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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made pûblig Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information A For the 2018 calendar year, or tax year beginning

Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning	and	ending			1 -			
В	Check if applicable	C Name of organization				D Emp	loyer iden	tificati	on number	
	Addre	• TN SECTION PGA OF AMER	ICA							
Ļ	Name chang Initial	e Doing business as							3884	
	lreturn Final return		ivered to street address)	Room/si	uite	E Telep	none num		0-7600	
_	termin ated	City or town, state or province, country, and				<b>G</b> Gross	receipts \$		2,412,707.	
Ļ	Amen	FRANKLIN, IN 3/003-02				H(a) Is t	his a grou	p returr		
L	Application pendir	I F Name and address of principal officer CDA	YTON HROMADKA				subordina		Yes X No	
		empt status 501(c)(3) X 501(c) ( 6 )		6-1-	527	lf "	No," attac	h a list	(see instructions)	
J Website: ► TENNPGA . COM    H(c) Group exemption number ►										
K Form of organization X Corporation									ate of legal domicile; ${f TN}$	
Part I Summary										
ø	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O									
auc	2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12									
ēru		Check this box   lifthe organization disco		sed of m	nore	than 25%	% of its ne	t assets		
စ္ပ	4	Number of voting members of the governing body					L	3	11	
ಷ	1	Number of independent voting members of the go	• ,, ,				-	4	11	
ies	1	Total number of individuals employed in calendar y	/ear 2018 (Part V, line 2a)				L	5	133	
Ξ		Total number of volunteers (estimate if necessary)					-	6	90	
Ac		Total unrelated business revenue from Part VIII, co	• • •					7a	5,600.	
	b	Net unrelated business taxable income from Form	990-T, line 88 CF1/FF	<b>&gt;</b>				7b	0.	
	1.	_	1,202,722			Prior			Current Year	
ne		Contributions and grants (Part VIII, line 1h)	ω NOV 9 9 2040	SC			56,500		0.	
Revenue		Program service revenue (Part VIII, line 2g)	ISI NUVZZZUIY				37,732		1,847,332.	
Ŗ		Investment income (Part VIII, column (A), lines 3, 4	' 1 1'	RS			17,060		112,418.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 1(e)				L6,900		5,600.	
_		Total revenue · add lines 8 through 11 (must equal		1			L8,192		1,965,350.	
	ı	Grants and similar amounts paid (Part IX, column (	•				23,568		11,368.	
	1	Benefits paid to or for members (Part IX, column (A	•					) -	0.	
ses	15	Salaries, other compensation, employee benefits (				5:	51,861		591,349.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I		_		<del></del>		) .	0.	
Ä	_b	Total fundraising expenses (Part IX, column (D), lin		<u>0.</u>		1 0/		_	1 140 606	
	1/	Other expenses (Part IX, column (A), lines 11a-11d	•	ļ			66,331		1,142,626.	
	1	Total expenses Add lines 13-17 (must equal Part I	. , ,,	-			11,760 76,432		1,745,343.	
		Revenue less expenses. Subtract line 18 from line	evenue less expenses Subtract line 18 from line 12							
its or		Tatal annulu (Dad V. Lando)			Red		Current Ye		End of Year 2,227,169.	
ASSE Rais	20	Total assets (Part X, line 16)		-			13,055		200,973.	
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)	1 00				36,549		2,026,196.	
	22 art II	Net assets or fund balances Subtract line 21 from Signature Block	line 20			1,90	00,543	<u>' •  </u>	2,020,190.	
		Ities of perjury, Lideclare that I have examined this return,	uncluding accompanying echodula	e and eta	tomo	nte and t	o the best o	f my ka	outladge and belief it is	
		t, and complete Paclaration of preparer (other hap) office						i iliy kill	owieuge altu bellet, it is	
	,	t, and complete. Victor any or preparer (other than office	i ) is based on an imprination of wi	men prep	ai ti i	las ally ki		7	2019	
S		Signature of officer					Date	0,1	aut i	
Sig		l' 🚝 '	UTIVE DIRECTOR	. <u> </u>		-				
Total I Did									PTIN	
Pai	d	Time type proparer 3 name	Preparer's signature			-	ıf			
	parer	Firm's name				1	self-em		<u> </u>	
	Only	Firm's address				<del></del>	Firm's EIN			
<b>U</b> 36		rigits address				- [	Phone no.			
M2	v the I	RS discuss this return with the preparer shown abo	wa? (see instructions)				i done no.		Yes No	
	y (11e 11 001 12-3			onc					Yes No Form <b>990</b> (2018)	
0321	-0, 12-3	THE LIFE I OF LAPERWORK DEGLECTION ACCUMULA	io, see uie separate mstructi	viis.					1 0011 223 (2018)	

	990 (2018) TN SECTION PGA OF AMERICA  † III   Statement of Program Service Accomplishments	62-0863884	Page
	Check if Schedule O contains a response or note to any line in this Part III		[X
	Briefly describe the organization's mission		
	SEE SCHEDULE O		
		<del></del>	
_	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990·EZ?	Ye	s 🗓 N
	If "Yes," describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Ye	s X N
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es
	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	rs, the total expenses	s, and
а	(Code) (Expenses \$		
	TOURNAMENTS- THE TENNESSEE SECTION PROMOTED THE GAME OF		
	PROVIDING PLAYING OPPORTUNITIES FOR GOLF PROFESSIONALS A		
	ALIKE. THESE PLAYING OPPORTUNITIES ENCOURAGE MORE PARTI		
	GAME OF GOLF BY PROMOTING THE GAME THROUGH ITS GRASS ROO	TS EFFORTS	IN
	THE TENNESSEE SECTION BOUNDARIES.	<del></del>	
			<del></del>
	<del></del>		
		<del></del>	
		-	
			<del></del>
			<del></del>
b	(Code) (Expenses \$	R ALL JUNIO	
		· ·	
<u>.      </u>	(Code ) (Expenses \$ including grants of \$ ) (Revenue	- 0	
•		BERS TO FU	RTHER
		TRAINING II	
	AREAS ESSENTIAL IN ADVANCING THE GAME.		
			,
			3.
d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
?	Total program service expenses		
		Form 9	<b>990</b> (201
002	12-31-18		
	2		/

62-0863884

Part IV	Checklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
•	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, IX, or X as applicable			***
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	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		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			х
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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 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	140		
	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		Х
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," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	990 (	X
832003	3 12-31-18	rorm	<b>୭</b> ୭∪ (	(2018)

Form 990 (2018) TN SECTION PGA OF Part IV Checklist of Required 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ŀ	ł
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	i
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
_	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			
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	051		
26		25b		
20	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			Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
۲.	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	<del>-200</del>		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701·2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
(D-	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ
_	1 1 400		Yes	·No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 109			•
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	l 1c		

Form **990** (2018)

Form 990 (2018) TN SECTION PGA OF AMERICA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				·	<u>-</u> []		
	filed for the calendar year ending with or within the year covered by this return	2a	133			اے'ــا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				_:_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X			
b	<b>b</b> If "Yes," has it filed a Form 990·T for this year? If "No" to line 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	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		Х		
b	If "Yes," enter the name of the foreign country					7		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)			<u>:</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			37		
	any contributions that were not tax deductible as charitable contributions?			6a		X		
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts					
_	were not tax deductible?			6b	<del>  </del>	i j		
7	Organizations that may receive deductible contributions under section 170(c).	.n						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ıvıces	provided to the payor?	7a	$\vdash$			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired	_				
	to file Form 8282?	ا	1	7с		11		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-+2			_1_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct/	7e		——		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		000	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file F		· · · · · · · · · · · · · · · · · · ·	7g 7h				
В	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711	<u> </u>	ļi.		
Ü	sponsoring organization have excess business holdings at any time during the year?	з Бу ц	ie	8				
9	Sponsoring organizations maintaining donor advised funds.			-		Į		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		=		
10	Section 501(c)(7) organizations. Enter					`,		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			'Î		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ij		
11	Section 501(c)(12) organizations. Enter					1		
a	Gross income from members or chareholders	11a	i		1 11/10/10			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					É		
	amounts due or received from them )	11b				1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				i,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u>;</u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the					1		
	organization is licensed to issue qualified health plans	13b				اہ		
c	Enter the amount of reserves on hand	13c				- {}		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	n or		]			
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N					-1-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		X		
	If "Yes," complete Form 4720, Schedule O				لييا	4}		
				Form	990	2018		

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			11			,
	If there are material differences in voting rights among members of the governing body, or if the governing							14
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							1
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>		11			·
2								
	officer, director, trustee, or key employee?				ļ	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supe	ervision				х
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?				5		Х
6	Did the organization have members or stockholders?					6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one o	r				
	more members of the governing body?					7a	X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockl	nolders,	or				
	persons other than the governing body?				ļ	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he follov	ving	- 1			ــاــا
а	The governing body?					8a	X	
b	Each committee with authority to act on behalf of the governing body?				- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code	)				
							Yes	No
	Did the organization have local chapters, branches, or affiliates?				- 1	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affili	ates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				- 1	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filin	g the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				- 1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	X	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," c	describe	•				
	ın Schedule O how this was done					12c	X	
13	Did the organization have a written whistleblower policy?				ı	13	Х	L
14	Did the organization have a written document retention and destruction policy?				-	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	al by	ndeper	ndent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7			ļ			
а	The organization's CEO, Executive Director, or top management official					15a	Х	
b	Other officers or key employees of the organization				ļ	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							Y
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a					
	taxable entity during the year?				- 1	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	particip	ation				Н :
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	on's					_1
	exempt status with respect to such arrangements?					16b		<u> </u>
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 99	0∙T (Sed	ction 501	(c)(3)s	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain	ın So	hedule	O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of inter	est polic	y, and	fınan	cial	
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	ınd reco	ords 🕨				
	TN SECTION PGA CONTROLLER - 561-624-8400		<del></del>					
	300 AVE OF THE CHAMPIONS #205, PALM BEACH GARDENS,	, FI	3	3410	-18			
832006	12-31-18			-		Form	990	(2018)

# Part VIII 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

C	0.	Reportable compensation from related organizations (W 2/1099-MISC)	Reportable compensation from the organization (W-2/1099-MISC)		oth a	re than is to tor/to	OSITI ck m pers a dire	not che unless er and	Individual trustee or director	Average hours per week (list any hours for related organizations below line)	Name and Title
Nours per   Week (list any)   Nours for related organizations   Nours for form related organizations   Nours for related organizations   Nou	amount of other compensation from the organization and related organizations	compensation from related organizations (W 2/1099-MISC)	compensation from the organization (W-2/1099-MISC)		oth a	n is to	pers a dire	onal trustee	Individual trustee or director	hours per week (list any hours for related organizations below line)	
Week (Ist any hours for related organizations below line)   From the the organization (W-2/1099-MISC)	compensation from the organization and related organizations  0  0  0  0	from related organizations (W 2/1099-MISC)  0.	from the organization (W-2/1099-MISC)		Τ	Т	o incer	ional trustee	Individual trustee or director	(list any hours for related organizations below line)	(1) JOHNNY BRIDGEMAN
Color   Colo	from the organization and related organizations  0  0  0  0	(W 2/1099-MISC)  0.  0.	organization (W-2/1099-MISC)		empoyee	Highest compensaled	1	Institutional trustee		(list any hours for related organizations below line)	(1) JOHNNY BRIDGEMAN
Color   Colo	organization and related organizations  0  0  0  0	0. 0.	(W-2/1099-MISC)  0.		employee	Highest compensated	1	Institutional trustee		hours for related organizations below line)	(1) JOHNNY BRIDGEMAN
Color   Colo	and related organizations  0  0  0  0	0.	0.		empioyee	Highest compens	1	Institutional truste		organizations below line)	(1) JOHNNY BRIDGEMAN
Color   Colo	organizations  0  0  0  0  0	0.	0.		empioyee	Highest com	1	Institutional		below line)	(1) JOHNNY BRIDGEMAN
Color   Colo	0 .	0.	0.		orduna Orduna	Highes	1	Institu		line) 2.00	(1) JOHNNY BRIDGEMAN
Color   Colo	0.	0.	0.				1			2.00	(1) JOHNNY BRIDGEMAN
Carretary   Carr	0.	0.	0.	+	<u> </u>	1	ζ	$\dashv$	Х		
SECRETARY   X	0.	0.		+	1		ζ			·	HONORARY PRESIDENT
SOUTH WEST   SOU	0.	0.		+	+	1	ζ			2.00	(2) LAMAR MILLS
VICE PRESIDENT	0		0.	T	Τ	_			Х		SECRETARY
(4) SCOTT MORAN       1.00         DIRECTOR       X         (5) JIM VERNON       2.00         PRESIDENT       X         (6) SCOTT WILSON       1.00         DIRECTOR       X         (7) JOEY HICKMAN       1.00         DIRECTOR       X         (8) MARK HOUSER       1.00         DIRECTOR       X         (9) SEAN RICE       1.00         DIRECTOR       X         (10) JEFF CRAIG       1.00         DIRECTOR       X         0.       0.         0.       0.	0		0.			1				2.00	(3) JIM WEST
DIRECTOR   X	0 .	0.					<u> </u>		X		VICE PRESIDENT
The color of the	0 .	0.								1.00	(4) SCOTT MORAN
RESIDENT			0.	┙	╧	ᆚ	$\perp$		X		
Column		_								2.00	
DIRECTOR   X   0. 0.   0.		0.	0.	1	$\downarrow$	4	4		X		
(7) JOEY HICKMAN       1.00         DIRECTOR       X       0.       0.         (8) MARK HOUSER       1.00       0.       0.         DIRECTOR       X       0.       0.         (9) SEAN RICE       1.00       0.       0.         DIRECTOR       X       0.       0.         (10) JEFF CRAIG       1.00       0.       0.         DIRECTOR       X       0.       0.	1									1.00	
DIRECTOR   X   0. 0.   0.   (8) MARK HOUSER   1.00   X   0.   0.   0.     0.     0.     0.     0.     0.     0.     0.     0.     0.     0.   0.     0.	0	0.	0.	4	$\bot$	1	_	_	X	1 00	
(8) MARK HOUSER     1.00       DIRECTOR     X       (9) SEAN RICE     1.00       DIRECTOR     X       (10) JEFF CRAIG     1.00       DIRECTOR     X       0.     0.       0.     0.       0.     0.										1.00	
DIRECTOR   X   0. 0.   0.	0.	0.	٥.	4	$\bot$	4	+	4	X	1 00	
(9) SEAN RICE         1.00           DIRECTOR         X           (10) JEFF CRAIG         1.00           DIRECTOR         X		ا م	۱ ۱						,	1.00	
DIRECTOR   X   0. 0.   (10) JEFF CRAIG   1.00	0	U.	0.	+	+	+	+	+	A	1 00	
(10) JEFF CRAIG DIRECTOR  1.00 X  0. 0.		ا م	ا ۱						v	1.00	
DIRECTOR X 0.	0		<del> </del> -	+	+	+	+	+	Δ	1 00	
	0.	ا ۱	ا ۱	1			1		v	1.00	
	-		0.	+	+	+	+	$\dashv$	^	1 00	
DIRECTOR X 0.	0	0.1	0.1	ı		-			x	1.00	
(12) CLAYTON HROMADKA 55.00				+	+	╈	+	-+		55.00	
	22,377	0.	145.489.	ı			۲Ι			33773	
				†	+	╈	7	-+			
<del>  </del>				ı			1			<u> </u>	
	<u> </u>			T	$\dagger$	$\top$	7	$\neg \dagger$			
				7	T	1	1	$\neg$			
	I										
				T	Τ			$\Box$			
				$\perp$		$\perp$	$\perp$				
	1			$\perp$		$\perp$				<u> </u>	

Form 990 (2018)

TN SECTION PGA OF AMERICA

832008 12-31-18

62-0863884

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 1e Government grants (contributions) All other contributions, gifts, grants, and s similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a TOURNAMENT REVENUE 900099 978,089 978,089 Program Service Revenue b HANDICAP REVENUE 256,337 900099 256,337 242,175 900099 242,175 ADP - FUNDING 206,346. SPONSORSHIP REVENUE 900099 206,346. 87,832. e MEMBERSHIP DUES 900099 87,832 76,553 900099 76,553. f All other program service revenue 847,332. Total. Add lines 2a 2f Investment income (including dividends, interest, and 30,841. 30,841. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 512,934 16,000 assets other than inventory b Less cost or other basis 447,357 and sales expenses 16,000 65,577. c Gain or (loss) 81,577 81,577. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$. contributions reported on line 1c) See Part IV, line 18 b, Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Párt IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a ADVERTISING REVENUE 541800 5,600 d All other revenue 5,600. e Total. Add lines 11a-11d 965,350.1,640,986. 5,600. 318,764. Total revenue See instructions Form 990 (2018) 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 respor	nse or note to any line in	this Part IX	-	
	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				ŧ
	and domestic governments. See Part IV, line 21	800.			f <sub>t</sub>
2	Grants and other assistance to domestic				.3
	individuals See Part IV, line 22	10,568.			4 1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals See Part IV, lines 15 and 16				i
4	Benefits paid to or for members				., "
5	Compensation of current officers, directors,				
	trustees, and key employees	167,866.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	250.025			
7	Other salaries and wages	352,927.			, . <del>_</del> .
8	Pension plan accruals and contributions (include	13,001.			
_	section 401(k) and 403(b) employer contributions)	20,518.			
9	Other employee benefits	37,037.			
10	Payroll taxes	37,037.		-	
11 a	Fees for services (non-employees)				
b	Management Legal				
c	Accounting			·	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			·	<del></del> -
f	Investment management fees	9,030.			
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	34,823. 4,859.			
12	Advertising and promotion	4,859.			
13	Office expenses	14,998.			
14	Information technology				
15	Royalties				
16	Occupancy	15,892.			
17	Travel	159,595.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	236.			·
20	Interest	230.			
21 22	Payments to affiliates	18,328.			
23	Depreciation, depletion, and amortization Insurance	16,006.			<u> </u>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line)				t.
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	,			
а	TOURNAMENT PRIZES	430,505.	<del> </del>		
b	TOURNAMENT OPERATIONS	294,139.			
С	FOOD AND BEVERAGE	97,105.			
d	PROCESSING FEES	27,770.			
е	All other expenses	19,340.			
25	Total functional expenses Add lines 1 through 24e	1,745,343.			
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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2018)

Par	χ	Balance Sheet			<del></del>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	499,085.	1	503,614
ı	2	Savings and temporary cash investments	69,243.	2	67,389
	3	Pledges and grants receivable, net		3	
-	4	Accounts receivable, net	247,776.	4	386,152
	5	Loans and other receivables from current and former officers, directors,	•		đ
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	1		i .
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9	,	<u> </u>
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
488	7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use	E 212	8	16 050
	9	Prepaid expenses and deferred charges	5,312.	9	16,959
	10a	Land, buildings, and equipment cost or other	<b>、</b>		, ,
		basis Complete Part VI of Schedule D  Less accumulated depreciation  10a  143,670  95,035	23,024.		40 635
			1,352,783.	10c	48,635
	11	Investments · publicly traded securities	1,352,783.	11	1,202,639
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	2,381.	14	1 701
	15	Other assets See Part IV, line 11	2,199,604.	15	1,781 2,227,169
	16	Total assets. Add lines 1 through 15 (must equal line 34)	65,471.	16	57,544
	17	Accounts payable and accrued expenses	05,471.	17	37,344
	18 19	Grants payable Deferred revenue	147,584.	18 19	143,429
	20	Tax-exempt bond liabilities	147,304.	20	143,443
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities		key employees, highest compensated employees, and disqualified persons			<i>t</i> ,
<u> </u>		Complete Part II of Schedule L		22	
ڏ	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	213,055.	26	200,973
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	1,986,549.	27	2,026,196
ala	28	Temporarily restricted net assets		28	
8   9	29	Permanently restricted net assets		29	
ן ק		Organizations that do not follow SFAS 117 (ASC 958), check here		1	.,
5		and a maleta trace 00 through 04	7	4	t <sub>r</sub>
şt	30	Capital stock or trust principal, or current funds		30	1-7 <sub>1</sub>
issi	31	Paid-in or capital surplus, or land, building, or equipment fund	,	31	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	-
ž	33	Total net assets or fund balances	1,986,549.	33	2,026,196
			2,199,604.	34	2,227,169

Form **990** (2018)

	1990 (2018) TN SECTION PGA OF AMERICA	62-	-0863884	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		5,350.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,343.
3	Revenue less expenses Subtract line 2 from line 1	3		0,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,549.
5	Net unrealized gains (losses) on investments	5	<180	0,360.>
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	2,020	5,196.
Ра	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			3
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O		
2a	, and a second s		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		[ <b>%</b> * ]
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			;
D	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 separat	te basis	, [ ]	
	consolidated basis, or both		1. 1	
_	Separate basis Consolidated basis Both consolidated and separate basis			_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<del></del>
2-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
Sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		x
-	Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schodule O and decombs any stops taken to undergo such audits.	iirea au	1 1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2018)
			Form -	220 (ZU18)

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

# **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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organic	zations Complete Part III			
Nan	ne of organization			Emp	oloyer identification number
		TION PGA OF AMERI			62-0863884
Pa	art I-A Complete if the o	rganization is exempt und	der section 501(c)	or is a section 527	organization.
1	Provide a description of the orga	nization's direct and indirect politi	cal campaign activities	in Part IV	
2	Political campaign activity expen-	ditures		<b>&gt;</b> :	\$
3	Volunteer hours for political camp	paign activities			
					·
_		rganization is exempt und		` '	
	Enter the amount of any excise ta	, ,		<b>&gt;</b> :	·
	Enter the amount of any excise to	• •	•	<b>5</b> ► :	\$
	If the organization incurred a sec	tion 4955 tax, did it file Form 4720	) for this year?		Yes Mo
	Was a correction made?				L Yes
	o If "Yes," describe in Part IV  art I-C   Complete if the o	rganization is evennt un	der section 501(c)	except section 501	(0)(3)
	Enter the amount directly expendenter the amount of the filing org		•		<del></del>
~	exempt function activities	anization's lunds contributed to o	ther organizations for s	ection 527	•
3	Total exempt function expenditur	es Add lines 1 and 2. Enter here	and on Form 1120 DOL		
Ū	line 17b	es Add lines I and 2 Enter here	and on Folli 1120-Fol		B
4	Did the filing organization file For	m 1120-POL for this year?		,	Yes No
	Enter the names, addresses and	•	IN) of all section 527 no	olitical organizations to whi	
Ū		zation listed, enter the amount pa	•	-	
	contributions received that were				
		If additional space is needed, pro			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,	filing organization's	contributions received and
				funds if none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter ⋅0-
		<u> </u>			
		<u> </u>			
				<del>                                     </del>	

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Schedule C (Form 990 or 990-EZ) 2018 T	N SECTI	ON PGA OF AME	RICA	62-	0863884 Page 2
Part II-A Complete if the orga	anization is	exempt under section	on 501(c)(3) and file	ed Form 5768 (	election under
section 501(h)).	_				
	_	an affiliated group (and list	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	of excess lob	oying expenditures)			
B Check 🕨 📖 if the filing organizati	on checked bo	x A and "limited control" pr	rovisions apply		
Limits (The term "expendi	l.)	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influe	ence public op	inion (grass roots lobbying)	-		· · · · · · · · · · · · · · · · · · ·
<b>b</b> Total lobbying expenditures to influe			<u> </u>		
c Total lobbying expenditures (add lin	_	3,		-	
d Other exempt purpose expenditures					
e Total exempt purpose expenditures		and 1d)			
f Lobbying nontaxable amount Enter	•		oth columns		
If the amount on line 1e, column (a) or		ne lobbying nontaxable an			,,
Not over \$500,000		0% of the amount on line 16			1
Over \$500,000 but not over \$1,000,		100,000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		175,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0		225,000 plus 5% of the exc			
Over \$17,000,000		1,000,000	<u> </u>		1
ο νει ψ 17,000,000	. I ¥	1,000,000			"
g Grassroots nontaxable amount (ent	er 25% of line	1f)		<del></del>	<del></del>
h Subtract line 1g from line 1a If zero		•		•	
i Subtract line 1f from line 1c If zero	•		<u> </u>		
J If there is an amount other than zero			zation file Form 4720		
reporting section 4911 tax for this y		The or line ri, did the organi	241011 1110 1 01111 47 20		Yes No
repertung cookers for a tak for time y		ar Averaging Period Unde	r Section 501(h)		
(Some organizations that		tion 501(h) election do no		f the five columns	below.
, ,		separate instructions for I	•		
	Lobbying	Expenditures During 4-Ye	ear Averaging Period		
	•		T I	**	
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		-		-	
d Grassroots nontaxable amount					
e Grassroots ceiling amount		, , , , , , , , , , , , , , , , , , , ,			
(150% of line 2d, column (e))			<u> </u>		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

# Schedule C (Form 990 or 990 EZ) 2018 TN SECTION PGA OF AMERICA 62-0863884 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(1	(b)		
of the lobbying activity	Yes	No	Am	ount		
During the year, did the filing organization attempt to influence foreign, national, state, or				ļi		
local legislation, including any attempt to influence public opinion on a legislative matter						
or referendum, through the use of	l		İ	į.		
a Volunteers?			1	a no constraint		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	i)		
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e 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?				<del>-</del>		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?						
j Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				:1		
b If "Yes," enter the amount of any tax incurred under section 4912			<b>†</b>	· · · · ·		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d 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), sec	tion 501(c)	(5) or se	ection			
501(c)(6).	(1011 50 1(0)	(O), OI S	·			
	· · · · · · · · · · · · · · · · · · ·		Yes	No		
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X		
Trefe substantially all (50% of more) dues received nondeductible by members.			<u> </u>			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	х			
<ul> <li>Did the organization make only in house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered</li> </ul>	tion 501(c)	2 (5), or se	ection	X ne 3, is		
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Schedule C (Form 990 or 990-EZ) 2018

### **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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TN SECTION PGA OF AMERICA

Employer identification number 62-0863884

Pa	t I Organizations Maintaining Donor Advise		ls or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		·
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a	·	e used on	lv
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pa		ganization answered "Yes" on Form 990,	Part IV, lir	
1	Purpose(s) of conservation easements held by the organizat		<del></del>	
	Preservation of land for public use (e.g., recreation or	· — · · · · · · · · · · · · · · · · · ·	storically in	nportant land area
	Protection of natural habitat	Preservation of a ce	-	·
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a cons	servation easement on the last
	day of the tax year		Г	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		<b>⊢</b>	2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	_	2c
	Number of conservation easements included in (c) acquired	, ,	_	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	_	<del></del>
	year▶		<b>3</b>	
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe		f	
	violations, and enforcement of the conservation easements	• , , ,		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nservation	easements during the year
	<b>&gt;</b>	-		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza			
	conservation easements		•	· ·
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of pu	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items		.,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items			oo, provide the females and amberne
	(i) Revenue included on Form 990, Part VIII, line 1		1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art, historical tre	pastires or other similar assets for financial	ial nain na	
-	the following amounts required to be reported under SFAS 1		iai yaii i, pi	Ovide
а	Revenue included on Form 990, Part VIII, line 1	To poo addy relating to these items		<b>•</b> •
	Assets included in Form 990, Part X			•
	Assets included in Point 330, Part A			Ψ

Schedule D (Form 990) 2018

		ION PGA OF							63884	
Pai	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	is, chec	k any of the	following tha	at are a sig	ınıfıcant	use of its	collection r	tems
	(check all that apply)									
а	Public exhibition	c			hange progr	ams				
b	Scholarly research	E	• []	Other						
C	Preservation for future generations							_		
4	Provide a description of the organization's co	· · · · · · · · · · · · · · · · · · ·		-	•			ose in Par	t XIII	
5	During the year, did the organization solicit or					ier similar a	assets		٦,,,	<b>п.</b> .
Da	to be sold to raise funds rather than to be ma					113.4 II			<u></u> Yes	<u> </u>
Ган	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete ii tne	organizatio	n answered	"Yes" on F	orm 99	u, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custodia		diany for	contribution	s or other as	seets not #	acluded			
ıa	on Form 990, Part X?	an or other intermet	Jiai y 101	CONTINUE	is of other as	3613 1101 11	icidaea		Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing i	table					J 163	
	ii res, explain the allangement in rait xiii a	and complete the ic	mownig .	labic					Amount	
С	Beginning balance						1c		7 (110011)	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabilit	۸۶		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided on	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Par	t IV, line 10	)			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	d) Three y	years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
ď	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance		L							
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment		_%	•						
b	Permanent endowment	<del></del> %								
С	Temporarily restricted endowment	%								
20	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses	•	ation the	st are bold a	nd administr	arad far th		-ation		
Sa	by	SSION OF THE ORGANIZ	ation the	at are nelo a	no aoministe	ered for the	e organi.	zation	[v	es No
	(i) unrelated organizations								3a(ı)	25 NO
	(ii) related organizations								3a(II)	-
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requi	red on S	chedule R2					3b	
4	Describe in Part XIII the intended uses of the								1 00 1	
Par	t VI Land, Buildings, and Equipm	ent.	31111Q11C	iarias					·	
	Complete if the organization answered		0, Part I\	/, line 11a S	See Form 990	), Part X, li	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	ed T	(d) Book v	alue
	, , , , , , , , , , ,	basis (investi			(other)		eciation		(-,	
1a	Land									
b	Buildings	-								
	Leasehold improvements					i i			· · · · · · · · · · · · · · · · · · ·	
d	Equipment				9,434.		17,3		2	,118.
е	Other				4,236.		77,7			,517.
Total	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	0c)				48	,635.

Schedule D (Form 990) 2018

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

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

Schedule D (Form 990) 2018

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(5) (6) (7) (8)

Part XI Reconciliation of Revenue per Audited Financial State Complete of the organization answered "Yes" on Form 990, Part IV, II	atements With Rever	
Complete if the organization answered "Ves" on Form 900, Part IV, III		nue per Return.
Complete if the organization answered Tes Off Offi 990, Part IV, II	ne 12a	
1 Total revenue, gains, and other support per audited financial statements		_1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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>b</b> Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b		4c
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
art XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, Ii	ne 12a	
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	
e Add lines 2a through 2d	<del></del>	2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	<u> </u>	4c
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18)	5
ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b,	Part V, line 4, Part X, line 2, Part XI,
ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,
		Part V, line 4, Part X, line 2, Part XI,

SCHEDULE	ł
(Form 990)	

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Internal Revenue Service			Go to www ir	s gov/Form990 fo	or the latest inform	nation			inspec	tion,
Name of the organizat		N PGA OF	AMERICA					Employer	dentificatio	
Part I General II	nformation on Grants a									
-	zation maintain records award the grants or assi		amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec		X Yes	 ] N∘
2 Describe in Part	IV the organization's pr	ocedures for monit	toring the use of grant	funds in the Unite	d States					
Part II Grants an	nd Other Assistance to	Domestic Organi	zations and Domesti	c Governments (	Complete if the org	anızatıon answered "	'es" on Form 990, Par	t IV, line 21,	for any	<u> </u>
recipient t	hat received more than	\$5,000 Part II can	be duplicated if addit	ional space is nee	ded					
	ddress of organization vernment	(b) EIN	(e) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of gror assistance	
										<del></del>
										,
						·				
	<del></del>									<u></u>
2 Enter total numb	per of section 501(c)(3) a	and anvernment or	nanizatione lietod in th	a line 1 table				_		

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018) TN SECTION PGA	OF AMERI	CA			62-0863884 Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	s Complete if the	organization answ	ered "Yes" on Form	990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DELEK SCHOLARSHIPS	4	10,568	0.		
		:			
		•			
	-				
Part IV   Supplemental Information Provide the information rec	uired in Part I, lir	ne 2. Part III. columr	(b), and any other a	dditional information	<u></u>
		,	,,		
	•				
					····
832102 11 02 18		21			Schedule I (Form 990) (2018)

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

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

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

2018

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

TN SECTION PGA OF AMERICA

Employer identification number 62-0863884

			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,			1:
	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			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			.
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				'
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لــــــــــــــــــــــــــــــــــــــ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		L
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			5
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			;'
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  LX Approval by the board or compensation committee			'1
				Ġ
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			<del>-x</del> -
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4C		<del>  ^-</del> -
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of			
а	The organization?	5a		
	Any related organization?	5b		$\vdash$
	If "Yes" on line 5a or 5b, describe in Part III			ş. î
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		
	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		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			12
	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		
	Fac Para and Park Care Art N. C			

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

Schedule J (Form 990) 2018

TN SECTION PGA OF AMERICA

62-0863884

Page 2

Schedule J (Form 990) 2018 TN SECTION PGA OF AMERICA 62-0863884

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

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

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

	(B) Breakdown of V		W 2 and/or 1099 M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Deneills	(B)() (D)	reported as deferred on prior Form 990	
(1) CLAYTON HROMADKA	(0)	145,489.	0.	0.	7,151.	15,226.	167,866.	0.	
EXECUTIVE DIRECTOR	[60]	0.	0.	0.	0.	0.			
	(1)								
	(0)								
	(i)								
	(0)					-			
	(0)								
	(0)			_					
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	(0)							<u>-</u>	
	(0)								
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	( <u>(i)</u>								
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	[60]								
	(0)								
	[6]								
	(1)	-							
	[(ii)]	·							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 TN SECTION PGA OF AMERICA	62-0863884	Page 3
Schedule J (Form 990) 2018 TN SECTION PGA OF AMERICA  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 9	or Part II Also complete this part for any additional informatio	n
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
- · · · · · · · · · · · · · · · · · · ·		
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		-
	Schedule J (Fore	n 000\ 2018

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Employer identification number TN SECTION PGA OF AMERICA 62-0863884

22 000300±
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ELEVATE THE STANDARDS OF THE PROFESSIONAL GOLFER'S VOCATION AND TO
PROMOTE INTEREST IN THE GAME OF GOLF.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ELEVATE THE STANDARDS OF THE PROFESSIONAL GOLFER'S VOCATION AND TO
PROMOTE INTEREST IN THE GAME OF GOLF.
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 ELECT MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBERS MAINTAIN THE RIGHT TO RATIFY DECISIONS MADE BY THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR OF THE TENNESSEE SECTION REVIEWS THE COMPLETED 990
RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING. IN ADDITION, A COPY
IS SUPPLIED TO THE BOARD FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
THE SECTION INTERVIEWS OFFICERS AND DIRECTORS ABOUT ANY POTENTIAL CONFLICTS
AND REVIEWS THE CONFLICT OF INTEREST POLICY WITH THEM ANNUALLY.

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

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

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