(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

	AF	or the	2019 Calendar year, or tax year beginning and e	enaing		
	B	heck if	C Name of organization		D Employer identifica	ation number
	а		· ·			
		Addre:	S KGA-PGA, INC.			
		Name change	Doing business as		61-094114	6
		Initial		Room/suite	E Telephone number	
		Final return/	1116 ELMORE JUST DRIVE		(502)243-	8295
		termin			G Gross receipts \$	891,813.
		Amend			H(a) is this a group ret	
		⊒return ⊒Applic			for subordinates?	
		⊒tion pendir			H(b) Are all subordinates inc	
		27.076	empt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1)/0	527	1 ''	st (see instructions)
	_		e: NWW . KYGOLF . ORG	<u> </u>	1	
	_	_	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: KY
		rt I	Summary	L Teal	oriormation. 1970 M	State of legal domicile. K.1
	<u> </u>			IDE AD	MTNT COD A OTTE	CEDVICEC
	မွ	l	Briefly describe the organization's mission or most significant activities PROVI			SERVICES
	ш		AND SUPPORT TO KENTUCKY'S FAMILY OF GOLF			
	err	l	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	1 1	
	် ဇ		Number of voting members of the governing body (Part VI, line 1a)		3	8
	۵ĕ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	Activities & Governance	l	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	15
	Ĭ.	6	Total number of volunteers (estimate if necessary)		6	8
	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
21		b	Net unrelated business taxable income from Form 990-T, line 39		<u> 7</u> b	0.
MAY 0 4 2021					Prior Year	Current Year
4	ē	8	Contributions and grants (Part VIII, line 1h)	,	0.	0.
0	Revenue	9	Program service revenue (Part VIII, line 2g)		1,008,393.	888,247.
>=	₹ev	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2.	1,366.
₹	_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u>2,200.</u>
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,008,395.	<u>891,813.</u>
SCANNED		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ļ	0.	0.
Z		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
2	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		566,251.	667,496.
Q	Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	<u> </u>
S	×		Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e	¬,	175,448.	<u>192,162.</u>
		18	Total expenses. Add lines 13-17 (must equal Part IX column 4.5)		741,699.	<u>859,658.</u>
		19	Revenue less expenses Subtract line 18 from line 12	ပ္တ	266,696.	<u>32,155.</u>
	Assets or Balances		Fotal assets (Bart V. kps 16)	RS-O-SBe	ginning of Current Year	End of Year
	ase Base	20	Total assets (Part X, line 16)	788 	452,508.	<u>478,589.</u>
	鰐	21		= [_	37,117.	<u>31,043.</u>
	Fund	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 OGDEN, UT Signature Block		415,391.	447,546.
	Pa	rt II	Signature Block			
	Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		- 1	1 / W. Ad-		7.9.20	<u> </u>
	Sigr	1	Signature of officer		Date	
	Here	е	JEFF ADKERSON, EXECUTIVE DIRECTOR			
			Type or print name and title			
			Print/Type preparer's name Preparer's signature		Date Check	PTIN
	Paid	ļ	CHRISTINE N KOENIG Chimbus 4 Coch	ا م	1.8.2020 self-employed	
	Prep	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF	PSC_	Firm's EIN ▶ 6	1-1064249
	Use	Only	Firm's address 9300 SHELBYVILLE RD STE 1100	9		
			LOUISVILLE, KY 40222-5187		Phone no. (5 0	2)426-9660
	<u>May</u>	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	93200	01-20	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	(0 0	Form 990 (2019)

Га	TO THE CHECKIST OF NEQUIFER 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_		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I	3_	-	
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		
E		_	_	L
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	9		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		l]
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11 <u>b</u>		_X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	X
13 14a		13 14a	-	X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	<u> </u>	
b	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	l	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	146		_==
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	Į l	X

Form 990 (2019) KGA-PGA, INC.

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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
	Schedule J	23_		X
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		X
b	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	i	1	
	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	ļ.—	ļ
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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
-00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
_	instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
Ū	"Yes," complete Schedule L, Part IV	28c	Ì	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	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	<u>3</u> 6		
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لـــا
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 1	4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(2010)

Form 990 (2019)

If "Yes," complete Form 4720, Schedule O

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 on Schedule O. See instructions

•	to line ba, bit for hor below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	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 8			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		_X
6	Did the organization have members or stockholders?	6		_X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	.7a		X
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		X
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	_X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ı
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	_	X
<u>Sec</u>	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		_ X
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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		**	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_ <u>X</u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		٠,,	
	In Schedule O how this was done	12c	<u> </u>	37
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	v
D	Other officers or key employees of the organization	15b		X
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
L	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		
200	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶KY	_		
17 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)	is only) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	is only	, avalli	abie
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	olol	
19	statements available to the public during the tax year.	u illial	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
LU	BARBARA PEAK - 502-243-8295		-	
	1116 ELMORE JUST DRIVE, LOUISVILLE, KY 40245			•
	TATO PERCENT CODE PARTIES HOUSEVILLED INT. TOTAL			_

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

See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line) Lower lines Lo	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(1) PHIL ARMBRUSTER	1.00									
PRESIDENT		X		X				0.	0.	0
(2) PETE GARVEY	1.00				1		Ì	,		
VICE PRESIDENT		X		X		_		0.	0.	0
(3) DANNY BARON	1.00					li				_
DIRECTOR		X						0.	0.	0
(4) RALPH LANDRUM	1.00	1		;						_
DIRECTOR		X					_	0.	0.	0
(5) CRAIG HEIBERT	1.00	ļ							_	
DIRECTOR		X	_		_			0.	0.	0
(6) DAVE NICHOLAS	1.00								1 065	
DIRECTOR	1 00	X				_		0.	1,965.	0
(7) JIM THOMPSON	1.00	.							4 265	
DIRECTOR	1 00	X					_	0.	4,265.	0
(8) DEAN TERRY	1.00	х						0.	2 005	0
DIRECTOR	45.00	Α	-				-	U .	2,805.	
(9) BRENT PALADINO EXECUTIVE DIRECTOR (PREVIOUS)	5.00			X				113,487.	0.	8,138
		 								
		ļ								
		-					_			
	-		_			_				

<u>, ai</u>	(A)	(B)	ploy		((C)		st C	(D)	es (continued) (E)	- -	(F)
	Name and title	Average hours per	box	not c	ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation		Estim amou	
		week (list any	—	cer an	d a d	irecto	or/trus	tee)	from the	from related organizations	C	oth omper	er sation
		hours for related	Individual trustee or director	agte			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS		from	
		organizations below	ual truste	Institutional trustee		ployee	Highest compensated employee		(11 2) 1000 111100)			and re	lated
		line)	horion	Institut	Officer	Key employee	Highes	Former					ations
			_					-					
			-	-								_	
			ł										
			-					_					
	Subtotal							<u> </u>	113,487.	9,03	$\overline{}$	8,	138.
	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A						<u> </u>	113,487.	9,03	0. 5.	8,	0. 138.
2	Total number of individuals (including but compensation from the organization	t not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			1
	compensation from the organization		_									Ye	
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ee, k	ey e	mpl	oye	e, or	hıg	hest compensated emp	loyee on	3		x
4	For any individual listed on line 1a, is the	sum of reportable								the organization			
5	and related organizations greater than \$1 Did any person listed on line 1a receive of									dual for services	4	-	X
	rendered to the organization? If "Yes," co										5		<u> </u>
	tion B. Independent Contractors Complete this table for your five highest of	compensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	n from	 1
	the organization Report compensation for	or the calendar y	ear e	endıı	ng w	/ith (or w	thin		/ear		·C)	
	(A) Name and busine	ss address	NC	ONE	<u>C</u>				(B) Description of s	ervices	Com	(C) pensa	tion
						-		-+					
_								4					
								_					
								Ì					
2	Total number of independent contractors	_	ot lir	nite	d to		_	ted	above) who received m	ore than			
	\$100,000 of compensation from the orga	nization >				()				For	m 99 (0 (2019)

•			Check if Schedule O c	ontains a	response	or note to any lin	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1	<u>а</u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	'		Membership dues		1b					!
ءَ ۾			Fundraising events		1c					
ifts ar A			Related organizations		1d					1
ê,∰			Government grants (contri	hutions)	1e					· ·
Š			All other contributions, gifts, g							1
돌		•	similar amounts not included		1f					
Ē		g	Noncash contributions included in I		1g \$					
a G		_	Total. Add lines 1a-1f	iiiies ia ii	<u> 1914</u>					
		••	TOTAL TITLE TOTAL			Business Code				
o	2	а	CONTRACT SERV	ICES		562000	768,846.	768,846.		
Š	_	b	TOURNAMENT RE		is	900099	56,815.	56,815.		
Se		c	USGA REIMBURS			900099	50,086.	50,086.		
eve eve		d	SPONSORSHIPS			900099	12,500.	12,500.		
Program Service Revenue	:	e								
P		f	All other program service r	evenue						
		a	Total. Add lines 2a-2f			•	888,247.			,
	3		Investment income (includ	ing divide	nds, intere	est, and				
			other similar amounts)	Ū		•	1,366.			1,366.
	4		Income from investment of	f tax-exen	npt bond p	roceeds				
	5		Royalties			•				
			·	() Real	(II) Personal				-
	6	а	Gross rents	6a				•		
		b	Less rental expenses	6b						•
		С	Rental income or (loss)	6c						r
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(II) Other				
			assets other than inventory	7a						
		b	Less cost or other basis							i
ne in			and sales expenses	7b						
ther Revenue		С		7c						
æ		đ	Net gain or (loss)			•				
her	8	а	Gross income from fundraising	g events (r	ot					
ŏ			including \$		of					
			contributions reported on I	ine 1c) S	ee					1
			Part IV, line 18		8a					;
		b	Less direct expenses		8b					
		С	Net income or (loss) from fi	undraisin	g events	>				
	9	а	Gross income from gaming	activities	See					•
			Part IV, line 19		9a					
1		þ	Less: direct expenses		9b					1
		С	Net income or (loss) from g	jaming ac	tivities	_ _				
	10	а	Gross sales of inventory, le	ess return	s		,			
			and allowances		10a					
		b	Less cost of goods sold		10b					
\dashv		C	Net income or (loss) from s	ales of in	ventory	•				
SI						Business Code				
eor re	11	а	MISCELLANEOUS			900099	2,200.	2,200.		
lan		b				ļ		<u> </u>		· <u> </u>
Miscellaneous Revenue		С								
ž		_	All other revenue						 -	
			Total. Add lines 11a-11d				2,200.	000 115		1 255
	12		Total revenue. See instruction	18		•	891,813.	890,447.	0.	<u> 1,366.</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 response or note to any line in this Part IX (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 113,487 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 438,664. 7 Pension plan accruals and contributions (include 23,096 section 401(k) and 403(b) employer contributions) 47,940 Other employee benefits Payroll taxes 44,309. 10 Fees for services (nonemployees). 11 Management Legal b 2,400. C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 19,093 12 Advertising and promotion Office expenses 44,655. 13 Information technology 14 Royalties 15 43,200. 16 Occupancy 16,207. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 7,760. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 2,625 22 Depreciation, depletion, and amortization 21,182. 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17,121a TOURNAMENT EXPENSES ь MISCELLANEOUS 11,644. c RULES WORKSHOPS 3,202 d STAKES 3,073 e All other expenses Total functional expenses. Add lines 1 through 24e 859,658 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

932010 01-20-20

Check here

if following SOP 98-2 (ASC 958-720)

ar	t X	Balance Sheet			
<u>. </u>		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	307,499.	1	207,122
	2	Savings and temporary cash investments	1,897.	2	135,702
- 1	3	Pledges and grants receivable, net		3	
ı	4	Accounts receivable, net	104,960.	4	97,181
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			-
ı		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			•
ļ		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	_
:	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,257.	9	23,314
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 97, 639			
ļ	b	Less accumulated depreciation 10b 82,369	. 17,895.	10c	<u> </u>
	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
-	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16_	Total assets. Add lines 1 through 15 (must equal line 33)	452,508.	16	478,589
T	17	Accounts payable and accrued expenses	37,117.	17	31,043
	18	Grants payable		18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
ı	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
1		trustee, key employee, creator or founder, substantial contributor, or 35%			
-		controlled entity or family member of any of these persons		22	
	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	37,117.	26	31,043
ı		Organizations that follow FASB ASC 958, check here	•		
		and complete lines 27, 28, 32, and 33.			_
l	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
ı		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	0.	29	(
	30	Paid in or capital surplus, or land, building, or equipment fund	0.	30	
	31	Retained earnings, endowment, accumulated income, or other funds	415,391.	31	447,540
	32	Total net assets or fund balances	415,391.	32	447,546
	33 _	Total liabilities and net assets/fund balances	452,508.	33	478,589

	1990 (2019) KGA-PGA, INC.	61-09	11146	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		.,813.
2	Total expenses (must equal Part IX, column (A), line 25)	2	859	658.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	415	391.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	447	,546.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990			
	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	d 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 separat	e basıs,		
	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	e 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 on Sch	nedule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	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 audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2019)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

61-0941146 KGA-PGA, INC.

Pa			Accou	nts.Complete if t	the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Fund	ds and other acco	ounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds		
	are the organization's property, subject to the organization's	-		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	_	only		
	for charitable purposes and not for the benefit of the donor of	• •	•		
	impermissible private benefit?			Yes	☐ No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7		
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a his	torically i	important land are	ea
	Protection of natural habitat	Preservation of a cei	tified his	toric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conserva	tion easement on	the last
	day of the tax year			Held at the End of t	the Tax Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c		
ď	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anızatıon	during the tax	
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			_
	violations, and enforcement of the conservation easements if			L Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the	year
	<u> </u>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easemen	ts during the year	•
	\$				
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)	(B)(ı)		
	and section 170(h)(4)(B)(ii)?			Yes	L No
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that desc	cribes the	
Dai	organization's accounting for conservation easements † III Organizations Maintaining Collections of	f Art Historical Treasures or Other	Simils	ar Assats	
r ai	Complete if the organization answered "Yes" on Form	-	Omme	<i>ii</i> 733613.	
	If the organization elected, as permitted under FASB ASC 95		alanca si	hoot works	
12	, ,				
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar	•	ance or p	public	
h	If the organization elected, as permitted under FASB ASC 95		oo sheet	tworks of	
þ	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	exhibition, education, or research in furtherall	ce oi pai	blic service,	
	(i) Revenue included on Form 990, Part VIII, line 1		• •		
	(ii) Assets included in Form 990, Part X		> 9	, S	
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial dair			
_	the following amounts required to be reported under FASB A	_	., provide	-	
а	Revenue included on Form 990, Part VIII, line 1	20 500 rotating to those items	▶ \$	\$	3
	Assets included in Form 990, Part X		S		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Forr	n 990) 2019

932051 10-02-19

	dule D (Form 990) 2019 KGA - PGA		الم			Other		61-09			<u>age 2</u>
	rt III Organizations Maintaining C									nued)	
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that r	nake sig	nıfıcant	use of its	•		
	collection items (check all that apply).	Li.			L						
a	Public exhibition	ď			hange program	l					
p	Scholarly research	е	• 🗀	Other							
C	Preservation for future generations							D-	4 3/111		
4	Provide a description of the organization's co	•		•	-			ose in Pai	τ ΧΙΙΙ		
5	During the year, did the organization solicit o					sımılar a	ssets	_	٦.,	_	٦
П	to be sold to raise funds rather than to be ma							<u></u>	_ Yes_		<u>l No</u>
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered "Y	es" on F	orm 99	u, Part IV,	line 9, o	r	
											
па	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	is or other asse	ts not in	ciuaea		7 v		٦ ٨ ٦
	on Form 990, Part X?			L_L.				<u> </u>	∐ Yes		J No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	niowing 1	table			$\overline{}$				
	Danish shares						<u> </u>		_Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance	000 Dad V lina	01 for			رهاره المارية	<u>_1f</u>		7		7
2a	Did the organization include an amount on Fe					•	′ (L	_ Yes	<u> </u>	. No
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete it										
T an	Endownient Lands. Complete							years back	(a) Fou	- VOORC	hack
4-	Paginning of year balance	(a) Current year	(D) P	rior year	(c) Two years I	Jack (a	, mee	years Dack	(e) Fou	ı yeais	Dack
1a	Beginning of year balance				 				 		
D	Contributions				 				 		
С	Net investment earnings, gains, and losses				 -			_		-	
d	Grants or scholarships		·			-			 		
е	Other expenditures for facilities										
	and programs				 				 		
T	Administrative expenses	· · · · · · · · · · · · · · · · · · ·			<u> </u>						
g	End of year balance	ent year and balanc	o (line 1	a column (c					Ь		
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a	a)) Held as						
a	Board designated or quasi-endowment Permanent endowment	%	_%								
b		⁷⁰									
С	Term endowment ▶	•									
0-	Are there endowment funds not in the posse	•	ation the	st are bold a	and administers	d for the	orgoni	ration			
3a		SSION OF THE ORGANIZA	ation the	at are rielu a	ina administere	o lor lite	organi	Zation	ſ	Yes	No
	(i) Unrelated organizations								20(1)	res	INO
	(ii) Unrelated organizations (iii) Related organizations								3a(i)		
	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	rad on S	obodulo D2					3a(ii)		
	.,,	•							_3b_		
4 Pai	t VI Land, Buildings, and Equipm		VANITIELIE	iurius							
<u> </u>	Complete if the organization answered) Part I\	/ line 11a S	See Form 990 F	Part X Jir	ıα 10				
	Description of property	(a) Cost or o			or other	(c) Acc		od l	(d) Boo	k valu	
	Description of property	basis (investr		` .	(other)	` '	ciation	1	(u) 500	K Valu	C
1-	Land	2000 (1110011	, - ,					-			
1a											
b	Buildings Leasehold improvements						_				
C	Equipment										
d	Other			٥	7,639.		32,3	69	1	5,2	70
	Add lines 1a through 1e (Column (d) must e	aval Form 000. Port	V colur				<u>, , , , , , , , , , , , , , , , , , , </u>	~	 †	5 2	70

Schedule D (Form 990) (2019

932053 10-02-19

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 KGA - PGA , INC .		61-0941146 Pag
Pa	t XI Reconciliation of Revenue per Audited Financial Sta		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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		
а	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		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	:)	5
Par	t XIII Supplemental Information.		
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
12205	10-02-19	-	Schedule D (Form 990) 2

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.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> KGA-PGA TNC

Employer identification number 61-0941146

NGA-1GA, INC: 01-0341140
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.

<u> </u>

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

INC

KGA-PGA,

Name of the organization

Part

Department of the Treasury Internal Revenue Service

2019	Open to Public Inspection

OMB No 1545-0047

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

Employer identification number 61-0941146

(g) Section 512(b)(13) controlled °N entity? Direct controlling Yes × × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling 170(B)(1)(A) KGA-PGA, INC. KGA-PGA, INC. entity End-of-year assets **e** status (if section Public charity 501(c)(3)) 509(A)(2) Total income Exempt Code Û section 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) KENTUCKY ENTUCKY JARIOUS STATE AMATEUR GOLF CONDUCT EDUCATION SEMINARS SOLF INSTRUCTION TO YOUTH CENTUCKY AND PROVIDE FREE Primary activity ORGANIZE AND CONDUCT Primary activity TO PROMOTE GOLF IN **POURNAMENTS** - 23-7150508 KENTUCKY GOLF FOUNDATION - 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 1116 ELMORE JUST DRIVE 1116 ELMORE JUST DRIVE LOUISVILLE, KY 40245 LOUISVILLE, KY 40245 Part II

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

Schedule R (Form 990) 2019

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GA-PGA INC.

501(C)(6)

KENTUCKY

AND GOLF TOURNAMENTS FOR

1116 ELMORE JUST DRIVE

LOUISVILLE, KY 40245

TE MEMBERS

Page 2 61-0941146

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Schedule R (Form 990) 2019 KGA-PGA, INC.

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

(a) Name, address, and EIN	(b) Primary activity	(c)		(e)		(f) Share of total	(g) Share of	(h)		IRI :	(j)	(k)
of related organization	,	domicile (state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)		income	end-of-year assets		amount in box 20 of Schedule No K-1 (Form 1065)	n box parameter 1065)	managing OW partner?	managing ownership partner?
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organizations treated as a corporation of trust during trie tax year	poration of trust duff	ig trie tax y	ear (F)	3	5		-	,			-	
Name, address, and EIN of related organization	Z -	Primi	activity	<u>•</u>	(a) Direct controlling entity	Ing Type of entity (C corp, S corp,		(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership		Section 512(b)(13) controlled entity?
				country)		0 1	St)		assets		Yes	S No
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Yes No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II:1V?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				*
g Sale of assets to related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)			· &	i.
k Lease of facilities, equipment, or other assets from related organization(s)			`	×
	anization(s)			
Performance of services or membership or fundraising solicitations by re-	anization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			\dashv
 Sharing of paid employees with related organization(s) 				10 X
 P Reimbursement paid to related organization(s) for expenses 				X qt
q Reimbursement paid by related organization(s) for expenses				19 Х
 Other transfer of cash or property to related organization(s) S Other transfer of cash or property from related organization(s) 				1r X X st
	who must complete the	ils line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) KENTUCKY GOLF FOUNDATION, INC.	0	70,969.	FMV	
(2) KENTUCKY GOLF ASSOCIATION, INC.	α	449,720.FMV	FMV	
(3) KENTUCKY SECTION PGA	α	227,206.	• FMV	
(4)				
(5)				
(9)		i		
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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

(a) (b) (c) (d) (d)	(a)	(c)	(d) (d)	(e)	9	(5)	3	9	(9)	(8)
Name, address, and EIN	Primary activity	nicile	Predominant income partirelated 501	Are all partners sec 501(c)(3)	Share of		Ė	Code V-UBI	General or	Percentage
or entity		(state or toreign country)	excluded from tax under or sections 512-514)	Yes No	total	end-of-year assets	allocations?	of Schedule K-1 partner? ownership (Form 1065) Yes No	partner?	ownership
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Part VII	(Form 990) 2019 Supplemental Info	rmation		
	Provide additional inform	ation for response	s to questions on Schedule R See instructions	
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