or 5b, dot the organization that it was or is a party to a prohibited as schedule retinaction at any organization schedule any contributions that were not tax deductible? 5c If Yes, * to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax schedule transaction at any contributions and the were not tax deductible? 5c If Yes, * to line 5a or 5b, dot the organization that it was or is a party to a prohibited tax schedule transaction at any contributions or grifts were not tax deductible? 5c If Yes, * to line 5a or 5b, dot the organization that it was or is a party to a prohibited that schedule transaction at any contributions or grifts were not tax deductible? 5c If Yes, * to line 5a or 5b, dot the organization model with weep visible contributions and party for goods and services provided to the payor? 5d If Yes, * if the organization that were not tax deductible contributions and the payor organization that pay receive deductible contribut	1a	· · · · · · · · · · · · · · · · · · ·			
gambling winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittol of Wage and Tax Statements, lided for the calendar year ending with or within the year covered by this return b II at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note II filt ess mor of hise 1 and 2 a greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a IX II **Yes,** The strift of Form 990 77 for the year?** If **Vo. **To line 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b II **Yes,** The first financial properties of the organization filt is a bank account, securities account, or other financial accounts (FBAR) 5c Was the organization and pray to a prohibited tax shelter transaction? 5d II **Yes,** Center the name of the foreign country. ▶ 5a Was the organization protify the organization that it was or is a party to a prohibited tax shelter transaction? 5b II **Yes,** Center the name of the foreign country. ▶ 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 5c II **Yes,** Cid the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles as charitable contributions? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution of quant partly for goods and services provided? 7 organization receive a payment in excess of \$75 made partly as a contribution of a contribut	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Forn W3, Transmittal of Wages and Tax Statements, field for the calendar year ending with or within the year covered by this return If at least one's reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions) B. Of the organization have unrelleded business gross income of \$1,000 or more dumpt the year? If "Yes," has it filed a Form 990 To this year? If "No." to file 3b, provide an explanation in Schedule O 3b. X At any time during the calendary year, did the organization have an interest in, or a ginanture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b. If "Yes," has it filed a Form 990 To this year? If "No." to file 3b, provide an explanation in Schedule O 5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax of the organization of the form 8888 T? 5c. If "Yes," to line 5a or 5b, did the organization file Form 8886 T? 6d. Dest 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? 6d. If "Yes," to line 5a or 5b, did the organization file Form 8886 T? 6d. If "Yes," to line 8a or 5b, did the organization file Form 8886 T? 6d. If "Yes," to line 8a or 5b, did the organization file Form 8886 T? 6d. If "Yes," to line 8a or 5b, did the organization file Form 8886 T? 6d. If "Yes," to line 8a or 5b, did the organization file Form 8886 T? 6d. If "Yes," to line 8a organization file Form 8886 T? 6d. If "Yes," to line 8a organization file Form 8886 T? 6d. If "Yes," to line 8a organization file Form 8886 T? 6d. If "Yes," to line 8a organization file Form 8886 T? 6d. If "Yes," to line 8a organization file Form 8886 T. 6d. If "Yes," to line 8a organization file Form 8886 T? 6	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
hied for the calendar year ending with or within the year covered by this return bit of at least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? bit If Yes, it is filed a Form 9901 for this year? If "No," to land 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in. or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account any organization country (such as a bank account, securities). bit If Yes, the third is a financial account of the foreign country the securities and the foreign country the securities of the foreign country the securities of the foreign country the securities of the securities of the foreign country the securities of the securities		(gambling) winnings to prize winners?	1c	Х	
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15							
	If there are material differences in voting rights among members of the governing body, or if the governing	İ		, ,				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		•					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1		Ì	۱ ۱				
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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5	х	Х				
6	6 Did the organization have members or stockholders?							
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	Х					
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	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			i,				
а	The governing body?	8a	X	[
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
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	Х					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		- <u>-</u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent			1				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	\overline{x}					
	Other officers or key employees of the organization	15b		x				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	132						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			{				
	taxable entity during the year?	16a		X				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization s			:				
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availah	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website W Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year	ı ınıan	cidi					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
20	THE GEORGIA SECTION CONTROLLER - 561.624.8400							
	300 AVE OF CHAMPIONS #205, PALM BCH GARDENS, FL 33418							
	Of Office and Additional Company of the State							

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

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

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

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

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

(A) Name and Title	(B) Average	(do	not c	(C Posi	tion	l Ihan	one	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box	fluor and a director/trustee\		compensation from related	amount of other					
	(list any hours for related organizations below line)	Individual Irustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JUSTIN SIGMON	1.00										
CENTRAL CHP PRESIDENT	1 00	Х						0.	0.	0	
(2) MATTHEW EVANS	1.00	٠,									
DIRECTOR	1.00	Х						0.	0.	0	
(3) JEFF DUNOVANT	1.00	x						0.	0.	_	
DIRECTOR (4) DANA SCHULTZ	1.00	^	_	_				/	U •	0	
EAST CHP PRES/SEC/TRES	1.00	x						0.	0.	0	
(5) JORDON ARNOLD	1.00	^				\vdash		0.	0.		
NORTH CHP PRES/SEC/TRES	1.00	x						0.	0.	0	
(6) BRIAN CONLEY	1.00					<u> </u>		, ·			
DIRECTOR		X						0.	0.	0	
(7) SHAWN KOCH	1.00										
DIRECTOR		Х		j				0.	0.	0 .	
(8) TODD ORNSBY	1.00										
DIRECTOR		X		i				0.	0.	0	
(9) STEVE ARCHER	1.00										
DIRECTOR		Х				l		0.	0.	0	
(10) UEL KEMP	1.00										
DIRECTOR		X						0.	0.	0	
(11) JP GRIFFIN	2.00										
DIRECTOR	1.00	X						0.	0.	0 .	
(12) MIKE MILLER	1.00	.,								_	
DIRECTOR	4 00	Х		_		ļ		0.	0.	0	
(13) BRANDON STOOKSBURY	4.00	1		x				0.	0.	_	
SECRETARY/TREASUER	4.00	-		_		-		0.	0.	0 .	
(14) MARK MONGELL HONORARY PRESIDENT	4.00	1		x				0.	0.	0 .	
(15) JOHN GODWIN	4.00	-	\vdash	Λ					0.	<u>_</u>	
VICE PRESIDENT	4.00	1		X				0.	0.	0 .	
(16) BRIAN ALBERTSON	4.00	\vdash						-		0	
PRESIDENT	<u> </u>	1		$ \mathbf{x} $				0.	0.	0.	
(17) MICHAEL PAULL	60.00	T				-	-				
EXECUTIVE DIRECTOR		1		x				116,072.	0.	34,942	

732007 11-28-17

Form 990 (2017)

AMERICA, INC.

Section A Officers, Directors, Iru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employe	es (continued)				
· (A)	(B)	(C) Position						(D)	(E)]		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estimated amount of		
	week	offi	cer an	ss pe id a d	irecto	is bot or/trus	n an tee)	compensation	compensation from related			other	OI
	(list any	ector						the	organizations			pensa	tion
	hours for related	i i	es			pates		organization	(W-2/1099-MIS	C)		om th	
	organizations	ruste	l trust		ぉ	mpens		(W-2/1099-MISC)			_	anızat d relat	
	below	Individual trustee or director	Institutional trustee	=	Key employee	Highest compensated employee	ıer					ınızatı	
	line)	턀	trust	Officer	Key E	를	Former			\longrightarrow			
		}											
	<u> </u>	_			-								
		<u> </u>	_	<u> </u>				· · · · · · · · · · · · · · · · · · ·					
		┨											
									<u>.</u>	\dashv			
		1											
		┨											
		\vdash								\dashv			
		<u> </u>					<u> </u>						
							_			\exists			
		_			_					\dashv			
		┨											
1b Sub-total	<u> </u>	٠	Ц	.				116,072.		0.	3	4,9	42.
c Total from continuation sheets to Part	/II, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	116,072.		0.		4,9	42.
 Total number of individuals (including but compensation from the organization 	not limited to th	nose	IISTE	ed a	bov	e) wr	no re	eceived more than \$100	,000 of reportable	3			1
								······································				Yes	No
3 Did the organization list any former office			e, ke	y er	nplo	yee.	or	highest compensated e	mployee on				1
line 1a? If "Yes," complete Schedule J for					. 4		الميد ك	L		}	3		Х
4 For any individual listed on line 1a, is the sand related organizations greater than \$1.	•		-						the organization		4	х	
5 Did any person listed on line 1a receive or									dual for services	ľ			
rendered to the organization? If "Yes," con	mplete Schedul	le J f	or s	uch	pers	son					5		X
Section B Independent Contractors		. ـ ـ اـ						the state of the s	\$100,000 - f				
 Complete this table for your five highest of the organization. Report compensation for 	•									pensa	ation i	rom	
(A)								(B)			(C		
Name and busines	s address	N	ONE	<u></u>		-	4	Description of s	ervices	C	omper	nsatio	n ———
													-
	 .						-						
								•					
							4						
2 Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se lis	stec	d above) who received n	ore than				
\$100,000 of compensation from the organ	nization				(0						202	
											Form 9	シシリ ()	ZO17)

Form 990 (2017) AMERICA
Part VIII Statement of Revenue

ــــــــــــــــــــــــــــــــــــــ		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
		CHOOKIN SONOGIC COOKIN	and a response	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	la		:	•		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
S, (С	Fundraising events	1c]			
a g	d	Related organizations	1d		}			
S, E	е	Government grants (contribut	ions) 1e]			
Prop	f	All other contributions, gifts, gran	ts, and		1			
g £		_ similar amounts not included abo	ve 1f	1,970.	<u> </u>			
d d	g	Noncash contributions included in lines	1a-1f \$					
<u>0</u> %	h	Total. Add lines 1a 1f			1,970.			į
				Business Code				
9	2 a			900099	825,422.	825,422.		
و کے	b	SPONSORSHIP REV	ENUE	900099	348,402.			348,402.
Program Service Revenue	С			900099	237,533.	237,533.		
ev.	d			900099	232,478.	232,478.		
eg.	е	HANDICAP REVENU	JE	900099	63,885.	63,885.		
۵	f	All other program service reve	enue	900099	51,976.	51,976.		
\Box	g	Total. Add lines 2a-2f			1,759,696.			<u> </u>
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	4,609.			4,609.
	4	Income from investment of ta	x exempt bond p	oroceeds >				
-	5	Royalties		<u> </u>	4,728.			4,728.
:			(i) Real	(II) Personal				. [
	6 a	Gross rents						[
	b	Less rental expenses						. [
	С	Rental income or (loss)						J
ŀ		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	4.	1,500.				
	Ь	Less cost or other basis						' 1
		and sales expenses	0.	0.				
		Gain or (loss)	4.	1,500.				₁ ₋
		Net gain or (loss)		<u> </u>	1,504.			1,504.
Revenue	8 a	Gross income from fundraisin including \$	g events (not of					
ě		contributions reported on line	1c) See					İ
		Part IV, line 18	а					•
Other	b	Less direct expenses	b					l
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities See				<u></u>	
		Part IV, line 19	а					1
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					J
		and allowances	а					·
	b	Less cost of goods sold	b					
ļ	с	Net income or (loss) from sale	s of inventory	> _				
		Miscellaneous Revenu		Business Code				
	11 a	ADVERTISING REV	ENUE	541800	12,875.		12,875.	
	b							
	С							
	d			<u></u>	10-2	_		
-	е	Total. Add lines 11a-11d		>	12,875.			
	12	Total revenue See instructions			μ,785,382.	1,411,294.	12,875.	359,243.

Form 990 (2017) AMERICA, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрензез	general expenses	expenses
•	and domestic governments. See Part IV, line 21	4,700.			
2	Grants and other assistance to domestic		· · · · · · · · · · · · · · · · · · ·		
-	individuals See Part IV, line 22	525.			
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	151,015.			
6	Compensation not included above, to disqualified		·· ·· · · · · · · · · · · · · · · · ·		
	persons (as defined under section 4958(f)(1)) and		•		
	persons described in section 4958(c)(3)(B)	İ			
7	Other salaries and wages	197,046.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,770.			
9	Other employee benefits	18,288.		†	
0	Payroll taxes	24,747.		<u> </u>	
1	Fees for services (non employees)				· · · · ·
а	Management				
ь	Legal				
¢	Accounting				
	Lobbying	7,200.	· · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,215.			
g	Other (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O)	21.			
2	Advertising and promotion	12,720.		-	
3	Office expenses	26,957.			
4	Information technology		·		
5	Royalties	· [
6	Occupancy	12,235.			
7	Travel	169,983.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	3,071.			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	42,330.			
3	Insurance	16,861.			
4	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)	• •			
	amount, list line 24e expenses on Schedule O`)				
а	TOURNAMENT PRIZES	692,783.			
b	TOURNAMENT OPERATIONS	237,193.			
С	FOOD AND BEVERAGE	48,960.			
d	PROCESSING FEES	32,924.			
е	All other expenses	43,932.			
5	Total functional expenses Add lines 1 through 24e	1,764,476.			
6	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ļ			
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	

Form 990 (2017)
Part X Balance Sheet AMERICA, INC.

		Check if Schedule O contains a response or not	to to daily into in	T	/Δ\		(B)
			- · · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		End of year
	1	Cash non interest-bearing		ļ	120,752.	1	122,45
	2	Savings and temporary cash investments	•		404,913.	2	80,36
	3	Pledges and grants receivable, net		L		3	
	4	Accounts receivable, net			103,972.	4	102,41
	5	Loans and other receivables from current and for	receivables from current and former officers, directors,		•		
	•	trustees, key employees, and highest compensation	ated employee	s Complete			
		Part II of Schedule L		L		5	
	6	Loans and other receivables from other disquali	ified persons (a	as defined under	-		
		section 4958(f)(1)), persons described in section	74958(c)(3)(B)	and contributing			
		employers and sponsoring organizations of sec	oluntary				
2		employees' beneficiary organizations (see instr)	Complete Par	t II of Sch L		6	
Assets	7	Notes and loans receivable, net		Γ	258,996.	7	258,99
Ë	8	Inventories for sale or use		Γ		8	
	9	Prepaid expenses and deferred charges		Г	902.	9	7,01
	10a	Land, buildings, and equipment cost or other		Г			
	[basis Complete Part VI of Schedule D	10a	689,695.		•	*
	ь	Less accumulated depreciation	10b	366,594.	318,410.	10c	323,10
	11	Investments - publicly traded securities	<u> </u>		•	11	336,67
	12	Investments - other securities See Part IV, line	11	F		12	
	13	Investments - program-related See Part IV, line		F		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		<u> </u>	1,000.	15	1,00
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)	F	1,208,945.	16	1,232,02
	17	Accounts payable and accrued expenses	101 1110 0 47		122,482.	17	93,18
	18	Grants payable		-		18	
	19	Deferred revenue		<u> </u>	195,433.	19	200,78
	20	Tax-exempt bond liabilities	F	220,200	20	200770	
	21	Escrow or custodial account liability Complete	Part IV of Sch	adule D		21	
rv.	22	Loans and other payables to current and former		<u> </u>			
Liabilities	~~	key employees, highest compensated employee		1			
		Complete Part II of Schedule L	es, and disqua	linea persons		22	
=======================================	23	•	atad thurd nade		56,622.	23	71,00
	24	Secured mortgages and notes payable to unrela	•	es -	50,022.	24	71,00
	25	Unsecured notes and loans payable to unrelate	•	ad thurd		24	
	25	Other liabilities (including federal income tax, pa	-	l l			
		parties, and other liabilities not included on lines Schedule D	s 17 24) Comp	nete Part X OI		25	
	26	Total liabilities. Add lines 17 through 25		<u> </u>	374,537.	26	364,98
_	20	Organizations that follow SFAS 117 (ASC 958	R) chack bere	▶ and	3,4,3374	20	304,50
v		complete lines 27 through 29, and lines 33 an		allu			
Net Assets of Fund balances	27	Unrestricted net assets	iu 34.	-		27	
alar	28	Temporarily restricted net assets		 -	.		
ă				<u> </u>		28	
֓֞֟֟֝֟֟֝֟֝֟֝֟֝֟֓֓֟֟	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A	CC 0E01 -k	k boro 🔊 🔽		29	
Ľ			130 938), CNEC	k nere			
S	20	and complete lines 30 through 34	-	0.			
Se	30	Capital stock or trust principal, or current funds	-	15,219.	30	15,21	
¥ :	31	Paid-in or capital surplus, or land, building, or ed			819,189.	31	851,82
Se .	32	Retained earnings, endowment, accumulated in	icome, or othe	riunas		32	
٠,	33	Total net assets or fund balances		 	834,408.	33	867,04
	34	Total liabilities and net assets/fund balances			1,208,945.	34	1,232,02

GEORGIA SECTION PGA OF

	1990 (2017) AMERICA, INC.	58-	1089016	Page 12
Pa	rt XI Reconciliation of Net Assets		· ·	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		382.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,476.
3	Revenue less expenses Subtract line 2 from line 1	_3		,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,408.
5	Net unrealized gains (losses) on investments	5	11	,729.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	867	,043.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			1 1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,		
	consolidated basis, or both		1 1	'
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Aud	dit	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	dit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public to Inspection

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

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

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

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

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

Tax) (see separate instructions), ther	า			
 Section 501(c)(4), (5), or (6) organiz 	ations Complete Part III			
Name of organization GEORGIA	A SECTION PGA OF	·	Emp	loyer identification number
	A, INC.			58-1089016
Part I-A Complete if the or	rganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
Provide a description of the organ	nization's direct and indirect politi	cal campaign activities		
2 Political campaign activity expend	litures		▶ \$	
3 Volunteer hours for political camp	aign activities			
Part I-B Complete if the or	ganization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise ta	x incurred by the organization un	der section 4955	▶ \$	
2 Enter the amount of any excise ta	x incurred by organization manag	jers under section 4955	5 ▶\$;
3 If the organization incurred a sect	ion 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter the amount directly expende	ed by the filing organization for se	ection 527 exempt fund	ction activities)
2 Enter the amount of the filing orga	anization's funds contributed to o	ther organizations for s	ection 527	
exempt function activities			▶ \$;
3 Total exempt function expenditure	es Add lines 1 and 2 Enter here	and on Form 1120 POL	•,	
line 17b			▶ \$	•
4 Did the filing organization file Form	n 1120-POL for this year?			Yes No
5 Enter the names, addresses and e	employer identification number (E	IN) of all section 527 po	olitical organizations to which	ch the filing organization
made payments. For each organiz		•	~	
contributions received that were p	promptly and directly delivered to	a separate political org	janization, such as a separa	ate segregated fund or a
political action committee (PAC)	f additional space is needed, pro	vide information in Part	: IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(=)	(3,7,55,55	(0, 2	filing organization's	contributions received and
			funds If none, enter 0-	promptly and directly
				delivered to a separate political organization
				If none, enter 0-
		 		
				
		+		

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

GEORGIA SECTION PGA OF

Schedule C (Form 990 or 990-EZ) 2017					58-	1089016 Page:
Part II-A Complete if the org	janizati	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).						
A Check ► ☐ If the filing organiza	tion belon	gs to an affi	liated group (and list ii	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	re of exce	ss lobbying	expenditures)			
B Check ► L if the filing organiza	tion checl	ked box A a	nd "limited control" pro	ovisions apply		
		bying Expe		,	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	aitures" n	ieans amou	ints paid or incurred.)	totals	
1a Total lobbying expenditures to influ	uence put	olic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a le	gislative boo	dy (direct lobbying)	[
c Total lobbying expenditures (add li	nes 1a an	d 1b)				
d_Other exempt purpose expenditure	es _					
e Total exempt purpose expenditure	s (add line	es 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	er the amo	ount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) o			bying nontaxable am	11		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000.				
		0.,000,				
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)	·····			*†
h Subtract line 1g from line 1a If zer		-				
Subtract line 1f from line 1c If zero					- .	
J If there is an amount other than ze			line 1. did the organiz	ation file Form 4720		
reporting section 4911 tax for this		o,o	mio ii, ala alio organia	a		Yes No
	,	4-Year Ave	eraging Period Under	section 501(h)		
(Some organizations the	hat made			• •	of the five columns	below.
	Se	e the separ	ate instructions for li	nes 2a through 2f.)		
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		· · · · · · · · · · · · · · · · · · ·
Calendar year	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						·
(150% of line 2a, column(e))						
(**************************************						
c Total lobbying expenditures						
C . Clar looplying experiences				-		<u> </u>
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))					•	
(10010 01 1110 004 00 001111 (0))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

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

1 a b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Amo	ount
a b	local legislation, including any attempt to influence public opinion on a legislative matter	<u> </u>			
a b		1			
a b					٠,
b	or referendum, through the use of				•
	Volunteers?]	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				1
С	Media advertisements?				
d	Mailings to members legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities?				
j	Total Add lines 1c through 1i			<u> </u>	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c))(5), or s	ection	
	\-\-\-\-\-\-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he ngar ves			Х
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1	T	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	ical	<u> </u>		
	expenses for which the section 527(f) tax was paid).	Cui			
	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	."	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part	IV Supplemental Information				
	le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 Part II A (affiliated grouctions), and Part II-B, line 1 Also, complete this part for any additional information	p list), Part I	II-A, lines 1	and 2 (see	
					,
					-
					
					•

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

GEORGIA SECTION PGA OF

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICA INC.

Employer identification number 58-1089016

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		via a a a construction protection in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
	for charitable purposes and not for the benefit of the donor	<u> </u>	
	impermissible private benefit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		- -
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	organization's accounting for
Da	conservation easements	4 Aut Historical Transcrups or Othe	Similar Accada
Га	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		er Similar Assets.
			
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the text of the footnote to its financial statements.		
ь	If the organization elected, as permitted under SFAS 116 (AS	•	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		ın, provide
_	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items	• •
	Revenue included on Form 990, Part VIII, line 1		5
	Assets included in Form 990, Part X For Panerwork Reduction Act Notice, see the Instruction	s for Form 900	Schodule D (Form 990) 2017

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GEORGIA SECTION PGA OF

	dule D (Form 990) 2017 AMERICA						!	<u>58-10</u>	8901	5 Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts(contin	ued)
3	'Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a siç	gnificant i	use of its	collection	ı items
	(check all that apply)									
а	Public exhibition	(; <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	he organızat	ion's exen	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ner sımılar	assets	_	_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on I	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21			· · · · · · · · · · · · · · · · · · ·					
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not i	ncluded	_	_	
	on Form 990, Part X?							L.	」 Yes	└ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			_
f	Ending balance						1f			
	Did the organization include an amount on F						ty?	l	J Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
	5	(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance							-	<u> </u>	
b	Contributions									
С.	Net investment earnings, gains, and losses									
	Grants or scholarships	·				+				
е	Other expenditures for facilities					1				
	and programs					-				
1	Administrative expenses						 			
g	End of year balance		L		L				L	
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) neid as					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages on lines 2a, 2b, and 2c sho	,	ation th	at ara bald a	nd administra	and for the				
Ja	Are there endowment funds not in the posse	ession of the organiz	ation tin	at are neiu a	no aoministr	erea for th	e organiz	alion	Г	Voc No
	(i) unrelated organizations								3a(ı)	Yes No
	(ii) related organizations								3a(ii)	-+-
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							00	
_	t VI Land, Buildings, and Equipm		5 *******	101100						
L	Complete if the organization answere		0. Part I	V. line 11a S	See Form 990	0. Part X. I	ine 10			
	Description of property	(a) Cost or o	-	· · · · · ·	or other	·	cumulate	d	(d) Book	value
		basis (investi			(other)		reciation		,_, 500	
1a	Land		<u>-</u>	<u> </u>						
	Buildings			47	2,046.	2	36,02	23.	236	5,023.
	Leasehold improvements									
	Equipment			3	5,498.		33,19		- 2	2,306.
e	Other				2,151.		97,3	79.		1,772.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0c)			>	323	3,101.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.				- · · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"				<u></u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation Cost or en	d-of year market value
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·		
(2) Closely-held equity interests				·
(3) Other				
(A) _ <a>(B)				. <u> </u>
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶				,
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	valuation Cost or en	d-of-year market value
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)		****		
(8)			·	
(9)			· -	
Total (Col (b) must equal Form 990, Part X, col. (B) line 13)				
Part IX Other Assets.		<u> </u>		-··· · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d See Form 990	, Part X, line 15	
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)			· -	
(7)				
(8) (9)		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990. Part X, col (B) line	15)			
Part X Other Liabilities.	, , , ,			
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11e or 11f See Fori	m 990, Part X line 2	5
1. (a) Description of liability		(b) Book value		i
(1) Federal income taxes			1	
(2)				¢.
(3)				
(4)				
(5)				
(6)				
(7)				į
(8)				
(9)	051	-	4	
Total. (Column (b) must equal Form 990, Part X, col (B) line				· · · · · · · · · · · · · · · · · · ·
2 Liability for uncertain tax positions. In Part XIII, provide		=		
organization's liability for uncertain tax positions under	FIIN 40 (ASC 740) CF	reck nere ii the text of th		nedule D (Form 990) 2017
			əcr	iedale D (LOLIII 980) 501\

Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

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.

Open to Public

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

GEORGIA SECTION PGA OF

Questions Regarding Compensation

AMERICA, INC. 58-1089016

			Yes	No
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	1		
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	-		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		:	1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				,
3	Indicate which, if any of the following the filing organization used to establish the compensation of the organization's			{
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			j
	Compensation committee X Written employment contract			:]
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			,
				"
4	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	li		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
				1
	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			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			ļ
6	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			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	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 in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

GEORGIA SECTION PGA OF

AMERICA, INC.

Schedule J (Form 990) 2017

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

Page 2

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

		(B) Breakdown of V	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2),(3)	g o
(1) MICHAEL PAULL	Ξ	116,07	0.		11,19	23,751.	151,014.	0
EXECUTIVE DIRECTOR	Ξ	0.	0	0	0	0	• 0	0
	Ξ							
	耳							
	Ξ							
	Ξ							
	Ξ							
	3							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
	Ξ							
	(II)							
	Ξ							
	(<u>ii</u>)							
	Ξ							
	Ξ							
	(1)							
	(E)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
ng samuyang mga ng ng ng ng ng ng ng ng ng ng ng ng ng	3							
900000				21			Schedu	Schedule J (Form 990) 2017

GEORGIA SECTION PGA OF AMERICA, INC.

Page 3 58-1089016 Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information explanation, or descriptions required 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 for any additional information

									Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www irs.gov/Form990 for the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

Name of the organization

GEORGIA SECTION PGA OF AMERICA, INC.

Employer identification number 58-1089016

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

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

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2017

OMB No 1545-0047

► Attach to Form 990

(g) Section 512(b)(13) Employer identification number 58-1089016 Ŷ Open to Public Inspection × controlled entity Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling GEORGIA SECTION PGA OF AMERICA, End-of year assets HNC. <u>(e)</u> Public charity status (if section 501(c)(3)) e PUBLIC Total income Exempt Code 9 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. GEORGIA SECTION PGA OF section 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) SEORGIA Primary activity Primary activity PROMOTE GOLF INC. GEORGIA PGA FOUNDATION INC - 58-1243297 Name, address, and EIN (if applicable) AMERICA Name, address, and EIN of related organization of disregarded entity 590 WEST CROSSVILLE ROAD Name of the organization ROSWELL, GA 30075 Department of the Treasury Internal Reveruc Service Part II Part I

732161 09-11 17 LHA

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

Schedule R (Form 990) 2017

GEORGIA SECTION PGA OF Schedule R (Form 990) 2017 AMERICA, INC.

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

. . .

Page 2

58-1089016

(a) Name, address, and EIN of related organization	(a)	<u>(၁</u>	₹								
Name, address, and EIN of related organization			Ó.	(e)		£	(B)	Ξ	Ξ	=	₹
	Primary activity	domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		Share of total e	Share of end-of year assets	oradnate IICnS?	Code V UBI amount in box 20 of Schedule	General o managin Partner?	General or Percentage managing ownership partner?
		country)		sections 5 12	2-514)			Yes No	K 1 (Form 106	5) Yes No	
•											
					_						
										-	
					_						
										-	
					•						
ı	anizations Taxable a	s a Corpo	ration or Trust. Co	molete if the o	yrganization ans	wered "Yes" on	Form 990 P	art IV Ine 34	1 because it has	d one or n	nore related
Part IV organizations treated as a corporation or trust during the tax year	poration or trust durin	g the tax y	ear		0			·			
(a)			(q)	(0)	ව	(e)	£	_	(6)	٤	Ξ
Name, address, and EIN	~	Prima	Primary activity	ē	Direct controlling		v Share of total			Percentage	
of related organization					entity	(C corp, S corp,			_	ownership	controlled entity?
				country)		0 (1931)		-	222013		Yes No
											1
							-				
The state of the s											
									-		
7							_				
732162 09-11-17				07					Sched	ule R (For	Schedule R (Form 990) 2017

GEORGIA SECTION PGA OF Schedule R (Form 990) 2017 AMERICA, INC.

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

58-1089016 Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	In Parts II-IV?			
a Receipt of (1) interest (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				12		×
d Loans or loan guarantees to or for related organization(s)				₽		×
e Loans or loan guarantees by related organization(s)				-		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				£		×
 Exchange of assets with related organization(s) 				=		×
j Lease of facilities, equipment or other assets to related organization(s)				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			T E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			4		×
 Sharing of paid employees with related organization(s) 				9		×
a Dought was and to related and and the second and and a second a second and cond and cond and a second a second a second				1	_	>
				⊋ .	 	4
q Reimbursement paid by related organization(s) for expenses				10	<	
r Other transfer of cash or property to related organization(s)				÷		×
				\$		×
ģ	who must complete t	his line including covered	information on who must complete this line including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	involved		
	type (a s)					
(1)						
8						
(3)						
(4)						
(5)						
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GEORGIA SECTION PGA OF AMERICA, INC.

Schedule R (Form 990) 2017 AMERICA, INC

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	ision for certain inve	estment partnerships						
(a)	(q)	(2)	(d) (e)		(6)	Ξ	(E)	3	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Fredominant income pariness ser (related, unrelated, 501(c)(3) excluded from tax under ons?	Share of total	Share of end of year	Ospropor ionate allocations?	Ospropol Code V-UBI General or Percentage ionale amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General o managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
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