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

2 9 4 9 3 0 0 4 1 5 8 1 1

OMB No 1544

201

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning and e	ending						
B CI	neck if oplicable	C Name of organization		D Employer identific	ation number				
	Addres change	s KGA-PGA, INC.							
	Name change	Doing business as		61-09	941146				
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	1116 ELMORE JUST DRIVE		(502)243-8295					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,008,395.					
	Amend return	LOUISVILLE, KY 40245		H(a) Is this a group return					
	Applica	F Name and address of principal officer BRENT FADADINO	. 1	for subordinates'	Yes X No				
	pendin	SAME AS C ABOVE	N/	H(b) Are all subordinates in	cluded? Yes No				
I T	ax-exe	mpt status 501(c)(3) _X 501(c) (6) ◀ (insert no.) 4947(a)(1) o	or //527	If "No," attach a l	ist (see instructions)				
JW	ebsite	e: ► WWW.KYGOLF.ORG	1	H(c) Group exemption	number -				
		organization: X Corporation	L Year		State of legal domicile: KY				
Pa		Summary							
	1 8	Briefly describe the organization's mission or most significant activities PROVI	DE AL	MINISTRATIVI	E SERVICES				
Activities & Governance		AND SUPPORT TO KENTUCKY'S FAMILY OF GOLF							
Ē	_	Check this box If the organization discontinued its operations or dispos			sets				
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9				
Ğ	4 1	Number of independent voting members of the governing body (Part VI line 16)		4	9				
80	5 7	Total number of individuals employed in calendar year 2018 (Part V line 2aREC	FIVE	5	28				
ij			TI VE	6	10				
; 등			0.0		0.				
*		Net unrelated business taxable income from Form 990-T, line 38	2 2 2019	7a 7b	0.				
\neg	<u> </u>			Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)	N. 117		0.				
Revenue		Program service revenue (Part VIII, line 2g)	***	652,908.	1,008,393.				
Š		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2.	2.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		666,410.	1,008,395.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.					
_s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		496,345.	0. 566,251.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
per		Fotal fundraising expenses (Part IX, column (D), line 25)	0.						
Ë		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		223,781.	175,448.				
		Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		720,126.	741,699.				
		Revenue less expenses Subtract line 18 from line 12		<53,7 <u>16</u> .	> 266,696.				
50 80 80		torondo todo oriponedo Cabridor inte To Horizinto TE	Be	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		174,666.	452,508.				
ASS J Ba		Fotal liabilities (Part X, line 26)	-	25,971.	37,117.				
Ę.ĕ		Net assets or fund balances Subtract line 21 from line 20		148,695.	415,391.				
	rt II	Signature Block							
Unde	r penal	ties of periory, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of wh							
			<u>-</u>	11-14	2019				
Sign	,	Signature of officer		Daté					
Here		▶ BRENT PALADINO, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		CHRISTINE N KOENIG	a	11 13.19 self-employe	P01022180				
Prep		Firm's name DEMING MALONE LIVESAY & OSTROFF		Firm's EIN	61-1064249				
Use (Firm's address 9300 SHELBYVILLE RD STE 1100	9						
	·	LOUISVILLE, KY 40222-5187		Phone no. (5	02)426-9660 _				
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				
	1 12-31		ns.		Form 990 (2018)				

Form	1 990 (2018) KGA-PGA, INC.	61-0941146 Page 2
Pa	rt III Statement of Program Service Accomplishments	,
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission PROVIDE ADMINISTRATIVE SERVICES AND SUPPORT TO KENTUCKY	
	GOLF ORGANIZATIONS. ALSO TO ORGANIZE GOLF TOURNAMENTS A	ND OVERSEE THE
	HANDICAP SERVICES TO GOLF FACILITIES IN KENTUCKY.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes _ANO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
4a	revenue, if any, for each program service reported (Code) (Expenses \$	
44	(Code) (Expenses \$	Te 2
	MENTOCHION OF REMITOCKI COMPTION	
		
4b		ue \$)
	MANAGEMENT OF KENTUCKY GOLF ASSOCIATION	
4c	(Code) (Expenses \$ including grants of \$) (Reven	
70	MANAGEMENT OF KENTUCKY SECTION PGA OF AMERICA	
	MENICONION OF SIGNATURE DESCRIPTION OF SECURIOR	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses	
		Form 990 (2018)



Form 990 (2018) KGA-PGA, INC.

Part IV Checklist of Required Schedules

			. 63	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			4,7
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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	Ī		
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		. ^
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
ь	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		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 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			••
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
U	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		**
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		X
ı	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		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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

Part IV	Checklist	of Rec	uired \$	Schedules	(continued)

			Yes	No
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		<u>X</u>
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		_X_
24 a	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			v
	Schedule K If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 <u>b</u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	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	200		
20	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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		:	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	v	
Pa	Note. All Form 990 filers are required to complete Schedule On the Value of the Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
👊	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	110
b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
83200	4 12-31-18		990	(2018)

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X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Form 990 (2018) KGA-PGA, INC. 61-0941146 Pag
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	0, 4, 110, 1	Сорот	50		
	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
	ton , it do to the garage and the ga		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	9				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9				
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		<u>X</u> _		
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		<u>X</u>		
6	Did the organization have members or stockholders?	6		<u>X</u>		
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		<u>X</u>		
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		<u>X</u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
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	ł				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	•				
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		X		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	х			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120				
C	in Schedule O how this was done	12c	x			
13	Did the organization have a written whistleblower policy?	13		X		
14	Did the organization have a written document retention and destruction policy?	14		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent		-			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	x			
b	Other officers or key employees of the organization	15b		X		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		_X_		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Ì				
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►KY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501	(c)(3)s only) avaıla	able		
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finar	icial			
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	BARBARA PEAK - 502-243-8295					
	1116 ELMORE JUST DRIVE, LOUISVILLE, KY 40245					

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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

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	mpei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)	_ (C)						(D)	(E)	(F)
Name and Title	Average	(do		Posi) than	one	Reportable	Reportable	Estimated
	hours per	box	oox, unless person is bo officer and a director/tru		is bot	h an	compensation	compensation	amount of	
	week	-	cer an	aaa	irecto	or/trus	Tee)	from	from related	other
	(list any	말						the	organizations	compensation
	hours for	5	 8			ated		organization	(W·2/1099·MISC)	from the
	related	nstee	tast		_ پر	Bell		(W-2/1099-MISC)		organization
	organizations below	ual tr	lonal		흏	2 8				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			Organizations
(1) PHIL ARMBRUSTER	1.00									
PRESIDENT		X	<u> </u>	X		<u> </u>		0.	0.	0.
(2) PETE GARVEY	1.00	-	İ						_	
VICE PRESIDENT		X	_	X				0.	0.	0.
(3) DANNY BARON	1.00	ļ								
DIRECTOR		X						0.	0.	0.
(4) RALPH LANDRUM	1.00	1								_
DIRECTOR		X			<u> </u>	ļ		0.	0.	0.
(5) CRAIG HEIBERT	1.00	ļ						_	_	_
DIRECTOR		X						0.	0.	0.
(6) DAVE NICHOLAS	1.00									_
DIRECTOR		X				ļ		0.	2,310.	0.
(7) JIMMY KIRSCHDORFER	1.00								_	_
DIRECTOR		X						0.	0.	0.
(8) JIM THOMPSON	1.00					1				
DIRECTOR		X						0.	4,885.	
(9) DEAN TERRY	1.00					ŀ				
DIRECTOR		X			_	<u> </u>			2,640.	0.
(10) BRENT PALADINO	45.00							_		
EXECUTIVE DIRECTOR	5.00			X	<u> </u>	1	_	0.	105,682.	9,569.
			-	-	1					
		1								
						1	_	<u> </u>		
	-	_	_	-		 	<u> </u>			
			<u> </u>							
	<u> </u>	L	1		<u> </u>	<u> </u>	Ц_	1		Form 990 (2018)

Form 990 (2018)

Name and title Average hours per week (list any hours for related organizations below line) By Jan	ı aı	Section A. Officers, Directors, Trus	tees, Key ⊑m	рюу	ees	, and	<u>a Hi</u>	gne	ST C	ompensated Employe	es (continuea)				
Complete and use Complete an		(A)	l i l Baile							(D)	(E)	(F)			
Sub-total		Name and title	1	(do					one				Estimated		
Sub-total			1							1	'			nount	of
hours for face fa				⊢.			T	T	Γ	· ·				other nensa	ation
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Y	c	Total from continuation sheets to Part VI	I, Section A												0.
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(A) Name and business address NONE Description of services Compens Total number of independent contractors (including but not limited to those listed above) who received more than			•	-								P 00		. •	
Name and business address NONE Description of services Compens Total number of independent contractors (including but not limited to those listed above) who received more than													(0	;)	
			address	NO	ONE	3				Description of s	ervices	Cc			n
										<u> </u>					
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						-			4						_
		Total number of independent control	المناه والمساهد والمساهد	04 1		d +-	+h ~	00 1		I obovo) who recomed a	oro than				
**************************************	2			Ot III	mte	u (O		_	sied	above) who received n	iore triair				
Form 9		wroo,ooo or compensation from the organi	zaliuji 🚩			_			_			r	-orm	990 <i>(</i>	2018\

Form 990 (2018) KGA-PGA
Part VIII Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats st	1 a	Federated campaigns	1a	-				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b]			
E,	С	Fundraising events	1c					
a it		Related organizations	1d]			
S,E	e	0						
Sign	f	All other contributions, gifts, gran			1			
he	•	similar amounts not included abo	1 1					
<u>F</u> 0			· <u> </u>		-			
Se	g	Total. Add lines 1a-1f	5 IA-11 \$					
- "		Total. Add lilles Ta 11		Business Code	-			
ds	2 a	CONTRACT SERVICE	ידכ	562000	879,936.	879,936.		
Š	_	MOTIDATA MERITE DESCRI		900099	69,714.	69,714.		
Ser	b	TICCA DETABLIDGE		900099	46,243.	46,243.		
EŽ	C	CDOMICO CULT DC	TENTO	900099	12,500.	12,500.		
Reg	d			700077	12,500.	12,500.		
Program Service Revenue	e		2010					
	'	All other program service reve	enue		1,008,393.			
	<u></u> 9	Total, Add lines 2a-2f Investment income (including	dividende inter		1,000,333.			-
	3	other similar amounts)	dividends, inter	est, and	2.			2.
	4	Income from investment of ta	v avamnt hand i	orocodo				2.
	4 5		ix-exempt bond	bioceeds	=			
1	5	Royalties	(i) Real	(II) Personal			-	
	6 -	Gross rents	U) near	(II) Personal	-			
	6 a			1	-			
	b	•			-			
	ب د	• •			-			
		Net rental income or (loss)	(1) Securities	(w) Othor				
	/ a	Gross amount from sales of	(i) Securities	(II) Other	-			
		assets other than inventory		 	-			
	D	Less, cost or other basis						
	_	and sales expenses		 	-			
	c	, ,			-			
	d	• , ,			-			
E E	ва	Gross income from fundraisin						
Other Reven		including \$	of					
8		contributions reported on line Part IV, line 18	•					
Je			a		-			
ŏ		Less direct expenses	b drowna ovente	\	-			
		Net income or (loss) from fund	-			_		
	9 a	Gross income from gaming at Part IV, line 19						
	L		а		-			
		Less direct expenses Net income or (loss) from gan	b Dina activitica	-	-			
			-		_			
	10 a	Gross sales of inventory, less						
		and allowances	а		-			
		Less cost of goods sold	b o of more tone	'L	-			
-	<u>c</u>	Net income or (loss) from sale		Business Carlo				
ŀ	14 -	Miscellaneous Revenu		Business Code	4			1
	11 a				 -			
	b			-				
	ر د	All other revenue		-		·		
]	_	Total, Add lines 11a-11d						
i		Total revenue See instructions			1,008,395.	1 008 303	0	2.
	12	I ATOLI LE A ELLO E DEC ILIQUI DELLO ILIQ			<u> 1 </u>	エ , ひ ひ ひ , フ フ フ •		· <u>4 •</u>

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-			70	
	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	. =.			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		<u> </u>		<u> </u>
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	105,682.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	357,745.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,350.			
9	Other employee benefits	46,028.			
10	Payroll taxes	39,446.			
11	Fees for services (non-employees)				
а	Management	_			
b	Legal	2 2 2 2			
С	Accounting	2,320.	_		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	10 110			
12	Advertising and promotion	18,112.			··
13	Office expenses	36,777.			<u> </u>
14	Information technology		<u></u> _		
15	Royalties	42 200	<u> </u>		
16	Occupancy	43,200. 13,949.			
17	Travel	13,949.			-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 010		_	
19	Conferences, conventions, and meetings	4,019.			
20	Interest				
21	Payments to affiliates	2,089.		 	
22	Depreciation, depletion, and amortization	20,335.		 	
23	Other expenses. Itemize expenses not covered	20,333.	····	-	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOURNAMENT EXPENSES	22,461.			
b	MISCELLANEOUS	7,463.			
c	STAKES	4,723.			
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	741,699.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Infollowing SOP 98-2 (ASC 958-720)				

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Form 990 (2018)
Part X | Balance Sheet

Paı	rt·X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			118,416.	1	307,499.
	2	Savings and temporary cash investments				2	1,897.
	3	Pledges and grants receivable, net		_	3		
	4	Accounts receivable, net	37,674.	4	104,960.		
	5	Loans and other receivables from current and for	ficers, directors,				
		trustees, key employees, and highest compens.					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	ete Part II of Sch L		6	-	
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			17,089.	9	20,257
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	97,639.			
	b	Less accumulated depreciation	10b	79,744.	1,487.	10c	17,895.
	11	Investments - publicly traded securities		_		11	
	12	Investments - other securities See Part IV, line	_		12		
	13	Investments - program-related See Part IV, line	_		13		
	14	Intangible assets		_		14	
	15	Other assets See Part IV, line 11	_		15		
	16	Total assets. Add lines 1 through 15 (must equ	174,666.	16	452,508		
	17	Accounts payable and accrued expenses		_	25,971.	17	37,117.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete		-		21	
ies	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	es, and d	disqualified persons			
Liabilities		Complete Part II of Schedule L		-	 -	22	
_	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of		AE	
	00	Schedule D		-	25,971.	25	37,117.
	26	Total liabilities. Add lines 17 through 25	N - L I		25,511.	26	31,111.
,,		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and 11 complete lines 35 and 12 co		k here 🕨 📖 and			
ĕ	07	Unrestricted net assets	ia 34.			27	
la l	27 28	Temporarily restricted net assets		-		28	
38	29	Permanently restricted net assets			_	29	
Ĕ	25	Organizations that do not follow SFAS 117 (A	SC 058	Chack here	_	-23	
ř.		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	0.	
sse	31	Paid-in or capital surplus, or land, building, or ed	t fund	0.	31	0.	
۲	32	Retained earnings, endowment, accumulated in			148,695.	32	415,391.
Š	32 33	Total net assets or fund balances		Striot failes	148,695.	33	415,391.
	34	Total liabilities and net assets/fund balances	174,666.	34	452,508.		
	<u> </u>	Total ligolitico di la fiot doseto/fulla palafices				<u> </u>	Form 990 (2018

Form **990** (2018)

orn	990 (2018) KGA-PGA, INC.	<u>61-0</u>	941146	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,008	3,3	<u>95.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	741	.,6	<u>99.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	266	, 6	<u>96.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148	3,6	<u>95.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	_ 415	5,3	91.
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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		36		

Form **990** (2018)

SCHEDULE D

(Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 61-0941146

Pai	t 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		22
	organization and the contraction of the contraction	(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 advise	ed funds
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
O	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	of donor advisor, or for any other purpose of	Yes No
Par		nanization answered "Yes" on Form 990. P	
	Purpose(s) of conservation easements held by the organizat		41(1), 1110
1	Preservation of land for public use (e.g., recreation or e		rically important land area
		Preservation of a certif	•
	Protection of natural habitat	Freservation of a certif	ned historic structure
_	Preservation of open space		of a consequence assessment on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form c	Held at the End of the Tax Year
	day of the tax year.		· · · · · · · · · · · · · · · · · · ·
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·	— —
	violations, and enforcement of the conservation easements		└── Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
_	conservation easements	(Landing Hamilton
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	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 pub	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2018

	dule D (Form 990) 2018 KGA - PGA	, INC.						<u>61-09</u>	4114	6 Page 2
Pai	rt·III Organizations Maintaining C	collections of A	rt, Histori	cal Tr	easures, o	r Othe	er Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the	following that	are a s	ignificant	use of its	collection	ı ıtems
	(check all that apply)									
а	Public exhibition	(ı 🔙 Loai	or excl	hange progra	ms				
b	Scholarly research	•	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how they f	urther th	ne organizatio	n's exe	mpt purp	ose in Pai	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, histori	cal treas	sures, or othe	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organiza	tion's co	llection?		_		_ Yes _	No_
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the org	anızatıoı	n answered "`	Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for conf	ribution	s or other ass	ets not	ıncluded	_	_	
	on Form 990, Part X?							L	_ Yes	U No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table	:						
									Amount	<u> </u>
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escr	ow or cu	istodial accol	ınt lıabıl	ıty?		_ Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Ye	s" on Fo	rm 990, Part	-				
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								1	
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	<u></u>								
f	Administrative expenses									
g	End of year balance			i					L	
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1g, co	olumn (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are	e held ar	nd administer	ed for the	ne organi	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(ı)	_
	(ii) related organizations								3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Bo:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment fund	<u>s</u>			_			
Га			O Bort IV In-	. 11. 0	on Form 000	Dort V	lino 10			
	Complete if the organization answered								(a) D1	
	Description of property	(a) Cost or o	1 3	b) Cost basis (or other	٠,	ccumulate preciation		(d) Book	, value
	Lond	Dasis (illvesti	- Isting	Duoio (oution)	uet	Journation			
1a			- -		-			-		
b	Buildings				_					
۲ C	Leasehold improvements				-	_				
d	Equipment Other	-	- -		7,639.		79,7	44	1.	7,895.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X. column (F							7,895.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)		e 11b See Form 990, Part X, line 12. (c) Method of valuation Cost o	r end-of-year market value
) Financial derivatives			
c) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)	-		
(D)			
(E)			
(F)			
(G)			
(H)			
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost o	r end-of-vear market value
	(D) DON YUIGO	(0)	
(1)	-	 	
(2)		<u> </u>	<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		·	
(9)	<u>-</u>		
hal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	·] .		
	II F 000 D+ IV b	- 11 d Coo Forms 000 Dod V line 15	
Complete if the organization answered "Yes) Description	e 11d See Form 990, Part X, line 15	(b) Book value
\ <u></u>	i) Describtion		
	· · · · · · · · · · · · · · · · · · ·		(b) Book Value
(1)	,		(b) Book value
(2)	,		(B) Book Value
(2)	,		(b) Book value
(2)			(b) Book value
(2) (3) (4) (5)			(b) Book value
(2) (3) (4)			(B) BOOK Value
(2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities.	ne 15)		D
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes	ne 15)		D
(2) (3) (4) (5) (6) (7) (8) (9) Stal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes	ne 15)	e 11e or 11f See Form 990, Part X, Iır (b) Book value	>
(2) (3) (4) (5) (6) (7) (8) (9) Stal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) literat X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col (B) in Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) in Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2)	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) in Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ne 15)		>
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) in Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ne 15)		>

832053 10-29-18

Schedule D (Form 990) 2018

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

Sche	edule D (Form 990) 2018 KGA-PGA, INC.		<u>61-0941146</u> F	Page ↔
Pa	rt·XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	40	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.1	5	
	rt XII Reconciliation of Expenses per Audited Financial S			
<u> </u>			niges per ricturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	IIIE 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	 	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		1 40 1	
•			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	M 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	
Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	I 4, Part IV, lines 1b and 2b,	5	

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection ➤ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization KGA-PGA, INC. 61-0941146 FORM 990, PART VI, SECTION B, LINE 11B: EXECUTIVE DIRECTOR REVIEWS IN DETAIL. IF ANY CONCERNS ARE NOTED, THEY ARE BROUGHT TO THE BOARD OF DIRECTORS' ATTENTION. FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT AND EXECUTIVE DIRECTOR REVIEW THE POLICY QUARTERLY TO ENSURE COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY COMPARABILITY DATA AND IS REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY. THE EXECUTIVE DIRECTOR ALSO HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE ORGANIZATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PERMITS PUBLIC REVIEW OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS DURING NORMAL BUSINESS HOURS AT THE ASSOCIATION'S OFFICE.

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

Schedule O (Form 990 or 990-EZ) (2018)

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. Attach to Form 990.

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

INC.

KGA-PGA

Name of the organization Department of the Treasury Internal Revenue Service

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

61-0941146

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled ž entity? Direct controlling × × × entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling INC INC GA-PGA INC KGA-PGA (GA-PGA End-of-year assets **e** status (if section 170(B)(1)(A) Public charity 501(c)(3)) 509(A)(2) Total income Exempt Code ত্র section 501(C)(3) 501(C)(3) 501(C)(6) 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) <u>ပ</u> KENTUCKY KENTUCKY ENTUCKY JARIOUS STATE AMATEUR GOLF CONDUCT EDUCATION SEMINARS KENTUCKY AND PROVIDE FREE SOLF INSTRUCTION TO YOUTH AND GOLF TOURNAMENTS FOR Primary activity DRGANIZE AND CONDUCT Primary activity TO PROMOTE GOLF IN For Paperwork Reduction Act Notice, see the Instructions for Form 990. OURNAMENTS ITS MEMBERS - 23-7150508 02-0661784 Name, address, and EIN (if applicable) KENTUCKY SECTION PGA - 61-0719612 Name, address, and EIN of related organization of disregarded entity KENTUCKY GOLF ASSOCIATION KENTUCKY GOLF FOUNDATION 1116 ELMORE JUST DRIVE 1116 ELMORE JUST DRIVE 1116 ELMORE JUST DRIVE LOUISVILLE, KY 40245 LOUISVILLE, KY 40245 40245 LOUISVILLE, KY Part II Part

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Schedule R (Form 990) 2018 KGA-PGA, INC.

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

General or Percentage managing ownership Schedule R (Form 990) 2018 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income $\boldsymbol{\varepsilon}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) 19 છ (d)
| Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 10-02-18 Part IV

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Yes

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

tity is listed in Parts II, III, or IV of this schedule	e organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Note: Complete line 1 if any entity is listed in Parts II, III, or	1 During the tax year, did the organization engage in any

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- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- 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)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)

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- m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

relationships and transaction thresholds	(p)
his line, including covered	(0)
who must complete tl	(q)
2 If the answer to any of the above is "Yes," see the instructions for information on w	(a)

(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) KENTUCKY GOLF FOUNDATION, INC.	0	114,385. FMV	яму
(2) KENTUCKY GOLF ASSOCIATION, INC.	O	469,162.FMV	PMV
(3) KENTUCKY SECTION PGA	ø	276,329.FMV	PMV
(4)			
(9)			
(9)			

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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

Sections 512-514) Ves two	(a)	(d)	(c)	(d) (e	(t) (l)	(6)	(F)	(1)	9	(K)
		Frimary activity	Legal domicile (state or foreign country)	(related, unrelated, 5016 excluded from tax under ors		Share of end-of-year assets	thonate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership

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Part VII	(Form 990) 2018 Supplemental Info	ormation.		
	Provide additional infori	mation for responses	s to questions on Schedule R. See instructions	
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