Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

### **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No 1545-0047

A For the 2017 calendar year, or tax year beginning and ending								
В	Check if	C Name of organization		D Employer identifi	cation number			
	Addre		OF THE PGA, INC.					
느	Name chang	Doing business as		73-0	954849			
	Initial return	Number and street (or P.O box if mail is not de		uite E Telephone numbe	er			
	Final return termin		<del></del>		357-3332			
	ated Amend	City or town, state or province, country, and		G Gross receipts \$	1,223,884.			
<u> </u>	ireturn ``]Applic	DROKEN ARROW, OK /401		H(a) Is this a group re				
L_	⊥ltión pendir	F Name and address of principal officer BRI SAME AS C ABOVE	AN DAVIS	for subordinates				
	T		✓ (insert no ) 4947(a)(1)(1)(1)	H(b) Are all subordinates i				
		empt status 501(c)(3) \(\begin{array}{c} \begin{array}{c} 501(c) \end{array} \( \begin{array}{c} 6 \end{array} \)  (e: \( \begin{array}{c} \begin{array}{c} \begin{array}{c} 1501(c) \end{array} \\ \begin{array}{c} 6 \end{array} \)			list (see instructions)			
				H(c) Group exemption	on number ► M State of legal domicile: OK			
	art I	Summary	SOCIATION CITICS P	ear or formation 1772;	VI State of legal domicile. Of			
	т-	Briefly describe the organization's mission or most	significant activities SEE SCHE	DULE O				
Governance	١.	Drietly describe the organization's mission of mos	a significant activities DDD DOILD	0				
'n	2	Check this box I if the organization disco	ntinued its operations or disposed of m	nore than 25% of its net a	ecate			
Ş		Number of voting members of the governing body		3	9			
	1	Number of independent voting members of the go		4	9			
Se	I	Total number of individuals employed in calendar	• • • • • • • • • • • • • • • • • • • •	5	6			
Ϋ́	1	Total number of volunteers (estimate if necessary)	,	6	20			
Activities &	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12	7a	0.			
_	ь	Net unrelated business taxable income from Form	990-T, line 24	7b	0.			
			KECEIVED	Prior Year	Current Year			
ē		Contributions and grants (Part VIII, line 1h)	20	0.	3,000.			
Revenue	9	Program service revenue (Part VIII, line 2g)	없 NOV <b>0 7</b> 2018   이	1,065,598.	1,152,813.			
è	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4	, and 7d NOV 0 7 2018 S	<48,682.				
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	S, 9C, 1UC, and TIELL I IT	<u> </u>	0.			
	12	Total revenue - add lines 8 through 11 (must equal	Pan-VIII, columnia) = Ine.129	1,016,916.	1,169,110.			
	1	Grants and similar amounts paid (Part IX, column (	'	0.	11,053.			
		Benefits paid to or for members (Part IX, column (	· '	228,428.	245,022.			
Expenses		Salaries, other compensation, employee benefits ( Professional fundraising fees (Part IX, column (A),	` ` ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	220,420.	243,022.			
ber		Total fundraising expenses (Part IX, column (D), lin	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
Ã		Other expenses (Part IX, column (A), lines 11a-11d		786,942.	878,618.			
		Total expenses Add lines 13-17 (must equal Part l	· ,	1,015,370.	1,134,693.			
	19	Revenue less expenses Subtract line 18 from line		1,546.	34,417.			
Net Assets or Fund Balances				Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,147,442.	1,258,680.			
ASB	21	Total liabilities (Part X, line 26)		222,839.	287,895.			
캺	22	Net assets or fund balances Subtract line 21 from	line 20	924,603.	970,785.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return,			y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of which prepare		- t - m			
_		Signature of difficer			s/18			
Sigi		•	DIRECTOR	Date				
Here BRIAN DAVIS, EXECUTIVE DIRECTOR Type or print name and title								
			Orangrar's supporture	Date Check	PTIN			
Paid	,	Print/Type preparer's name	Preparer's signature	l lit				
	arer	Firm's name		Self-employ	red			
	Only	Firm's address		Firm's EIN				
		<b>—</b>		Phone no				
May	the IF	S discuss this return with the preparer shown abo	ove? (see instructions)	1 Holle Ho	Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2017)

	990 (2017) SOUTH CENTRAL SECTION OF THE PGA, INC. 73-0954849 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission SEE SCHEDULE O
	Did the experience undertake any significant program converse during the year which were not loted as the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	JR GOLF TOURNAMENT: IT IS AN OPPORTUNITY FOR YOUNG GOLFERS TO
	PARTICIPATE IN A COMPETITIVE ENVIRONMENT TO DEVELOP THEIR GOLF SKILLS
	AND GAIN EXPOSURE TO ALL ASPECTS OF THE GAME OF GOLF, AS WELL AS LEARN
	THE RULES OF THE GAME AND PACE OF PLAY.
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  DIAY COLE AMEDICA: MHE COLUMN CENTRO DE CLONA MED DAY C
	PLAY GOLF AMERICA: THE SOUTH CENTRAL SECTION HAD DESIGNATED DAYS THROUGHOUT THE YEAR DESIGNED TO INTRODUCE GOLF PROFESSIONALS TO THE
	PUBLIC TO HAVE AN OPPORTUNITY TO LEARN ABOUT THE BUSINESS OF GOLF. MORE
	THAN 650 PEOPLE PARTICIPATED IN THE PLAY GOLF AMERICA PROGRAM DURING
	CALENDAR YEAR 2017.
	<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	TOURNAMENTS: AS PART OF THE SOUTH CENTRAL SECTION MISSION TO PROMOTE
	THE GAME OF GOLF, WE PROVIDE PLAYING OPPORTUNITIES FOR GOLF
	PROFESSIONALS AND AMATEURS ALIKE. THESE PLAYING OPPORTUNITIES
	ENCOURAGE MORE PARTICIPATION IN THE GAME OF GOLF BY PROMOTING THE GAME THROUGH GRASS ROOTS EFFORTS.
	THROUGH GRASS ROUTS EFFORTS.
4d	Other program services (Describe in Schedule O )
40	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► Form 990 (2017)
	10111000 (2017)

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73-0954849 Page 3

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PARITY	I Checklist of Healilrea Schealil	00
	Checklist of Required Schedule	C3

		!	103	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┝╧╌		
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	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	<u> </u>		
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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	11b		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		X
đ	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		
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		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
_	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	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1,0		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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
		Form	990 (	(2017)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			₩
04-	Schedule J	23		Х
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			х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<del></del>
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			$\vdash$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
20	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b></b>
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	_	<del>  ^-</del>
<b>5</b> 4	Part V, line 1	34	х	
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	- COG		<del></del>
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is deflected to contains a response of note to any line in this hart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   95		163	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?  Organizations that may recove deductible contributions under partial 170(a)	6b		
и а	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<del>,,,</del>		
•	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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	•		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders  Gross income from other sources (Do not not amounts due or not be other sources organist).	•		
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 Schedule O	14b		
_		Form	990	(2017

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 9			31
	If there are material differences in voting rights among members of the governing body, or if the governing			;
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0			1
þ	Enter the number of voting members included in line 1a, above, who are independent  1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	Х
6	Did the organization have members or stockholders?	6_		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х	
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<del>- ′ ′ ′ ′ </del>		
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	<u> </u>		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	In Schedule O how this was done	12c		Х
13 14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14		Λ
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	]		-, ÷.
а	The organization's CEO, Executive Director, or top management official	15a	$\overline{\mathbf{x}}$	
	Other officers or key employees of the organization	15b	<del></del> -	х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			11
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			٠,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l		4
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
~	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  S. CENTRAL PGA SECTION CONTROLLER - 561-624-8400	-		
	300 AVENUE OF THE CHAMPIONS #205, PALM BEACH GARDENS, FL 33418		•	
732006	3 11-28-17		990	(2017)

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

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

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

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

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

Check this box if neither the organizat	tion nor any related	orga	anıza	ation	COI	mpe	nsat	ed any current officer,	director, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do not ched			Position o not check more than one			Reportable	Reportable	Estimated
	hours per		box, unless persor officer and a direct		person is both an			compensation	compensation	amount of
	week	$\vdash$			Γ	Т	,	from	from related	other
	(list any hours for	Jrect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	io aa	slee			ige ige		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		),ee	e m		`		and related
	below	mqua	tuttor	<u></u>	Key employee	loyee	ner	!	l	organizations
	line)	힐	Instr	Officer	Key	Highest compensated employee	Former			
(1) BRIAN DAVIS	40.00					l			_	
EXECUTIVE DIRECTOR		X	<u> </u>		_	ᆫ		86,319.	0.	19,980.
(2) JASON BRANCH	2.00								_	_
ARKANSAS CHAPTER DIRECTOR		Х	<u>L</u>					0.	0.	0.
(3) BRIAN WARD	1.00	l		l						
KANSAS CHAPTER DIRECTOR		Х						0.	0.	0.
(4) ALAN HAGER	2.00									•
WESTERN OK CHAPTER DIRECTO	1 00	Х		ļ	L	$\vdash$		0.	0.	0.
(5) BEN BENTON	1.00									•
EASTERN CHAPTER DIRECTOR		Х	<u> </u>	<u> </u>	_	-		0.	0.	0.
(6) MICHAEL HENDERSON	6.00			٦,						
PRESIDENT	6.00	_	<u> </u>	Х	<u> </u>	┝		0.	0.	0.
(7) BARRY HOWARD VICE PRESIDENT	6.00			x				0.	٠ .	_
(8) TROY HENDRICKS	3.00	_	┝	1	<u> </u>	$\vdash$		0.	0.	0.
SECRETARY	3.00			x				0.	0.	0.
(9) CARY COZBY	2.00	┢	<u> </u>	<u> </u>	<u> </u>	-			· ·	0.
HONORARY PRESIDENT	2.00	ł		x	ŀ			0.	0.	0.
(10) DENNIS BOWMAN	2.00		$\vdash$	^	-		-	<u> </u>	<u> </u>	<u> </u>
SR. ASSOCIATION PRESIDENT	2.00	ł		х				0.	0.	0.
The state of the s	-	-		<u> </u>	┢┈		_			· ·
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Form 990 (2017)

	compensation from the organization			
-			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

Section B. Independent Contractors

	the organization Report compensation for the calenda	r year ending with or w	ithin the organization's tax year	
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
		110112		
2	Total number of independent contractors (including bu	t not limited to those lis	sted above) who received more than	
	\$100,000 of compensation from the organization	0		

Form 990 (2017)

Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events d Related organizations 1d Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and 3,000 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 3,000 Total. Add lines 1a-1f Business Code TOURNAMENT REVENUE 900099 663,384 663,384. Program Service Revenue 246,552. 246,552. 118,548. b ADP - FUNDING 900099 MEMBERSHIP DUES 900099 118,548. 75,673. d SPONSORSHIP REVENUE 900099 75,673. GOLF PASS REVENUE 900099 23,769. 23,769 24,887. 900099 24,887. All other program service revenue 152,813 Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,344. 7,344. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 60,727. assets other than inventory b Less cost or other basis 54,774 and sales expenses 5,953. c Gain or (loss) 5,953. 5,953. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 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 Part 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 Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d

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Total revenue See instructions

0.

88,970. Form 990 (2017)

,169,110.1,077,140.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete 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				'
	and domestic governments See Part IV, line 21	11,053.			
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	106,299.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,355.			
8	Pension plan accruals and contributions (include	0 004			
	section 401(k) and 403(b) employer contributions)	2,304.			
9	Other employee benefits	10,179.			
10	Payroll taxes	15,885.			
11	Fees for services (non-employees)				
a	Management				
b	Legal				
ن	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,376.		<del> </del>	
g			-		
9	column (A) amount, list line 11g expenses on Sch O )	7,046.			
12	Advertising and promotion	15,196.			
13	Office expenses	15,739.	-		· · · · - · ·
14	Information technology			1	
15	Royalties			1	
16	Occupancy	29,172.			
17	Travel	109,768.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,061.			
21	Payments to affiliates	26 600			
22	Depreciation, depletion, and amortization	36,692. 12,132.			
23	Insurance	14,134.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line				٦
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	TOURNAMENT OPERATIONS	290,963.			
b	TOURNAMENT PRIZES	265,866.			
c	PROCESSING FEES	33,494.	-,	-	
d	EQUIPMENT RENTAL AND MA	25,785.			
e		29,328.			
25	Total functional expenses Add lines 1 through 24e	1,134,693.			
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)				

732010 11-28-17

SOUTH CENTRAL SECTION OF THE PGA, INC. 73-0954849 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 108,313. 74,820. 1 Cash - non-interest-bearing 61,684. 112,800. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 19,412. 18,882. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 3,148. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 877,770. basis Complete Part VI of Schedule D 10a 84,942. 793,776. 792,828. 10c b Less accumulated depreciation 10b 216,284. 196,600. 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 1,150. Other assets See Part IV, line 11 6,425. 15 15 1,147,442. 1,258,680. 16 Total assets. Add lines 1 through 15 (must equal line 34) 56,282. 12,783. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 142,597. 143,488. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23,960. 131,624. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 26\_ 222,839. 287,895. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 924,603. 970,785. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds

> 1,258,680. Form 990 (2017)

970,785.

32

33

924,603.

147,442.

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2017) SOUTH CENTRAL SECTION OF THE PGA, INC.	73-	0954849	Page 12
Pa	t 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		9,110.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,693.
3	Revenue less expenses Subtract line 2 from line 1	3		4,417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92	4,603.
5	Net unrealized gains (losses) on investments	5	1	1,765.
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	97	0,785.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	<u></u>			Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 in Sch	edule C	)	
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 Au	dit	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017)

732012 11-28-17

## 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.

OMB No 1545-0047 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

	501(c)(4), (5), or (6) organiza	tions Complete Part III			
Name of or	ganization	·		Emp	loyer identification number
	SOUTH C	ENTRAL SECTION	OF THE PGA,	INC.	73-0954849
Part I-A	Complete if the org	anization is exempt un	der section 501(c	) or is a section 527 o	organization.
2 Politica	e a description of the organiz al campaign activity expendit eer hours for political campa		ical campaign activities	s in Part IV ▶ ş	S
Part I-B	Complete if the ere	ranization is avamet un	dor postion E01/a	.\/3\	
		ganization is exempt un incurred by the organization up	·	;)(3). ▶ 9	
	•	incurred by the organization di			·
	· ·	n 4955 tax, did it file Form 472	-		Yes No
	correction made?	11 4355 tax, did it file i offit 472	o for triis year?		Yes No
	," describe in Part IV				163 110
Part I-C	Complete if the org	janization is exempt un	der section 501(c	), except section 501	(c)(3).
1 Enter t	he amount directly expended	by the filing organization for s	ection 527 exempt fun	ction activities	<u> </u>
		ization's funds contributed to	•		
	t function activities		•	▶ 9	\$
3 Total e	exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
line 17	b			▶ 9	S
4 Did the	e filing organization file Form	1120-POL for this year?			Yes No
made ( contrib	payments For each organiza outlons received that were pr	nployer identification number (I tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ o a separate political or	nization's funds. Also enter t ganization, such as a separa	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					•

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

Schedule C (Form 990 or 990-EZ) 2017

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732041 11-09-17

Schedule C (Form 990 or 990 EZ) 2017 SC	UTH CENTE	AL SECTION	OF THE PGA,	INC. 73-	0954849 Page 2	
Part II-A Complete if the organ section 501(h)).	lization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under	
	. h.alana	detect on a feet day				
A Check ► if the filing organization			n Part IV each affiliated	group member's na	me, address, EIN,	
expenses, and share o						
B Check ► ☐ If the filing organization	cnecked box A a	na "limitea control" pro	ovisions apply	4 . 5 .	T 0 3 4 4 1 1 1	
Limits o (The term "expenditu	on Lobbying Expe res" means amou		)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influen	ce public opinion (	arass roots lobbying)				
b Total lobbying expenditures to influen	, ,					
c Total lobbying expenditures (add lines	1a and 1b)	, , , ,		<del></del>		
d Other exempt purpose expenditures	•					
e Total exempt purpose expenditures (a	e Total exempt purpose expenditures (add lines 1c and 1d)					
f Lobbying nontaxable amount Enter the	h columns					
If the amount on line 1e, column (a) or (b	ount is:					
Not over \$500,000		the amount on line 1e				
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc	ess over \$500,000		, ;	
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce				
Over \$17,000,000	\$1,000,					
g Grassroots nontaxable amount (enter	25% of line 1f)				1	
h Subtract line 1g from line 1a If zero or						
i Subtract line 1f from line 1c If zero or						
If there is an amount other than zero of	•	line 1i, did the organiz	ں atıon file Form 4720	· · · · · · · · · · · · · · · · · · ·		
reporting section 4911 tax for this yea		. ,			Yes No	
		eraging Period Under	section 501(h)	••		
(Some organizations that				of the five columns	below.	
		ate instructions for li				
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		· · · · · · · · · · · · · · · · · · ·	
Colorado					<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total	
(or nood) year beginning my					1.	
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))					<u> </u>	
c Total lobbying expenditures	<u> </u>					
d Grassroots nontaxable amount						
e arassicoto cening arricant	3	]				
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

# Schedule C (Form 990 or 990-EZ) 2017 SOUTH CENTRAL SECTION OF THE PGA, INC. 73-0954849 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b	•)
of the	e lobbying activity	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter			1	,
	or referendum, through the use of				•
а	Volunteers?				ŕ
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>	
С	Media advertisements?			<b></b>	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?			<u> </u>	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			L	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
ı	Other activities?		ļ		
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)?		<u> </u>	ļ	
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	i "No," O	R (b) Par	t III-A, lir	1e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical		İ	
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		1	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4	l	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part I	I-A, lines 1 a	and 2 (see	<u> </u>
ınstrı	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
					<u>.                                    </u>

Schedule C (Form 990 or 990-EZ) 2017

### 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

Employer identification number 73 – 0954849

Pa	rt I Organizations Maintaining Donor Advise		or Accounts Complete if the					
	organization answered "Yes" on Form 990, Part IV, line		of Accounts. Complete if the					
	organization answered Tes on Form 555, Fart 17, Inte	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(a) polici davisca idilas	(b) i diad dia dia dia diadania					
2	Aggregate value of contributions to (during year)	·						
3								
	Aggregate value of grants from (during year)		,- ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- <del>,-</del> ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,-					
4	Aggregate value at end of year		- d f d -					
5	Did the organization inform all donors and donor advisors in v	•	——————————————————————————————————————					
_	are the organization's property, subject to the organization's		└ Yes └ No					
6	Did the organization inform all grantees, donors, and donor as		•					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose						
Da	impermissible private benefit?  It II Conservation Easements. Complete if the org		Yes No					
_			ran IV, line /					
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e g , recreation or e	· —	orically important land area					
	Protection of natural habitat  Preservation of a certified historic structure  Preservation of open space							
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of						
	day of the tax year		Held at the End of the Tax Year					
а	a Total number of conservation easements							
b	b Total acreage restricted by conservation easements							
С	c Number of conservation easements on a certified historic structure included in (a)  2c							
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure							
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax					
	year ▶							
4	Number of states where property subject to conservation eas	sement is located >						
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of						
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year					
	<b>&gt;</b>							
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year					
	<b>&gt;</b> \$							
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(	h)(4)(B)(ı)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organizat							
	conservation easements							
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,					
	historical treasures, or other similar assets held for public exh							
	the text of the footnote to its financial statements that descrit	· ·	. , , , , , , , , , , , , , , , , , , ,					
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, ed							
	relating to these items	parametry, or research in rational color parameters	one derived, provide the leneving amounts					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$					
	(ii) Assets included in Form 990, Part X		•					
2	If the organization received or held works of art, historical trea	asi iras or other similar assats for financial	gain provide					
_	the following amounts required to be reported under SFAS 1:		gain, provide					
•	Revenue included on Form 990, Part VIII, line 1	TO (AGG 300) relating to these items						
a	Assets included in Form 990, Part X		<b>-</b>					
	maacta included in Follii 990, Fall A							

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732051 10-09-17

		ENTRAL SEC					. 73	<u>-0954</u>	<u>849</u>	Pa	ige <b>2</b>
Pa	rt III   Organizations Maintaining C	ollections of A	rt, Histor	ical T <u>re</u>	asures, d	or Othe	er Similar /	Assets(	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	ny of the fo	llowing tha	it are a s	ignificant use	of its coll	ection	items	s
	(check all that apply)										
а	Public exhibition	C	ı 🖳 Loa	n or excha	ange progra	ams					
b	Scholarly research	•	e LL Oth	er							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how they	further the	e organizati	on's exe	mpt purpose	ın Part XII	l		
5	During the year, did the organization solicit o					er sımılaı	assets				
	to be sold to raise funds rather than to be ma								es	<u></u>	No
Pai	rt IV Escrow and Custodial Arran		ete if the org	ganızatıon	answered '	"Yes" on	Form 990, Pa	art IV, line	9, or		
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cor	itributions	or other as	sets not	ıncluded				,
	on Form 990, Part X?							<b>└</b> Y	es	Ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tabl	е							
								An	nount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	e Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		•				•	<b>□</b> Y	es	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII									$\Box$	<u></u>
Pai	rt V Endowment Funds. Complete it							····			
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three years	back (e	) Four y	ears b	)ack
1a	a Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses		ļ								
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland		olumn (a))	held as						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held and	administe	ered for ti	ne organizatio	on	<u></u>		<del></del>
	by							Г.		'es	No
	(i) unrelated organizations								3a(i)		
L	(ii) related organizations	A							a(ii)	$\dashv$	
	If "Yes" on line 3a(ii), are the related organiza							L	3b		
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment tun	us		<del>_</del> .				—	
<u> </u>	Complete if the organization answered		0 Part IV III	o 110 Co	a Earm 000	Dort V	line 10				
	·-··							1 (4)	Dest		
	Description of property	(a) Cost or of basis (investi		(b) Cost o basis (o			ccumulated preciation	(a)	Book	value	ſ
	Land	Dasis (investi	nent)		,000.	uer	JI GUIALIUI I	+-	26	,00	10
			-+		,642.		18,581	+-	706		
b	•				,750.		839		_	, 00 , 91	
	Leasehold improvements	<del></del>			,791.		6,975				16.
	Equipment		<del></del>		, 791.		58,547		30	,04	
	Other	aud Form 000, Co-	V column t				30,347	+	792	•	

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 SOUTH CENTRAL SECTION OF		73-09548	19 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	'a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d	<b></b> l	
_	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	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	_4b	<b>—</b> ———————————————————————————————————	
_	Add lines 4a and 4b		4c	
Dar	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  t XII   Reconciliation of Expenses per Audited Financial State	ments With Evnenses r	5	
l ai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		er neturn.	
1	Total expenses and losses per audited financial statements	<u>a</u>	T 1 T	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>'  </del>	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	$\dashv$ i	
	Other losses	_ <del>                                    </del>		
c d	Other (Describe in Part XIII )	2c   2d	<del> </del>	
	Add lines 2a through 2d	_ 20		
е 3	Subtract line 2e from line 1		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		3	
		1 45 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	
	Other (Describe in Part XIII )	4b	<del></del>	
	Add lines 4a and 4b  Total averages Add lines 2 and 4a /This must equal Form 900. Part / Iron 18.)		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	et IV lease the and Oh. Doet V. I	no 4 Dark V Iran O. C	land VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac		ine 4, Fait A, line 2, F	ait Ai,
	and 45, and 1 are XII, inics 20 and 45 7150 complete this part to provide any ac	iditional information		
	***************************************	***		<del></del>
	——————————————————————————————————————		<del></del>	<u>_</u>
		<del></del>	<del></del>	
		<u>-</u>		
		<del></del>		
			· · · · · · · · · · · · · · · · · · ·	
				•

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

SOUTH CENTRAL SECTION OF THE PGA, INC.

Employer identification number 73-0954849

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

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THE ORGANIZATION'S MEMBERS ELECT MEMBERS OF THE GOVERNING BODY.

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

732211 09-07-17

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2017 Open to Public Inspection

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Employer identification number 73-0954849 Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990. INC. SOUTH CENTRAL SECTION OF THE PGA,

Name of the organization

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

Direct controlling entity Ξ End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a)	(a)	(c)	(p)	(e)	<b>(£)</b>	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ŝ	Section 512(b)(13)	2(b)(13) Iled
of related organization		foreign country)	section	status (if section	entity	entit	7.5
				501(c)(3))		Yes	٩
SOUTH CENTRAL SECTION PGA FOUNDATION -							
30-0520083, 951 N FOREST RIDGE BLVD, BROKEN	<u> </u>						
ARROW, OK 74014	GOLF COMMUNITY FUNDING	OKLAHOMA	501(C)(3)	LINE 10			×
				•			
	<del></del>						
į							

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

Schedule R (Form 990) 2017

73-0954849

Page 2

7 A

Schedule R (Form 990) 2017 SOUTH CENTRAL SECTION OF THE PGA, INC.

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

General or Percentage managing ownership Schedule R (Form 990) 2017 Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Section 512(b)(13) controlled entity? 3 Percentage ownership Yes 3 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end of-year assets Ξ <u>6</u> Disproportionate Yes allocations? Ξ Share of total income Ξ (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) 23 છ (d)
( Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 732162 09-11-17 Part IV

Page 3

. . . ,

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				>	Yes	ŝ
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?	is with one or more re	lated organizations listed	ın Parts II:IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>-			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				10	H	×
d Loans or loan guarantees to or for related organization(s)				14	_	×
e Loans or loan guarantees by related organization(s)				9	H	×
						;
<ul> <li>f Dividends from related organization(s)</li> </ul>				<b>=</b>	$\dashv$	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				÷		X
i Exchange of assets with related organization(s)				Ŧ		×
J Lease of facilities, equipment, or other assets to related organization(s)				į-	$\dashv$	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			-t	X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×	
						×
P neminativement paid to related organization(s) for expenses				2 5	$\dagger$	: ×
				2	$\dagger$	
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(4)						
(5) ~						
(9)						
732163 09-11-17	24		Schedule	Schedule R (Form 990) 2017	990) 2	017

4 75 6

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

3	rcentage					
-	ow ow				 	
3	General or managing partner?	3				
Ξ	-UBI box 20 lle K-1 065)					
ε	Dispropor- tionate allocations?					
$\vdash$	Onsp alloc	<u> </u>				
(6)	Share of end-of-year assets					
(4)	ָא ַ ב	:				
(e)	Partners sec 501(c)(3) ler 0rgs ?					
(p)	Predominant income (related, unrelated, excluded from tax unc sections 512-514)					
(c)	nicile oreigr y)					
(q)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					

Schedule R (Form 990) 2017