

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED STATES GOLF ASSOCIATION</b>		<b>D</b> Employer identification number <b>13-1427105</b>
	Doing business as <b>USGA</b>		<b>E</b> Telephone number <b>(908) 234-2300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>77 LIBERTY CORNER ROAD</b>		<b>G</b> Gross receipts \$ <b>639,904,684.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LIBERTY CORNER, NJ 07938</b>		
<b>F</b> Name and address of principal officer: <b>MICHAEL DAVIS</b> <b>77 LIBERTY CORNER ROAD, LIBERTY CORNER, NJ</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.USGA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1894** **M** State of legal domicile: **DE**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE UNITED STATES GOLF ASSOCIATION IS A NONPROFIT ORGANIZATION (CONTINUES ON SCHEDULE O)</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>299</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>1380</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>110,506.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>29,148,285.</b> <b>Prior Year</b> <b>29,609,567.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>177,810,407.</b> <b>132,911,935.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>19,478,597.</b> <b>31,816,397.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>4,552,586.</b> <b>323,376,675.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>230,989,875.</b> <b>517,714,574.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>55,938,694.</b> <b>50,422,641.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>171,238.</b> <b>127,250.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>127,250.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>136,963,941.</b> <b>115,863,345.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>199,712,427.</b> <b>171,946,662.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>31,277,448.</b> <b>345,767,912.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>509,493,063.</b> <b>Beginning of Current Year</b> <b>885,275,470.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>124,262,947.</b> <b>151,041,105.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>385,230,116.</b> <b>734,234,365.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>SUSAN PIKITCH, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL ROMANO</b>	Preparer's signature 	Date <b>05/21/2021</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00504182</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>	Phone no. (212) 599-0100		
	Firm's address ▶ <b>757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013</b>				

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED STATES GOLF ASSOCIATION</b>	Taxpayer identification number (TIN) <b>13-1427105</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>77 LIBERTY CORNER ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LIBERTY CORNER, NJ 07938</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN DESMOND**

- The books are in the care of ▶ **77 LIBERTY CORNER ROAD - LIBERTY CORNER, NJ 07938**  
Telephone No. ▶ **908-234-2300** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE UNITED STATES GOLF ASSOCIATION CHAMPIONS AND ADVANCES THE GAME OF GOLF. IT SERVES MILLIONS OF GOLFERS AND THOUSANDS OF GOLF COURSES BOTH WITHIN THE UNITED STATES AND AROUND THE WORLD THROUGH PROGRAMS AND SERVICES THAT PROMOTE A THRIVING, WELCOMING AND SUSTAINABLE GAME.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 110,296,993. including grants of \$ 744,696. ) (Revenue \$ 90,399,036. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 32,956,886. including grants of \$ 2,942,204. ) (Revenue \$ 10,128,104. ) SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 5,957,392. including grants of \$ 24,225. ) (Revenue \$ 1,525,665. ) SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,225,080. including grants of \$ 1,822,301. ) (Revenue \$ 29,684,784. )

4e Total program service expenses 156,436,351.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

**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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **▶**
- JOHN DESMOND - 908-234-2300**  
**77 LIBERTY CORNER ROAD, LIBERTY CORNER, NJ 07938**

**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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE DAVIS CEO	60.00 1.00			X			1,513,610.	0.	88,707.	
(2) SUSAN PIKITCH CHIEF FINANCIAL OFFICER	60.00 1.00			X			728,767.	0.	77,634.	
(3) JOHN BODENHAMER SENIOR MANAGING DIRECTOR	60.00 0.00				X		716,432.	0.	63,279.	
(4) RANDON JERRIS SENIOR MANAGING DIRECTOR	60.00 0.00				X		661,972.	0.	91,034.	
(5) STEVEN SCHLOSS CHIEF PEOPLE OFFICER	60.00 0.00				X		593,435.	0.	75,948.	
(6) CHRISTOPHER FRASER SECRETARY AND CLO	60.00 1.00			X			543,232.	0.	91,871.	
(7) NAVINDRA SIGNH CHIEF COMMERCIAL OFFICER	50.00 0.00				X		486,460.	0.	102,783.	
(8) THOMAS PAGEL SENIOR MANAGING DIRECTOR	60.00 0.00				X		481,160.	0.	45,569.	
(9) REGINALD JONES JR. MANAGING DIRECTOR, US OPEN	50.00 0.00					X	411,193.	0.	65,855.	
(10) CRAIG ANNIS CHIEF BRAND OFFICER	50.00 0.00				X		400,007.	0.	72,511.	
(11) MARY LOPUSZYNSKI MANAGING DIRECTOR, MERCHANDISE	50.00 0.00					X	373,265.	0.	38,063.	
(12) MATTHEW PRINGLE MANAGING DIRECTOR, GREEN SEC. & RSI	50.00 0.00					X	339,938.	0.	71,991.	
(13) ANTHONY GRECO MANAGING DIRECTOR - FIELD SERVICES	50.00 0.00					X	334,976.	0.	71,658.	
(14) GARETH LONDT MANAGING DIRECTOR, IT & GHIN	50.00 0.00					X	339,953.	0.	60,353.	
(15) MARK E. NEWELL EXE.COM.MEMBER&PRESIDENT(THRU 02/20)	10.00 0.00	X					0.	0.	0.	
(16) J. STUART FRANCIS PRESIDENT	10.00 1.00	X					0.	0.	0.	
(17) ANTHONY K. ANDERSON EXECUTIVE COMMITTEE	10.00 1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J. MICHAEL BAILEY EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(19) THOMAS BARKIN EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(20) STEPHEN E. BEEBE EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(21) PAUL G. BROWN EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(22) KENDRA GRAHAM EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(23) ROBERT D. KAIN EXECUTIVE COMMITTEE (THUR 02/20)	10.00 0.00	X						0.	0.	0.
(24) MARTHA LANG EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(25) DEBORAH PLATT MAJORAS EXECUTIVE COMMITTEE	10.00 0.00	X						0.	0.	0.
(26) COURTNEY MYHRUM EXECUTIVE COMMITTEE (AS OF 02/2020)	10.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								7,924,400.	0.	1017256.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								7,924,400.	0.	1017256.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **147**

	Yes	No
3 Did the organization list any former officer, director, 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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GHIN GENIUS SOFTWARE LLC PO BOX 425, EXTON, PA 19341	IT SERVICES	8,442,835.
INFRONT X LLC, 1261 BROADWAY, SUITE 200, NEW YORK, NY 10001	IT SERVICES	2,680,794.
ARENA AMERICAS PO BOX 776368, CHICAGO, IL 60677-6368	RENTAL SERVICES	2,391,206.
ZAMBEZI, LLC, 10441 JEFFERSON BLVD. #100, CULVER CITY, CA 90232	MARKETING	2,159,562.
MSG PROMOTIONS, 1120 SOUTH CEDER CREST BLVD STE 200, ALLENTOWN, PA 18103	HOSPITALITY SERVICES	1,902,361.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **116**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	13,252,613.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,356,954.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			29,609,567.			
Program Service Revenue	<b>2 a</b> CHAMPIONSHIPS	<b>Business Code</b>	711300	90,399,036.	90,399,036.		
	<b>b</b> EVENTS INSURANCE PAYMENTS		900099	29,500,000.	29,500,000.		
	<b>c</b> GOLFER ENGAGEMENT		711300	10,128,104.	10,128,104.		
	<b>d</b> GOVERNANCE		711300	1,525,665.	1,525,665.		
	<b>e</b> GOLF COURSES AND SUSTAINABILITY		711300	1,185,162.	1,185,162.		
	<b>f</b> All other program service revenue		900099	173,968.	63,462.	110,506.	
	<b>g Total.</b> Add lines 2a-2f			132,911,935.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			9,543,918.		9,543,918.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			1,000,515.		1,000,515.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	141,963,586.			
			(ii) Other		163,614.		
				119,789,653.	65,068.		
				22,173,933.	98,546.		
	<b>d</b> Net gain or (loss)			22,272,479.		22,272,479.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		1,271,549.				
			2,335,389.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			-1,063,840.	-1,063,840.			
Miscellaneous Revenue	<b>11 a</b> MEDIA RIGHTS TERMINATION PAYMENT	<b>Business Code</b>	900099	323,440,000.		323,440,000.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			323,440,000.			
<b>12 Total revenue.</b> See instructions			517,714,574.	131,737,589.	110,506.	356,256,912.	

**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  X

Do not include amounts reported on lines 6b, 7b, 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 ...	5,409,426.	5,409,426.		
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 .....	124,000.	124,000.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	5,742,124.	2,045,936.	3,696,188.	
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 .....	42,222,051.	38,646,220.	3,575,831.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....	2,458,466.	1,893,410.	565,056.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	1,309,152.	461,149.	848,003.	
c Accounting .....	229,190.		229,190.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	127,250.			127,250.
f Investment management fees .....	1,046,506.		1,046,506.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	19,196,234.	18,253,272.	942,962.	
12 Advertising and promotion .....	5,933,630.	5,933,580.	50.	
13 Office expenses .....	4,870,123.	4,680,802.	189,321.	
14 Information technology .....	16,678,119.	14,649,056.	2,029,063.	
15 Royalties .....				
16 Occupancy .....	1,398,543.	1,218,308.	180,235.	
17 Travel .....	3,705,834.	3,652,837.	52,997.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	1,021,948.		1,021,948.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	4,511,288.	3,929,096.	582,192.	
23 Insurance .....	2,630,133.	2,621,176.	8,957.	
24 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.)				
a <b>PRIZES AND AWARDS</b> .....	18,876,924.	18,876,924.		
b <b>CHAMPIONSHIP EXPENSES</b> .....	12,316,354.	12,316,354.		
c <b>ALL OTHER EXPENSES</b> .....	10,662,421.	10,247,859.	414,562.	
d <b>CORP. HOSPITALITY MARKE</b> .....	5,834,448.	5,834,448.		
e All other expenses .....	5,642,498.	5,642,498.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	171,946,662.	156,436,351.	15,383,061.	127,250.
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	130,795.	<b>1</b>	26,000,174.	
	<b>2</b> Savings and temporary cash investments .....	11,100,874.	<b>2</b>	463,458.	
	<b>3</b> Pledges and grants receivable, net .....	0.	<b>3</b>		
	<b>4</b> Accounts receivable, net .....	6,823,916.	<b>4</b>	8,599,958.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	700,000.	
	<b>8</b> Inventories for sale or use .....	883,406.	<b>8</b>	836,635.	
	<b>9</b> Prepaid expenses and deferred charges .....	14,445,296.	<b>9</b>	13,458,152.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 124,601,944.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 45,896,146.	<b>10c</b>	78,705,798.	
	<b>11</b> Investments - publicly traded securities .....	331,455,142.	<b>11</b>	735,792,691.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	63,411,385.	<b>12</b>	18,926,690.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	1,791,914.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	509,493,063.	<b>16</b>	885,275,470.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,640,532.	<b>17</b>	29,600,567.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	30,178,217.	<b>19</b>	31,234,207.	
	<b>20</b> Tax-exempt bond liabilities .....	44,588,259.	<b>20</b>	44,602,926.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	36,855,939.	<b>25</b>	45,603,405.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	124,262,947.	<b>26</b>	151,041,105.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	383,618,477.	<b>27</b>	734,234,365.	
	<b>28</b> Net assets with donor restrictions .....	1,611,639.	<b>28</b>	0.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	385,230,116.	<b>32</b>	734,234,365.	
	<b>33</b> Total liabilities and net assets/fund balances .....	509,493,063.	<b>33</b>	885,275,470.	

**Part 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	517,714,574.
2	Total expenses (must equal Part IX, column (A), line 25)	2	171,946,662.
3	Revenue less expenses. Subtract line 2 from line 1	3	345,767,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	385,230,116.
5	Net unrealized gains (losses) on investments	5	11,089,922.
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	-7,853,585.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	734,234,365.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **UNITED STATES GOLF ASSOCIATION** Employer identification number **13-1427105**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25455357.	25029706.	2802675.	29148285.	29609566.	112045589
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	161910476	176754853	4243199.	177810407	132911935	653630870
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	187365833	201784559	7045874.	206958692	162521501	765676459
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	9732566.	17462597.	426,692.	18246598.	16356954.	62225407.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	87033370.	90899957.	0.	95079183.	61853450.	334865960
<b>c</b> Add lines 7a and 7b .....	96765936.	108362554	426,692.	113325781	78210404.	397091367
<b>8 Public support.</b> (Subtract line 7c from line 6.)						368585092

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	187365833	201784559	7045874.	206958692	162521501	765676459
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	12724662.	14057868.	3163462.	12267174.	10544433.	52757599.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....	511,035.	541,890.	0.	170,000.	110,506.	1333431.
<b>c</b> Add lines 10a and 10b .....	13235697.	14599758.	3163462.	12437174.	10654939.	54091030.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					323440000	323440000
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	200601530	216384317	10209336.	219395866	496616440	1143207489.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	32.24 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	44.80 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	4.73 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	7.22 %

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MEDIA RIGHTS TERMINATION

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 323,440,000.

Multiple horizontal lines for additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

UNITED STATES GOLF ASSOCIATION

Employer identification number

13-1427105

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>UNITED STATES GOLF ASSOCIATION</b>	Employer identification number  <b>13-1427105</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,534,881.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>6,966,569.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,354,907.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,541,290.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>3,613,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>346,132.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED STATES GOLF ASSOCIATION</b>	Employer identification number  <b>13-1427105</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED STATES GOLF ASSOCIATION</b>	Employer identification number  <b>13-1427105</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** UNITED STATES GOLF ASSOCIATION **Employer identification number** 13-1427105

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,049,544.		12,049,544.
b Buildings		94,848,317.	34,328,287.	60,520,030.
c Leasehold improvements		51,982.	25,090.	26,892.
d Equipment		13,003,508.	9,889,788.	3,113,720.
e Other		4,648,593.	1,652,981.	2,995,612.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				78,705,798.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	509,113.
(3) ACCRUED - 457 (F)	1,255,988.
(4) ACCRUED - 457 (B) - DEFERRED COMP	3,520,483.
(5) ACCRUED PENSION	23,918,411.
(6) ACCRUED - RETIREE BENEFITS	16,399,410.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,603,405.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A:**

THE USGA GOLF MUSEUM AND LIBRARY COLLECTION INCLUDES GRAPHICS, BOOKS AND GOLF MEMORABILIA. THE COLLECTION IS HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH. NO VALUE IS ASSIGNED TO THE COLLECTION IN THE STATEMENTS OF FINANCIAL POSITION.

**PART III, LINE 4:**

THE USGA GOLF MUSEUM AND LIBRARY MAINTAINS THE WORLD'S LARGEST AND MOST COMPLETE COLLECTION OF GOLF HISTORY. BY COLLECTING, PRESERVING AND INTERPRETING THE HISTORICAL DEVELOPMENTS OF THE GAME IN THE UNITED STATES, WITH AN EMPHASIS ON THE USGA AND ITS CHAMPIONSHIPS, THE MUSEUM PROMOTES A GREATER UNDERSTANDING OF GOLF'S CULTURAL SIGNIFICANCE FOR A WORLDWIDE

**Part XIII** Supplemental Information (continued)

AUDIENCE. THE MUSEUM SPONSORS A RICH ARRAY OF PROGRAMS DESIGNED TO EDUCATE AND INSPIRE THE PUBLIC ABOUT THE HISTORY OF GOLF AND THE USGA'S ROLE IN THE GAME'S DEVELOPMENT. THE MUSEUM OFFERS A WIDE VARIETY OF PROGRAMMING TO SUIT AUDIENCES OF ALL AGES. ARTIFACTS FROM THE COLLECTION TRAVEL ACROSS THE COUNTRY, AS WELL AS INTERNATIONALLY, TO USGA CHAMPIONSHIP SITES, MEMBER CLUBS, AND NATIONAL AND LOCAL MUSEUMS AND LIBRARIES. A COMPREHENSIVE ONLINE PORTAL ENABLES PHOTOS, VIDEOS AND OTHER HISTORICAL CONTENT TO BE SHARED WITH A WORLDWIDE AUDIENCE AND USED FOR EDUCATIONAL PURPOSES.

PART X, LINE 2:

THE USGA IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), EXCEPT FOR ANY INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITY, WHICH THE USGA HAS AND ESTIMATES A TAX DUE FROM SUCH OF \$23,000 FOR THE YEAR. IN ADDITION, THE USGA HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE ("IRS") NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.

THE USGA HAS FILED FOR AND SUBSEQUENTLY RECEIVED INCOME TAX EXEMPTIONS AS WELL AS FILED BOTH IRS FORMS 990 AND 990-T IN THE JURISDICTION WHERE IT IS REQUIRED TO DO SO. THE USGA BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE FISCAL YEARS PRIOR TO 2016. THE USGA HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>UNITED STATES GOLF ASSOCIATION</b>	Employer identification number <b>13-1427105</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	LATIN AMERICA AMATEUR	17,879.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	ONTARIO TURF SYMPOSIUM	115.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	FMG RULES WORKSHOP	717.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	MTGS, CENTRAL AMERICA	670.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	OLYMPICS	18,512.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	WORLD AMATEUR	15,464.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	PRESIDENT'S CUP	2,337.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	WAGR MEETINGS	3,917.
<b>3 a</b> Subtotal .....	0	0			59,611.
<b>b</b> Total from continuation sheets to Part I .....	0	0			292,970.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			352,581.

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

Schedule F (Form 990) 2020

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	LIBRARY ACQUISITION	424.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	HOC AND JESC	11,148.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	BTME CONFERENCE	809.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	GHIN PRESENTATION	2,198.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	WHS HOC	9,029.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	ABU DHABI SUMMIT	4,689.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING	PBJ BOATWRIGHT GRANT	24,000.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING	AGA EMERGENCY RELIEF FUND	100,000.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	140,673.
<b>Totals</b> .....					292,970.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	INTERNSHIP	12,000.	WIRE	0.		
		NORTH AMERICA	INTERNSHIP	12,000.	WIRE	0.		
		NORTH AMERICA	AGA EMERGENCY RELIEF FUND	100,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **0**

3 Enter total number of other organizations or entities ..... **3**



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## FORM 990, SCHEDULE F, PART I, LINE 2

THE USGA PROVIDES A LIMITED NUMBER OF GRANTS TO ORGANIZATIONS OUTSIDE THE UNITED STATES, AND SUCH CASES TYPICALLY PROVIDE ASSISTANCE IN TIMES OF NEED OR CRISIS. SUCH GRANTS ARE APPROVED BY THE EXECUTIVE COMMITTEE, AND/OR SUB-COMMITTEE. STAFF MONITORS THE USE OF THE FUNDS TO ENSURE THAT THE GRANTS ARE SPENT FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM INTENDED USE. MONITORING MAY INCLUDE FORMAL PERIODIC REPORTS FROM THE ORGANIZATION OR INFORMAL REPORTS, DEPENDING ON THE NATURE OF THE GRANT AND THE ORGANIZATION IT WAS DISTRIBUTED TO. UNSPENT FUNDS MUST BE RETURNED TO THE USGA.

## FORM 990, SCHEDULE F, PART I, LINE 3

THE USGA OWNS SHARES OF INVESTMENT FUNDS IN THE CAYMAN ISLANDS AND IN THE BRITISH VIRGIN ISLANDS. FEDERAL FINCEN FORM HAS BEEN FILED TO REPORT BALANCES IN THESE INVESTMENT ACCOUNTS.

IN ADDITION, UNITED STATES GOLF ASSOCIATION INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, UNITED STATES GOLF ASSOCIATION'S ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH USGA'S FORM 990-T.

## FORM 990, SCHEDULE F, PART II

THE USGA PROVIDES GRANTS TO FURTHER ITS MISSION TO CHAMPION AND ADVANCE THE GAME. MANY OF THESE PROGRAMS SUPPORT JUNIORS AND GOLFERS WITH

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

DISABILITIES THROUGHOUT THE UNITED STATES THROUGH LOCAL CHAPTER GRANTS THROUGH A NATIONAL ASSOCIATION. THE USGA ALSO PROVIDES GRANTS TO STATE AND REGIONAL ASSOCIATIONS TO FINANCE PAID INTERNSHIPS FOR THOSE WHO ARE PURSUING A CAREER IN GOLF ADMINISTRATION. THE USGA PROVIDES GRANTS TO COLLEGES AND UNIVERSITIES TO FINANCE TURFGRASS RESEARCH AND ENVIRONMENTAL RESEARCH THAT MAY BENEFIT GOLF COURSES IN REDUCING CONSUMPTION OF KEY RESOURCES SUCH AS WATER AND MANAGING COSTS RELATED TO LABOR AND TURF MAINTENANCE. IN ALL CASES, STAFF MEMBERS MONITOR THE USE OF FUNDS TO ENSURE THAT THE GRANTS ARE SPENT FOR THE PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM INTENDED USE. IN SOME CASES, A THOROUGH APPLICATION MUST BE SUBMITTED IN ORDER TO RECEIVE CONSIDERATION FOR FUNDING. MONITORING NORMALLY INCLUDES FORMAL PERIODIC REPORTS FROM THE RECIPIENT ORGANIZATION, DETAILING PROGRAM PROGRESS AND USE OF FUNDS. MONITORING CAN ALSO INCLUDE INFORMAL REPORTS, DEPENDING ON THE NATURE OF THE GRANT AND THE ORGANIZATION IT WAS DISTRIBUTED TO. FOR EXAMPLE, GRANTS DISTRIBUTED TO PROGRAMS FOR JUNIORS AND GOLFERS WITH DISABILITIES TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A FORMAL ASSESSMENT REPORT THAT INCLUDES INFORMATION ABOUT PROGRAM OUTCOMES, FINANCIAL COMPLIANCE, PARTICIPANT STATISTICS, PROGRAM SCHEDULE, INSTRUCTION PROVIDED, AND FOLLOW-UP SUPPORT. SUCH INFORMATION IS SUBJECT TO AUDIT, AT THE USGA'S SOLE DISCRETION. IN ALL CASES, UNSPENT FUNDS MUST BE RETURNED TO USGA.

GRANTS TO STATE AND REGIONAL ASSOCIATIONS FOR GOLF ADMINISTRATION INTERNSHIPS TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A REPORT DESCRIBING THE INTERNSHIP ACTIVITIES AND ACCOMPLISHMENTS, AND ACCOUNT FOR ALL INTERNSHIP SALARY PAYMENTS. ADDITIONALLY, THE INTERN IS

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REQUIRED TO COMPLETE AN EVALUATION ON THE INTERNSHIP RESPONSIBILITIES AND CONFIRM THE DURATION OF THEIR EMPLOYMENT. THE UNSPENT FUNDS RELATED TO INTERNSHIPS MUST BE RETURNED TO THE USGA.

GRANTS TO COLLEGES AND UNIVERSITIES FOR TURF GRASS AND ENVIRONMENTAL RESEARCH TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A REPORT DESCRIBING IN DETAIL THE RESULTS OF THE RESEARCH, AND ACCOUNT FOR ALL FUNDS SPENT. IN ADDITION, USGA ALSO PROVIDED AGA RELIEF FUNDING IN 2020 TO SUPPORT ASSOCIATIONS TO CARRY OUT THEIR USGA-RELATED ACTIVITIES IN THE WAKE OF COVID-19 PANDEMIC.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: EIDOLON COMMUNICATIONS INC.

(I) ADDRESS OF FUNDRAISER: 15 MAIDEN LANE SUITE 1401, NEW YORK , NY 10038

**SCHEDULE G, PART I, LINE 2B**

**THE USGA MEMBERS PROGRAM COLLECTS DUES, A PORTION OF WHICH IS**

**RECOGNIZED AS CONTRIBUTIONS. EIDOLON COMMUNICATIONS INC. PROVIDES  
ADVICE ONLY WITH RESPECT TO MARKETING STRATEGIES AND THE DESIGN OF**

**Part IV** Supplemental Information (continued)

MEMBERSHIP SOLICITATIONS FOR THE USGA MEMBERS PROGRAM.

EIDOLON COMMUNICATIONS INC. PROVIDES ADVICE ONLY FOR THE SOLICITATION

OF MEMBERSHIPS FOR THE USGA MEMBERS PROGRAM. GROSS RECEIPTS

SPECIFICALLY ATTRIBUTABLE TO THEIR ADVICE CANNOT BE CALCULATED.

THEREFORE, NO GROSS RECEIPTS HAVE BEEN REPORTED. EIDOLON COMMUNICATIONS

INC. ARE USED FOR CONSULTING BUT DO NOT FUNDRAISE ON BEHALF OF THE

USGA.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **UNITED STATES GOLF ASSOCIATION** Employer identification number **13-1427105**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AGRICULTURE DEVELOPMENT COUNCIL 316 PTSC FAYETTEVILLE, AZ 72701	71-6003252	501(C)(3)	34,714.	0.			TURFGRASS GRANTS
ALABAMA GOLF ASSOCIATION 3041 LORNA ROAD HOOVER, AL 35216	63-0809785	501(C)(3)	28,000.	0.			INTERNSHIP
ALASKA GOLF ASSOCIATION 401 W. INTERNATIONAL ROAD ANCHORAGE, AK 99518	92-0136766	501(C)(7)	12,000.	0.			INTERNSHIP
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517	58-1433914	501(C)(3)	25,000.	0.			JUNIOR
ARIZONA GOLF ASSOCIATION 7600 E. REDFIELD RD SUITE 130 SCOTTSDALE, AZ 85260	86-0214071	501(C)(4)	54,000.	0.			INTERNSHIP
ARKANSAS STATE GOLF ASSOCIATION 3 EAGLE HILL COURT, SUITE B LITTLE ROCK, AR 72210	71-0470120	501(C)(3)	24,000.	0.			INTERNSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**
- 3** Enter total number of other organizations listed in the line 1 table **53.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS UNIV OF WISCONSIN OFFICE OF RESEARCH & SPONSORED PROGRAMS DRAWER #538 - MILWAUKEE, WI 53278-05	39-6006492	501(C)(3)	73,265.	0.			TURFGRASS GRANTS
BOARD OF REGENTS, NSHE, OBO UNLV 4505 MARYLAND PARKWAY BOX 451055 LAS VEGAS, NV 89154-1055	88-6000024	501(C)(3)	79,994.	0.			TURFGRASS GRANTS
CAL POLY POMONA FOUNDATION INC. ATTN ACCOUNTS RECEIVABLE 3801 WEST TEMPLE AVE, BUILDING 55 - POMONA, CA 9176	95-2417645	501(C)(3)	15,000.	0.			TURFGRASS GRANTS
CALIFORNIA TURFGRASS AND LANDSCAPE FND - 456 SOUTH BUNDY DRIVE - LOS ANGELES, CA 90049	45-2709093	501(C)(3)	100,000.	0.			TURFGRASS GRANTS
CAROLINAS GOLF ASSOCIATION 140 RIDGE ROAD SOUTHERN PINES, NC 28387	56-0509290	501(C)(3)	40,000.	0.			INTERNSHIP
CHICAGO DISTRICT GOLF ASSOCIATION 11855 ARCHER AVENUE LEMONT, IL 60439	36-0898927	501(C)(4)	16,000.	0.			INTERNSHIP
CLEMSON UNIVERSITY GRANTS AND CONTRACT SERVICES 321 BRACKETT HALL - CLEMSON, SC 29634-0001	57-6000254	501(C)(3)	6,000.	0.			TURFGRASS GRANTS
COLORADO GOLF ASSOCIATION SUITE 102 5990 GREENWOOD PLAZA BLVD. - GREENWOOD VILLAGE, CO 80111-4749	84-1248840	501(C)(3)	54,000.	0.			INTERNSHIP
COLORADO STATE UNIVERSITY CASHIER'S OFFICE JOHNSON HALL FORT COLLINS, CO 80523	84-6000545	501(C)(3)	10,000.	0.			TURFGRASS GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT STATE GOLF ASSOCIATION SUITE 212 35 COLD SPRING ROAD ROCKY HILL, CT 06067	22-2587856	501(C)(6)	24,000.	0.			INTERNSHIP
DELAWARE STATE GOLF ASSOCIATION 1319 CARRUTHERS LN FL 2 WILMINGTON, DE 19803	51-6018790	501(C)(7)	12,000.	0.			INTERNSHIP
FLORIDA STATE GOLF ASSOCIATION 12630 TELECOM DRIVE TAMPA, FL 33637-0935	59-2171378	501(C)(3)	56,000.	0.			INTERNSHIP
GEORGIA STATE GOLF ASSOCIATION ATTN: ACCOUNTS RECEIVABLE 121 VILLAGE PARKWAY., BLDG. 3 - MARIETTA, GA 30067	58-1145042	501(C)(3)	24,000.	0.			INTERNSHIP
GOLF ASSOCIATION OF MICHIGAN 39255 COUNTRY CLUB DRIVE SUITE B-40 FARMINGTON HILLS, MI 48331	38-6105801	501(C)(6)	32,000.	0.			INTERNSHIP
GOLF ASSOCIATION OF PHILADELPHIA 1974 SPROUL ROAD, SUITE 400 BROOMALL, PA 19008	23-1303024	501(C)(7)	54,000.	0.			INTERNSHIP
GREATER CINCINNATI GOLF ASSOCIATION - 9200 MONTGOMERY RD, STE 24B - CINCINNATI, OH 45242-7794	31-6051373	501(C)(7)	22,000.	0.			INTERNSHIP
HAWAII STATE GOLF ASSOCIATION 98-025 HEKAHA ST BLDG 2, UNIT 204A AIEA, HI 96701	99-0238385	501(C)(7)	46,000.	0.			INTERNSHIP
IDAHO GOLF ASSOCIATION P.O. BOX 9958 BOISE, ID 83707-3958	23-7024930	501(C)(7)	18,000.	0.			INTERNSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA GOLF ASSOCIATION PO BOX 516 FRANKLIN, IN 46131	35-2015534	501(C)(6)	24,000.	0.			INTERNSHIP
INDIANA GOLF ASSOCIATION PO BOX 516 FRANKLIN, IN 46131	35-2015534	501(C)(6)	40,000.	0.			AGA EMERGENCY RELIEF FUND
IOWA GOLF ASSOCIATION 1605 N. ANKENY BLVD SUITE 210 ANKENY, IA 50023	42-1203480	501(C)(4)	24,000.	0.			INTERNSHIP
KANSAS CITY GOLF ASSOCIATION 8330 MELROSE DRIVE LENEXA, KS 66214	44-0642880	501(C)(4)	48,000.	0.			INTERNSHIP
KANSAS STATE UNIVERSITY ATTN: SPONSORED PROJECTS ACCOUNTING 10 ANDERSON HALL - MANHATTAN, KS 66506	48-0771751	501(C)(3)	61,990.	0.			TURFGRASS GRANTS
KENTUCKY GOLF ASSOCIATION 1116 ELMORE JUST DRIVE LOUISVILLE, KY 40245	23-7150508	501(C)(6)	24,000.	0.			INTERNSHIP
LOUISIANA GOLF ASSOCIATION 1003 HUGH WALLIS ROAD S SUITE A-2 LAFAYETTE, LA 70508	72-6035874	501(C)(4)	30,000.	0.			INTERNSHIP
LOYOLA UNIVERSITY OF CHICAGO SPONSORED PROGRAM ACCOUNTING 820 N. MICHIGAN AVE, LEWIS TOWER-13 FL - CHICAG	36-1408475	501(C)(3)	20,000.	0.			TURFGRASS GRANTS
LPGA FOUNDATION 100 INTERNATIONAL GOLF DRIVE DAYTONA BEACH, FL 32124	59-3085528	501(C)(3)	285,000.	0.			JUNIOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE STATE GOLF ASSOCIATION 58 VAL HALLA ROAD CUMBERLAND, ME 04021	01-0488811	501(C)(4)	20,000.	0.			INTERNSHIP
MARYLAND STATE GOLF ASSOCIATION 10455 FALLS ROAD LUTHERVILLE, MD 21093	52-1326177	501(C)(3)	20,000.	0.			INTERNSHIP
MASSACHUSETTS GOLF ASSOCIATION 300 ARNOLD PALMER BOULEVARD NORTON, MA 02766	04-2487562	501(C)(3)	98,700.	0.			INTERNSHIP
MASTERS TOURNAMENT FOUNDATION INC. DBA LATIN AMERICA AMATEUR CHAMPIONSHIP PO BOX 2444 - AUGUSTA, GA 30903	27-4452110	501(C)(3)	272,322.	0.			JUNIOR
METROPOLITAN GOLF ASSOCIATION 49 KNOLLWOOD ROAD ELMSFORD, NY 10523	13-3637689	501(C)(3)	66,000.	0.			INTERNSHIP
MIAMI VALLEY GOLF ASSOCIATION 263 REGENCY RIDGE DRIVE DAYTON, OH 45459	31-1437550	501(C)(4)	16,000.	0.			INTERNSHIP
MIAMI VALLEY GOLF ASSOCIATION 263 REGENCY RIDGE DRIVE DAYTON, OH 45459	31-1437550	501(C)(4)	30,000.	0.			AGA EMERGENCY RELIEF FUND
MINNESOTA GOLF ASSOCIATION SUITE 211 6550 YORK AVENUE SOUTH EDINA, MN 55435	51-0152269	501(C)(3)	36,000.	0.			INTERNSHIP
MISSISSIPPI GOLF ASSOCIATION 400 CLUBHOUSE DRIVE PEARL, MS 39208	63-0977191	501(C)(4)	24,000.	0.			INTERNSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI GOLF ASSOCIATION P.O. BOX 104164 JEFFERSON CITY, MO 65110	63-0977191	501(C)(4)	24,000.	0.			INTERNSHIP
MONTANA STATE GOLF ASSOCIATION BOX 4306 HELENA, MT 59604	23-7025168	501(C)(3)	10,000.	0.			INTERNSHIP
NATIONAL TURFGRASS EVALUATION PROGRAM - BELTSVILLE AG RESEARCH CTR-WEST BLDG 005 RM 307 - BELTSVILLE, MD 20705	32-0218619	501(C)(3)	15,000.	0.			TURFGRASS GRANTS
NEBRASKA GOLF ASSOCIATION 6618 SOUTH 118TH STREET OMAHA, NE 68137	23-7073030	501(C)(7)	30,000.	0.			INTERNSHIP
NEW HAMPSHIRE GOLF ASSOCIATION 56 SOUTH STATE STREET PO BOX 2348 CONCORD, NH 03301	02-0361092	501(C)(6)	24,000.	0.			INTERNSHIP
NEW JERSEY STATE GOLF ASSOCIATION 3 GOLF DRIVE SUITE 206 KENILWORTH, NJ 07033	22-6046575	501(C)(6)	24,000.	0.			INTERNSHIP
NEW MEXICO STATE UNIVERSITY DEPT OF EXTENSION PLANT SCIENCES N230 SKEEN HALL - LAS CRUCES, NM 88003	52-1647582	115(A)	14,661.	0.			TURFGRASS GRANTS
NEW YORK STATE GOLF ASSOCIATION 4933 JAMESVILLE ROAD JAMESVILLE, NY 13078	16-0866643	501(C)(4)	18,000.	0.			INTERNSHIP
NORTH CAROLINA STATE UNIVERSITY OFFICE OF CONTRACTS AND GRANTS BOX 7214, 2701 SULLIVAN DRIVE - RALEIGH, NC 2	56-6000756	115(A)	50,450.	0.			TURFGRASS GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH DAKOTA GOLF ASSOCIATION C/O RIVERWOOD GC 725 RIVERWOOD DRIV BISMARCK, ND 58504	45-6023238	501(C)(6)	12,000.	0.			INTERNSHIP
NORTH DAKOTA STATE UNIVERSITY NDSU DEPT. 3100 P.O. BOX 6050 FARGO, ND 58108-6050	45-6002439	115(A)	6,206.	0.			TURFGRASS GRANTS
NORTHERN CALIFORNIA GOLF ASSOCIATION - PO BOX NCGA - PEBBLE BEACH, CA 93953	94-1371594	501(C)(6)	123,600.	0.			INTERNSHIP
NORTHERN NEVADA GOLF ASSOCIATION PO BOX 5607 RENO, NV 89513	94-3048863	501(C)(4)	12,000.	0.			INTERNSHIP
NORTHERN OHIO GOLF ASSOCIATION ONE GOLFFVIEW LANE NORTH OLMS TED, OH 44070	34-0149890	501(C)(6)	24,000.	0.			INTERNSHIP
OHIO GOLF ASSOCIATION 4354 TULLER ROAD DUBLIN, OH 43017	31-1080373	501(C)(7)	8,000.	0.			INTERNSHIP
OKLAHOMA GOLF ASSOCIATION 2800 COLTRANE PLACE, SUITE 2 EDMOND, OK 73034	26-0074714	501(C)(4)	12,000.	0.			INTERNSHIP
OKLAHOMA STATE UNIVERSITY GRANTS AND CONTRACTS FINANCIAL ADMIN PO BOX 645 - STILLWATER, OK 74076	73-1383996	115(A)	208,548.	0.			TURFGRASS GRANTS
OREGON GOLF ASSOCIATION 2840 HAZELNUT DRIVE WOODBURN, OK 97071	23-2743830	501(C)(6)	36,000.	0.			INTERNSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITY OFFICE OF SPONSORED RESEARCH & AWARDS A312 KERR ADMINISTRATION BUILDING - CO	48-1278540	115(A)	57,400.	0.			TURFGRASS GRANTS
PUERTO RICO GOLF ASSOCIATION PARADISE COMMERCIAL CENTER AVE MATADERO #264, SUITE 11 - SAN JUAN, PR 00920	00-0000000		12,000.	0.			INTERNSHIP
PUERTO RICO GOLF ASSOCIATION PARADISE COMMERCIAL CENTER AVE MATADERO #264, SUITE 11 - SAN JUAN, PR 00920	00-0000000		80,000.	0.			AGA EMERGENCY RELIEF FUND
PURDUE UNIVERSITY DEPT HORTICULTURE & LANDSCAPE ARCH. 625 AGRICULTURE MALL DRIVE - WEST LAFAYE	35-6002041	501(C)(3)	37,465.	0.			TURFGRASS GRANTS
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	501(C)(3)	102,747.	0.			TURFGRASS GRANTS
RHODE ISLAND GOLF ASSOCIATION ONE BUTTONHOLE DRIVE SUITE 2 PROVIDENCE, RI 02909	22-2500471	501(C)(4)	16,000.	0.			INTERNSHIP
ROCHESTER DISTRICT GOLF ASSOCIATION - 2024 W. HENRIETTA RD., STE. 5H - ROCHESTER, NY 14623	16-1218400	501(C)(6)	6,000.	0.			INTERNSHIP
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - GRANT & CONTRACT ACCOUNTING 33 KNIGHTSBRIDGE RD, 2ND FL, EAST - PISCATAWAY, NJ	22-6001086	501(C)(3)	259,837.	0.			TURFGRASS GRANTS
SOUTH DAKOTA GOLF ASSOCIATION 2040 W. RUSSELL ST. SIOUX FALLS, SD 57104	46-0310847	501(C)(4)	22,000.	0.			INTERNSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CALIFORNIA GOLF ASSOCIATION - 3740 CAHUENGA BLVD. - STUDIO CITY, CA 91604-3502	95-1240720	501(C)(6)	48,000.	0.			INTERNSHIP
SOUTHERN NEVADA GOLF ASSOCIATION 8010 WEST SAHARA AVENUE SUITE 160 LAS VEGAS, NV 89117	88-0134324	501(C)(4)	24,000.	0.			INTERNSHIP
SUN COUNTRY AMATEUR GOLF ASSOCIATION - 2316 SOUTHERN BLVD., SUITE D - RIO RANCHO, NM 87124	85-0250912	501(C)(7)	24,000.	0.			INTERNSHIP
TENNESSEE GOLF ASSOCIATION 400 FRANKLIN ROAD FRANKLIN, TN 37069	62-1049477	501(C)(4)	24,000.	0.			INTERNSHIP
TEXAS A&M AGRILIFE EXTENSION P.O. BOX 10420 TAMUS 2147 COLLEGE STATION, TX 77842-2147	74-6000541	501(C)(3)	25,474.	0.			TURFGRASS GRANTS
TEXAS A&M AGRILIFE RESEARCH 2147 TAMU CONTRACTS & GRANTS OFFICE - COLLEGE STATION, TX 77843-2147	74-1238434	501(C)(3)	145,994.	0.			TURFGRASS GRANTS
TEXAS GOLF ASSOCIATION 16200 ADDISON ROAD SUITE 150 ADDISON, TX 75001	75-0715222	501(C)(4)	72,000.	0.			INTERNSHIP
TEXAS TECH UNIVERSITY OFFICE OF RESEARCH ACCOUNTING BOX 4 LUBBOCK, TX 79409-1105	75-6002622	501(C)(3)	15,812.	0.			TURFGRASS GRANTS
THE FIRST TEE C/O WORLD GOLF FOUNDATION, INC. ONE WORLD PLACE - ST. AUGUSTINE, FL 32092	59-2998925	501(C)(3)	325,000.	0.			JUNIOR

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY 227 WEST BEAVER AVENUE, STE 401313 STATE COLLEGE, PA 16801	24-6000376	501(C)(3)	33,972.	0.			TURFGRASS GRANTS
THE REGENTS OF THE UNIV OF CALIFORNIA, LA - MAIN CASHIERS OFFICE, STUDENT SERVICES BLDG, ROOM 111 900 UNIVERSITY AVENUE -	95-6006143	115(A)	40,000.	0.			TURFGRASS GRANTS
TOLEDO DISTRICT GOLF ASSOCIATION ASSOCIATION 5533 SOUTHWYCK BLVD., S TOLEDO, OH 43614	23-7430259	501(C)(4)	6,000.	0.			INTERNSHIP
UNIVERSITY OF ARIZONA SPONSORED PROJECTS SERVICES PO BOX TUCSON, AZ 85721-0158	86-6004791	115(A)	30,000.	0.			TURFGRASS GRANTS
UNIVERSITY OF FLORIDA CONTRACTS AND GRANTS PO BOX 113001, 33 TIGERT HALL - GAINESVILLE, FL 32611-3	59-6002052	501(C)(3)	34,800.	0.			TURFGRASS GRANTS
UNIVERSITY OF GEORGIA-TIFTON DEPT CROP AND SOIL SCIENCES 2360 RA TIFTON, GA 31793	58-6001998	501(C)(3)	9,500.	0.			TURFGRASS GRANTS
UNIVERSITY OF MASSACHUSETTS MASS VENTURE CENTER 100 VENTURE WAY, SUITE 201, REF 118-1968 - HADLEY, MA 01	04-3167352	501(C)(1)	55,060.	0.			TURFGRASS GRANTS
UNIVERSITY OF NEBRASKA OFFICE OF SPONSORED PROGRAMS 151 PREM S. PAUL CTR-2200 VINE STREET - LINCOLN	47-0049123	501(C)(3)	142,992.	0.			TURFGRASS GRANTS
USDA-AGRICULTURAL RESEARCH SERVICE 800 BUCHANAN STREET ALBANY, CA 94710	72-0564834	115(A)	45,000.	0.			TURFGRASS GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH GOLF ASSOCIATION 4444 S. 700 E SUITE 105 SALT LAKE CITY, UT 84107	87-0271572	501(C)(7)	32,000.	0.			INTERNSHIP
VERMONT GOLF ASSOCIATION 145 PINE HAVEN SHORES ROAD SUITE 21 SHELBURNE, VT 05482	03-0289304	501(C)(7)	12,000.	0.			INTERNSHIP
VIRGINIA POLYTECHNIC INST. & STATE UNIVERSITY - NORTH END CENTER, SUITE 4200 300 TURNER STREET - BLACKSBURG, VA 24061	73-6017987	501(C)(3)	60,000.	0.			TURFGRASS GRANTS
VIRGINIA STATE GOLF ASSOCIATION 2400 DOVERCOURT DRIVE MIDLOTHIAN, VA 23113	54-0736931	501(C)(4)	30,000.	0.			INTERNSHIP
WASHINGTON STATE GOLF ASSOCIATION 1010 SOUTH 336TH STREET, SUITE 310 FEDERAL WAY, WA 98003	91-1432298	501(C)(4)	24,000.	0.			INTERNSHIP
WEST VIRGINIA GOLF ASSOCIATION 2115 CHARLESTON TOWN CENTER CHARLESTON, WV 25389	55-0592904	501(C)(4)	26,000.	0.			INTERNSHIP
WESTERN PENNSYLVANIA GOLF ASSOCIATION - 930 N LINCOLN AVE - PITTSBURGH, PA 15233	25-0992795	501(C)(6)	14,000.	0.			INTERNSHIP
WISCONSIN STATE GOLF ASSOCIATION 11350 W. THEO TRECKER WAY WEST ALLIS, WI 53214	39-1092159	501(C)(6)	24,000.	0.			INTERNSHIP
WYOMING STATE GOLF ASSOCIATION 1779 EAGLE CREST COURT LARAMIE, WY 82072	74-2445131	501(C)(4)	16,000.	0.			INTERNSHIP

Schedule I (Form 990)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

FORM 990, PART IV

THE USGA PROVIDES GRANTS TO FURTHER ITS MISSION TO CHAMPION AND ADVANCE THE GAME. MANY OF THESE PROGRAMS SUPPORT JUNIORS AND GOLFERS WITH DISABILITIES THROUGHOUT THE UNITED STATES THROUGH LOCAL CHAPTER GRANTS THROUGH A NATIONAL ASSOCIATION. THE USGA ALSO PROVIDES GRANTS TO STATE AND REGIONAL ASSOCIATIONS TO FINANCE PAID INTERNSHIPS FOR THOSE WHO ARE PURSUING A CAREER IN GOLF ADMINISTRATION. THE USGA PROVIDES GRANTS TO COLLEGES AND UNIVERSITIES TO FINANCE TURFGRASS RESEARCH AND ENVIRONMENTAL RESEARCH THAT MAY BENEFIT GOLF COURSES IN REDUCING

**Part IV** Supplemental Information

CONSUMPTION OF KEY RESOURCES SUCH AS WATER AND MANAGING COSTS RELATED TO LABOR AND TURF MAINTENANCE. IN ALL CASES, STAFF MEMBERS MONITOR THE USE OF FUNDS TO ENSURE THAT THE GRANTS ARE SPENT FOR THE PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM INTENDED USE. IN SOME CASES, A THOROUGH APPLICATION MUST BE SUBMITTED IN ORDER TO RECEIVE CONSIDERATION FOR FUNDING. MONITORING NORMALLY INCLUDES FORMAL PERIODIC REPORTS FROM THE RECIPIENT ORGANIZATION, DETAILING PROGRAM PROGRESS AND USE OF FUNDS. MONITORING CAN ALSO INCLUDE INFORMAL REPORTS, DEPENDING ON THE NATURE OF THE GRANT AND THE ORGANIZATION IT WAS DISTRIBUTED TO. FOR EXAMPLE, GRANTS DISTRIBUTED TO PROGRAMS FOR JUNIORS AND GOLFERS WITH DISABILITIES TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A FORMAL ASSESSMENT REPORT THAT INCLUDES INFORMATION ABOUT PROGRAM OUTCOMES, FINANCIAL COMPLIANCE, PARTICIPANT STATISTICS, PROGRAM SCHEDULE, INSTRUCTION PROVIDED, AND FOLLOW-UP SUPPORT. SUCH INFORMATION IS SUBJECT TO AUDIT, AT THE USGA'S SOLE DISCRETION. IN ALL CASES, UNSPENT FUNDS MUST BE RETURNED TO USGA.

GRANTS TO STATE AND REGIONAL ASSOCIATIONS FOR GOLF ADMINISTRATION INTERNSHIPS TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A REPORT DESCRIBING THE INTERNSHIP ACTIVITIES AND ACCOMPLISHMENTS, AND ACCOUNT FOR ALL INTERNSHIP SALARY PAYMENTS. ADDITIONALLY, THE INTERN IS REQUIRED TO COMPLETE AN EVALUATION ON THE INTERNSHIP RESPONSIBILITIES AND CONFIRM THE DURATION OF THEIR EMPLOYMENT. UNSPENT FUNDS RELATED TO INTERNSHIPS MUST BE RETURNED TO THE USGA.

GRANTS TO COLLEGES AND UNIVERSITIES FOR TURF GRASS AND ENVIRONMENTAL RESEARCH TYPICALLY REQUIRE THE RECIPIENT ORGANIZATION TO COMPLETE A REPORT DESCRIBING IN DETAIL THE RESULTS OF THE RESEARCH, AND ACCOUNT

**Part IV** Supplemental Information

FOR ALL FUNDS SPENT. UNSPENT FUNDS MUST BE RETURNED TO USGA. IN  
ADDITION, USGA ALSO PROVIDED AGA RELIEF FUNDING IN 2020 TO SUPPORT  
ASSOCIATIONS TO CARRY OUT THEIR USGA-RELATED ACTIVITIES IN THE WAKE OF  
COVID-19 PANDEMIC.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED STATES GOLF ASSOCIATION**

Employer identification number

**13-1427105**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIKE DAVIS CEO	(i)	887,560.	335,580.	290,470.	54,050.	34,657.	1,602,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN PIKITCH CHIEF FINANCIAL OFFICER	(i)	447,741.	151,838.	129,188.	54,050.	23,584.	806,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN BODENHAMER SENIOR MANAGING DIRECTOR	(i)	519,461.	152,550.	44,421.	31,550.	31,729.	779,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RANDON JERRIS SENIOR MANAGING DIRECTOR	(i)	450,991.	167,483.	43,498.	54,050.	36,984.	753,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEVEN SCHLOSS CHIEF PEOPLE OFFICER	(i)	418,101.	126,540.	48,794.	54,050.	21,898.	669,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER FRASER SECRETARY AND CLO	(i)	411,704.	111,540.	19,988.	71,066.	20,805.	635,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NAVINDRA SIGNH CHIEF COMMERCIAL OFFICER	(i)	375,021.	87,173.	24,266.	61,032.	41,751.	589,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS PAGEL SENIOR MANAGING DIRECTOR	(i)	352,921.	115,014.	13,225.	13,511.	32,058.	526,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) REGINALD JONES JR. MANAGING DIRECTOR, US OPEN	(i)	333,307.	51,242.	26,644.	34,550.	31,305.	477,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CRAIG ANNIS CHIEF BRAND OFFICER	(i)	340,916.	46,086.	13,005.	38,060.	34,451.	472,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARY LOPUSZYNSKI MANAGING DIRECTOR, MERCHANDISE	(i)	315,390.	47,236.	10,639.	26,568.	11,495.	411,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MATTHEW PRINGLE MANAGING DIRECTOR, GREEN SEC. & RSI	(i)	273,308.	64,703.	1,927.	40,717.	31,274.	411,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANTHONY GRECO MANAGING DIRECTOR - FIELD SERVICES	(i)	288,632.	41,860.	4,484.	38,362.	33,296.	406,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GARETH LONDT MANAGING DIRECTOR, IT & GHIN	(i)	273,516.	65,050.	1,387.	47,119.	13,234.	400,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

THE USGA HAS A WRITTEN POLICY REGARDING USE OF CORPORATE JET SHARES. SUCH USE IS STRICTLY LIMITED TO USGA BUSINESS TRAVEL, AS PER USGA POLICY, AND IS SUBJECT TO AUDIT COMMITTEE REVIEW AND APPROVAL. THE USGA'S EXPENSE REIMBURSEMENT POLICY EXCLUDES REIMBURSEMENTS FOR HEALTH CLUB DUES AND SOCIAL CLUB DUES. HOWEVER, ONE SPECIAL EXCEPTION TO THE SOCIAL CLUB DUES RESTRICTION WAS SPECIFICALLY APPROVED BY THE EXECUTIVE COMMITTEE AND/OR THE COMPENSATION COMMITTEE. THIS EXCEPTION IS FOR THE CEO AND IS BASED ON THE SPECIFIC USGA BUSINESS NEEDS ASSOCIATED WITH THE POSITION HELD.

TRAVEL FOR COMPANION PROVIDED IS STRICTLY LIMITED FOR USGA BUSINESS TRAVEL, AS PER USGA POLICY AND IS SUBJECT TO AUDIT COMMITTEE REVIEW AND APPROVAL.

**PART I, LINE 4B:**

THE 457(F) NONQUALIFIED DEFINED CONTRIBUTION PLAN FOR THE UNITED STATES GOLF ASSOCIATION (THE "457(F) DC PLAN") IS A TAX FAVORED, NON-QUALIFIED SUPPLEMENTAL RETIREMENT PROGRAM OFFERED TO HIGHLY COMPENSATED SENIOR MANAGEMENT. THIS PLAN ADDRESSES THE POTENTIAL SHORTFALL FOR SENIOR MANAGEMENT THAT MAY RESULT FROM THE INTERNAL REVENUE SERVICE LIMITS

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ASSOCIATED WITH QUALIFIED RETIREMENT PLANS. THOSE LIMITS INCLUDE  
COMPENSATION CAPS FOR THE USGA PENSION PLAN AND USGA DEFINED CONTRIBUTION  
RETIREMENT PLAN. PURSUANT TO REGULATIONS CONTAINED IN THE IRS CODE  
GOVERNING NOT-FOR-PROFIT EXECUTIVE COMPENSATION PLANS, ACCRUED BENEFITS  
BECOME TAXABLE TO THE EMPLOYEE AT VESTING. THE VESTING PERIOD IS FIVE  
YEARS. ONCE VESTED, THE ANNUAL ACCRUED BENEFIT IS RECORDED AS INCOME, EVEN  
THOUGH THE INDIVIDUAL DID NOT RECEIVE THE BENEFIT. THESE AMOUNTS ARE  
INCLUDED IN OTHER REPORTABLE COMPENSATION FOR VESTED PARTICIPANTS. THE  
BENEFIT IS PAYABLE UPON TERMINATION FROM THE USGA. THE ACCRUED, NON-VESTED  
BENEFITS ARE REPORTED AS DEFERRED COMPENSATION ON SCHEDULE J COLUMN (C).

THE FOLLOWING PEOPLE RECEIVED CONTRIBUTIONS TO THE USGA 457(F) PLAN IN 2020  
(ALL NAMED PERSONS ON SCHEDULE J, PART II).

SECTION 457(F) DEFERRED COMPENSATION PLAN, VESTED PORTION WHICH IS REPORTED  
ON SCHEDULE J PART II COLUMN B(III):

- JOHN BODENHAMER 28,984  
- MICHAEL DAVIS 237,119  
- RANDON JERRIS 24,978

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

- REGINALD JONES JR. 7,9067

- MARY LOPUSZYNSKI 6,139

- SUSAN PIKITCH 109,873

- STEVEN SCHLOSS 23,289

SECTION 457(F) DEFERRED COMPENSATION PLAN, NON-VESTED PORTION WHICH IS  
REPORTED ON SCHEDULE J PART II COLUMN C:

- CRAIG ANNIS 7,662

- CHRISTOPHER FRASER 17,016

- ANTHONY GRECO 3,812

- GARETH LONDT 4,203

- THOMAS PAGEL 13,511

- MATTHEW PRINGLE 4,179

- NAVINDRA SINGH 13,482

PART I, LINE 5 & LINE 6:

CEO AND SENIOR LEADERSHIP TEAM PARTICIPATE IN AN INCENTIVE COMPENSATION  
PLAN WITH METRICS MEASURED AGAINST STRATEGIC ORGANIZATIONAL OBJECTIVES  
AND FINANCIAL RESULTS WHICH INCLUDE REVENUE AND OTHER METRICS AS

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

APPROVED BY THE EXECUTIVE COMMITTEE. INCENTIVE COMPENSATION REQUIRES  
INPUT FROM COMPENSATION COMMITTEE, A STANDING COMMITTEE OF THE  
ORGANIZATIONS EXECUTIVE COMMITTEE, AND APPROVAL BY THE USGA BOARD  
PRESIDENT. INCENTIVE PLAN MAY NOT EXCEED BUDGET. TOTAL COMPENSATION  
(BASE SALARY AND INCENTIVE COMPENSATION PLAN) FOR THE CEO AND SENIOR  
LEADERSHIP TEAM IS EXTERNALLY BENCHMARKED ON A REGULAR BASIS. THE  
BENCHMARKING PROCESS IS CONDUCTED BY A THIRD PARTY AND REVIEWED BY THE  
USGA BOARD PRESIDENT.

**PART III: OTHER REPORTABLE COMPENSATION:**

AMOUNTS INCLUDED IN OTHER REPORTABLE COMPENSATION INCLUDE AMOUNTS  
ATTRIBUTABLE TO LIFE, LONG TERM DISABILITY & LONG-TERM CARE INSURANCES,  
CHILD SCHOLARSHIPS, PERSONAL MILEAGE AND AUTOMOBILE EXPENSES, AS WELL  
AS NON-CASH VESTED BENEFITS IN THE USGA 457(F) NON-QUALIFIED  
SUPPLEMENTAL RETIREMENT PLAN.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **UNITED STATES GOLF ASSOCIATION** Employer identification number **13-1427105**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A PUBLIC FINANCE AUTHORITY</b>	<b>27-3866124</b>	<b>000000000</b>	<b>01/19/17</b>	<b>50000000.</b>	<b>CONSTRUCTION ISSUE</b>		<b>X</b>		<b>X</b>		<b>X</b>
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	<b>45,050,926.</b>									
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	<b>496,000.</b>									
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	<b>44,554,926.</b>									
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....										
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		<b>X</b>								
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		<b>X</b>								
<b>16</b> Has the final allocation of proceeds been made? .....		<b>X</b>								
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	<b>X</b>									

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.50 %						
<b>6</b> Total of lines 4 and 5 .....		.50 %						
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART II LINE 3

THE TAX-EXEMPT BOND ISSUED IS A DRAW-DOWN BOND AND THE AMOUNT REPORTED ON PART II LINE 3 PRESENTS THE BOND VALUE ISSUED AS OF 12/31/2020.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED STATES GOLF ASSOCIATION** Employer identification number **13-1427105**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	<input checked="" type="checkbox"/>	998	0.	SEE PART II
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 30B:

THE USGA HAS A GIFT ACCEPTANCE POLICY FOR ANY ITEM BEING DONATED TO THE USGA GOLF MUSEUM. THE USGA ALSO HAS A GIFT ACCEPTANCE POLICY FOR ANY NON-STANDARD CONTRIBUTIONS TO THE USGA. PROCEDURES INCLUDE REVIEWS BY THE APPROPRIATE STAFF BEFORE ANY SUCH CONTRIBUTION CAN BE ACCEPTED. WHERE APPROPRIATE, THE CHIEF LEGAL OFFICER IS CONSULTED.

SCHEDULE M, LINE 33:

AS PERMITTED UNDER SFAS 116, THE USGA CHOOSES NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED STATES GOLF ASSOCIATION

Employer identification number

13-1427105

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GUIDED BY ITS MISSION TO CHAMPION AND ADVANCE THE GAME OF GOLF. ITS  
PURPOSE IS TO SUPPORT PROGRAMS AND INITIATIVES THAT BOTH SERVE THE GAME  
AND ARE CRITICAL TO GOLF'S LONG-TERM HEALTH, INCLUDING OPEN AND AMATEUR  
CHAMPIONSHIPS THAT SERVE MALE AND FEMALE GOLFERS OF ALL AGES WORLDWIDE;  
THE ECONOMIC AND ENVIRONMENTAL SUSTAINABILITY OF GOLF COURSES; AND  
PROGRAMS THAT EXPAND PARTICIPATION AND ENGAGEMENT. THE USGA, TOGETHER  
WITH THE R&A, GOVERNS THE SPORT VIA A GLOBAL SET OF PLAYING, EQUIPMENT,  
HANDICAPPING AND AMATEUR STATUS RULES. THE CAMPUS IN LIBERTY CORNER,  
N.J., IS HOME TO THE USGA GOLF MUSEUM AND LIBRARY, WHERE THE  
ORGANIZATION MAINTAINS AND CELEBRATES THE GAME'S GREATEST PEOPLE,  
PLACES AND MOMENTS BY CURATING THE MOST COMPREHENSIVE COLLECTION OF  
GOLF ARTIFACTS FOUND ANYWHERE IN THE WORLD.

FORM 990, PART I, LINE 6

THE ESTIMATE FOR VOLUNTEERS REPRESENTS PEOPLE WHO SERVE ON A USGA  
COMMITTEE OR USGA SUB COMMITTEE. THE ESTIMATE ALSO INCLUDES THE  
THOUSANDS OF INDIVIDUALS WHO VOLUNTEER THEIR TIME AT USGA  
CHAMPIONSHIPS, AND CONTRIBUTE TOWARD THE SUCCESS OF THOSE USGA  
CHAMPIONSHIPS. DUE TO THE COVID-19 PANDEMIC, THE USGA CONDUCTED FEWER  
CHAMPIONSHIPS IN 2020 AND WAS NOT ABLE TO HAVE FANS, THEREFORE, THE  
NUMBER OF VOLUNTEERS WAS DOWN IN 2020.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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**CHAMPIONSHIPS**

THE USGA CONDUCTS CHAMPIONSHIPS THAT CELEBRATE ATHLETICISM AT THE HIGHEST LEVEL OF THE GAME FOR BOTH PROFESSIONAL AND AMATEUR PLAYERS AND INSPIRES GOLFERS WORLDWIDE TO PLAY AND ENJOY THE GAME. IT CONDUCTS THE UNITED STATES OPEN, UNITED STATES WOMEN'S OPEN, UNITED STATES SENIOR OPEN AND UNITED STATES SENIOR WOMEN'S OPEN CHAMPIONSHIPS, WHICH ARE OPEN TO PROFESSIONAL AND AMATEUR GOLFERS AROUND THE WORLD. THE USGA ALSO ANNUALLY CONDUCTS 10 NATIONAL AMATEUR CHAMPIONSHIPS AND SUPPORTS SEVERAL INTERNATIONAL COMPETITIONS. IN 2020, THE USGA WAS ONLY ABLE TO HOLD FOUR CHAMPIONSHIPS AND DID NOT CONDUCT ITS TYPICAL QUALIFYING PROCESS DUE TO THE COVID-19 PANDEMIC. SIMILARLY, THE USGA DID NOT ADMIT FANS TO ANY OF ITS CHAMPIONSHIPS TO MAINTAIN A SAFE ENVIRONMENT FOR GOLFERS, VOLUNTEERS AND STAFF. THESE DECISIONS WERE MADE COLLABORATIVELY WITH LOCAL AND FEDERAL HEALTH OFFICIALS. THROUGH THE FOUR CHAMPIONSHIPS CONDUCTED IN 2020, THE USGA PROMOTED THE GAME AT ITS HIGHEST LEVEL THROUGH A VARIETY OF DIFFERENT MEANS INCLUDING NATIONAL AND INTERNATIONAL TELEVISION AND RADIO BROADCASTS, AND DIGITAL AND SOCIAL MEDIA PLATFORMS. ADDITIONALLY, THE USGA SUPPORTS TEAMS FOR SEVERAL INTERNATIONAL AMATEUR GOLF CHAMPIONSHIPS, PROVIDING OPPORTUNITIES FOR AMERICAN ATHLETICS TO COMPETE IN GLOBAL EVENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GOLFER ENGAGEMENT- GHIN, MEMBERS, REGIONAL AFFAIRS

THE USGA PROVIDES SERVICES AND OPPORTUNITIES TO MORE DEEPLY ENGAGE GOLFERS IN THE GAME. IT MAINTAINS A ROBUST TECHNOLOGY PLATFORM THAT CALCULATES A HANDICAP INDEX FOR ANY GOLFER IN THE UNITED STATES WHO WISHES TO MEASURE THEIR GOLF ABILITY OR PLAY A FAIR GAME THROUGH A GOLF ASSOCIATION OR CLUB. MILLIONS OF GOLFERS, AS WELL AS GOLF

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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ADMINISTRATORS, SOME INTERNATIONAL GOLFERS IF THEIR FEDERATION IS A CUSTOMER OF THIS USGA SERVICE AND THOSE WHO CONDUCT EVENTS, USE THIS SYSTEM DAILY TO CONNECT WITH THE GOLF COMMUNITY. THIS PLATFORM DELIVERS SERVICES THROUGH TOOLS SUCH AS APPLICATIONS AND ONLINE PROGRAMS TO PROMOTE ACCESSIBILITY AND WELCOME MORE PEOPLE TO GOLF REGARDLESS OF ABILITY. THROUGH ITS GOLF HANDICAP AND INFORMATION NETWORK (GHIN), GOLF ASSOCIATIONS DOMESTICALLY AND INTERNATIONALLY PROVIDE A RELIABLE HANDICAP INDEX TO MILLIONS OF GOLFERS. THE USGA ALSO ENGAGES WITH MORE THAN 300,000 MEMBERS WHOSE FINANCIAL SUPPORT HELPS FUEL MANY OF ITS PROGRAMS, AND OFFER BENEFITS TO THEM INCLUDING EDUCATION OPPORTUNITIES, GOLF EVENT ACCESS, AND OTHERS. THROUGH ITS 59 ALLIED GOLF ASSOCIATIONS IN EVERY STATE IN THE U.S. AND PUERTO RICO, THE USGA ALSO HAS A NETWORK THAT PROVIDES SERVICES LOCALLY TO EVERY GOLF COMMUNITY IN AMERICA. THIS NETWORK DELIVERS KEY USGA SERVICES SUCH AS THE ADMINISTRATION OF GOLF HANDICAPPING, RULES EDUCATION, EVENT DEVELOPMENT AND PROGRAMS THAT WELCOME GOLFERS TO PLAY. USGA REGIONAL AFFAIRS OFFICES SUPPORT THESE NETWORKS WHILE ENGAGING VOLUNTEERS TO SERVE THE GAME.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
GOVERNANCE: RULES, HANDICAPPING, EQUIPMENT STANDARDS, DISTANCE. THE USGA SERVES GOLF BY PROVIDING THE STANDARDS BY WHICH ALL GOLFERS PLAY THE GAME THROUGH A UNIVERSAL SET OF PLAYING, EQUIPMENT STANDARDS, AMATEUR STATUS AND HANDICAPPING RULES. THE USGA'S ROLE AS A GOVERNING BODY IS SHARED GLOBALLY WITH THE R&A, AND INCLUDES WRITING AND INTERPRETING THESE RULES, AS WELL AS PROVIDING EDUCATION ASSETS FOR GOLFERS, GOLF ADMINISTRATORS AND GOLF FEDERATIONS. INCLUDED IN THIS FUNCTION IS DELIVERY OF BOTH PRINTED AND DIGITAL LEARNING TOOLS,

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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SEMINARS, AND THE TRAINING OF THOUSANDS OF RULES OFFICIALS THROUGH A SINGULAR TESTING PROCESS. THE USGA MAINTAINS ONE OF TWO GOLF EQUIPMENT TESTING FACILITIES IN THE WORLD TO ENSURE GLOBAL CONFORMANCE AND PROMOTE A FAIR AND EQUITABLE GAME FOR ALL. IN ITS GOVERNANCE ROLE, THE USGA ALSO CONDUCTS RESEARCH AND APPLIES SCIENCE TO ENSURE THE INTEGRITY OF THE SPORT WHILE PROMOTING INNOVATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES

EACH YEAR, THE USGA INVESTS IN A VARIETY OF PROGRAMS AND SERVICES THAT BENEFIT GOLFERS OF ALL AGES, GENDERS AND ABILITIES TO BOTH WELCOME AND GROW THE NUMBER OF GOLFERS WHO PLAY THE GAME AS A RECREATIONAL SPORT. THE USGA SUPPORTS GRASSROOTS GOLF PROGRAMS FOR JUNIORS, INCLUDING THE FIRST TEE, LPGA\*USGA GIRLS GOLF AND DRIVE CHIP & PUTT, WHICH PROVIDE ACCESS TO THE GAME FOR HUNDREDS OF THOUSANDS OF JUNIORS ANNUALLY. THE USGA ALSO MAINTAINS THE WORLD'S LARGEST GOLF MUSEUM AND LIBRARY DEDICATED TO THE GAME'S HISTORY AND SERVES AS A STEWARD OF EXTENSIVE HISTORICAL COLLECTIONS, INCLUSIVE OF PRESERVATION AND ACQUISITION OF HISTORIC ARTIFACTS, A RESEARCH CENTER, PHYSICAL AND ONLINE LIBRARY AND EDUCATIONAL PROGRAMS.

THE USGA GREEN SECTION OFFERS PRODUCTS AND SERVICES THAT DIRECTLY IMPROVE THE GOLFER EXPERIENCE AND ADVANCE GOLF FACILITIES, INCLUDING THE DEVELOPMENT OF MEASUREMENT AND DECISION-MAKING TOOLS. COURSE CONSULTING SERVICES OFFERED TO GOLF COURSES PROVIDE EXPERTISE TO FACILITIES WITH THE PURPOSE OF ADVANCING THEIR GOLF COURSE FACILITY THROUGH AGRONOMICAL, ENVIRONMENTAL AND ECONOMIC BEST PRACTICES. THE GREEN SECTION ALSO PROVIDES EDUCATIONAL RESOURCES ON ISSUES INVOLVING

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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THE GAME THROUGH THE GREEN SECTION RECORD, SPEAKING ENGAGEMENTS, AND CONFERENCES. THROUGH AN ANNUAL INVESTMENT IN AN EXTENSIVE RESEARCH PROGRAM, THE USGA FUNDS PROJECTS THAT IMPROVE THE GOLFER EXPERIENCE WHILE REDUCING GOLF COURSE CONSUMPTION OF KEY RESOURCES. EXPENSES \$ 7,225,080. INCL GRANTS OF \$ 1,822,301. REVENUE \$ 29,684,784.

FORM 990, PART V, QUESTION 2

UNITED STATES GOLF ASSOCIATION SHARES EMPLOYEES WITH ITS SUPPORTING ORGANIZATION, USGA FOUNDATION (EIN# 83-4639721) VIA A COMMON PAYMASTER ARRANGEMENT. ALL W-2S AND REQUIRED EMPLOYMENT TAX RETURNS ARE FILED BY UNITED STATES GOLF ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 4:

THE USGA'S BYLAWS AND CERTIFICATE OF INCORPORATION WERE AMENDED AND BECAME FULLY EFFECTIVE AS OF FEBRUARY 2020. THE CHANGES WERE DESIGNED TO SIMPLIFY AND MODERNIZE THE USGA'S ORGANIZING DOCUMENTS CONSISTENT WITH BEST PRACTICES OF NOT-FOR-PROFIT GOVERNANCE AND WITH THE GOAL OF ENHANCING PRODUCTIVITY, PLANNING, AND CONTINUITY. SPECIFICALLY, NEW TERM LENGTHS WERE ADOPTED FOR ELECTED EXECUTIVE COMMITTEE MEMBERS, INCLUDING THE PRESIDENT, CHANGING FROM ONE-YEAR TERMS TO THREE-YEAR TERMS WITH THE TERM EXPIRATIONS STAGGERED SO THAT AN EQUAL NUMBER OF MEMBERS' TERMS EXPIRE EACH YEAR. IN ADDITION, THE NEW DOCUMENTS LIMIT EXECUTIVE COMMITTEE MEMBERS TO SERVING TWO CONSECUTIVE TERMS, EXCEPT FOR THE PRESIDENT WHO IS LIMITED TO SERVING ONE TERM. THE REMOVAL PROCESS OF EXECUTIVE COMMITTEE MEMBERS HAS BEEN CLARIFIED SUCH THAT EXECUTIVE COMMITTEE MEMBERS MAY BE REMOVED ONLY FOR CAUSE BY A MAJORITY VOTE OF EITHER THE MEMBER CLUBS OR THE EXECUTIVE COMMITTEE MEMBERS. IN ADDITION, THE NOMINATING COMMITTEE'S STRUCTURE HAS

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
--	--

BEEN UPDATED. THE NOMINATING COMMITTEE IS NOW A SUBCOMMITTEE OF THE NEWLY-FORMED GOVERNANCE COMMITTEE AND WILL CONSIST OF MEMBERS FROM THE GOVERNANCE COMMITTEE, THE PRESIDENT, ONE PAST PRESIDENT AND ONE OUTSIDE MEMBER.

FORM 990, PART VI, SECTION A, LINE 6:

THE USGA IS AN ASSOCIATION OF MEMBER CLUBS AND COURSES. WHILE APPLICATION FOR MEMBERSHIP IS OPEN TO ANY GOLF CLUB, GOLF COURSE OR GOLF TRAINING FACILITY, AS SPECIFIED AND DEFINED IN THE USGA BY-LAWS, VOTING PRIVILEGES ARE LIMITED TO MEMBER CLUBS. VOTING PRIVILEGES DO NOT EXTEND TO MEMBER COURSES OR TO MEMBER GOLF TRAINING FACILITIES. MEMBERSHIP APPLICATIONS ARE REVIEWED AND SUBJECT TO APPROVAL OR REJECTION AT THE DISCRETION OF THE EXECUTIVE COMMITTEE. MEMBERSHIP IS AUTOMATICALLY CONTINUOUS UNLESS INTERRUPTED BY WRITTEN RESIGNATION OR EXPULSION IN ACCORDANCE WITH USGA BY-LAWS. ACCEPTANCE OF MEMBERSHIP BINDS EACH MEMBER TO UPHOLD ALL PROVISIONS OF THE USGA'S CERTIFICATE OF INCORPORATION, BY-LAWS AND OTHER RULES, TO ACCEPT AND ENFORCE ALL RULES AND DECISIONS OF THE EXECUTIVE COMMITTEE ACTING WITHIN ITS JURISDICTION AND TO OTHERWISE CONDUCT ITSELF IN A MANNER THAT FURTHERS THE INTERESTS OF THE USGA TO PROMOTE THE BEST INTERESTS AND TRUE SPIRIT OF THE GAME OF GOLF. (THE USGA IS ORGANIZED AND EXISTS UNDER THE NON-PROFIT CORPORATION LAWS OF THE STATE OF DELAWARE. THE USGA IS A NON-STOCK ENTITY. )

FORM 990, PART VI, SECTION A, LINE 7A:

THE EXECUTIVE COMMITTEE IS THE GOVERNING BODY OF THE USGA. THE EXECUTIVE COMMITTEE CONSISTS OF 15 VOTING MEMBERS, INCLUDING THE 1 OFFICER. EACH MEMBER OF THE EXECUTIVE COMMITTEE IS ELECTED TO A SET TERM WITH A SET AMOUNT OF TERM LIMITS AT THE ANNUAL MEETING OF THE USGA AND HOLDS OFFICE

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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UNTIL HIS OR TERM EXPIRES OR UNTIL HIS OR HER RESIGNATION OR REMOVAL. EACH MEMBER CLUB IS ENTITLED TO BE REPRESENTED BY ONE VOTING DELEGATE AT THE ANNUAL MEETING OF THE USGA. DULY CERTIFIED PROXIES MAY BE VOTED BY VOTING DELEGATES AT THE ANNUAL MEETING OF THE USGA.

FORM 990, PART VI, SECTION A, LINE 7B:

THE USGA BY-LAWS PROVIDE THAT THEY MAY BE ALTERED OR REPEALED BY MEMBER CLUBS ACTING PURSUANT TO THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS COMPILED BY THE USGA'S TAX FIRM GRANT THORNTON. AFTER APPROPRIATE STAFF AND THE USGA'S TAX FIRM GRANT THORNTON HAS THOROUGHLY REVIEWED THE FEDERAL FORM 990 AND DEEMED IT TO BE ACCURATE AND COMPLETE, THE FEDERAL FORM 990 IS REVIEWED WITH THE CEO AND THE AUDIT COMMITTEE. BEFORE THE FEDERAL FORM 990 IS SIGNED BY AN OFFICER AND SUBMITTED TO THE IRS, A FULL COPY OF THE DOCUMENT, INCLUDING ALL ATTACHMENTS, IS PROVIDED TO EACH VOTING MEMBER OF THE EXECUTIVE COMMITTEE MEMBER OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE USGA REQUIRES EXECUTIVE COMMITTEE MEMBERS AND USGA EMPLOYEES TO ADMINISTER THEIR AFFAIRS HONESTLY AND EFFICIENTLY, EXERCISING DUE CARE, SKILL AND JUDGMENT FOR THE BENEFIT OF THE USGA. IT IS THE RESPONSIBILITY OF EXECUTIVE COMMITTEE MEMBERS AND USGA EMPLOYEES TO MAKE A FULL DISCLOSURE OF ANY PERSONAL INVOLVEMENT WHICH MIGHT RESULT IN A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST ON THEIR PART. SUCH DISCLOSURES ARE SUBMITTED TO THE AUDIT COMMITTEE CHAIR AND/OR THE CHIEF LEGAL OFFICER FOR REVIEW AND CONSIDERATION AS PER STATED PROCEDURES. ADDITIONALLY, ONCE A

Name of the organization

UNITED STATES GOLF ASSOCIATION

Employer identification number

13-1427105

YEAR, THE USGA REQUIRES EXECUTIVE COMMITTEE MEMBERS AND USGA EMPLOYEES TO REVIEW THE USGA'S CONFLICT OF INTEREST POLICY AND SUBMIT A STATEMENT ATTESTING TO THEIR UNDERSTANDING OF AND COMPLIANCE WITH THE POLICY. ANY CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST MUST BE INCLUDED ON THE SUBMITTED STATEMENT. THE AUDIT COMMITTEE REVIEWS THE STATEMENTS AND MAKES ANY NECESSARY DECISIONS TO MANAGE AND/OR ELIMINATE THE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

ON A PERIODIC BASIS, THE USGA DOES A THOROUGH REVIEW OF COMPENSATION FOR THE CEO AND THE EXECUTIVE TEAM. THIS REVIEW INCLUDES A COMPENSATION SURVEY BY AN INDEPENDENT COMPENSATION CONSULTANT, AND CONSIDERATION OF COMPARABILITY DATA OBTAINED FROM OTHER SOURCES. THE SURVEY AND DATA ARE CAREFULLY CONSIDERED BY THE USGA'S COMPENSATION COMMITTEE TO ENSURE THAT COMPENSATION IS REASONABLE AND APPROPRIATE. MERCER PREPARED AN "EXECUTIVE CASH COMPENSATION UPDATE" (INTERMEDIATE SANCTIONS) REPORT DATED OCTOBER 1, 2018. THIS REPORT WOULD HAVE BEEN USED TO MAKE COMPENSATION DECISIONS FOR USGA EXECUTIVES FOR CALENDAR YEAR 2020. SUBSTANTIATION OF THE DELIBERATION AND DECISION OF THE COMPENSATION COMMITTEE IS MAINTAINED IN THE MEETING MINUTES. IN ADDITION, EMPLOYEES OF THE USGA UNDERGO A THOROUGH EVALUATION PROCESS AT THE END OF EACH YEAR. PERFORMANCE AND GOALS ARE CAREFULLY REVIEWED AND DOCUMENTED, THEN DISCUSSED WITH THE EMPLOYEE. MERIT INCREASES AND BONUS AWARDS ARE DETERMINED BASED ON THESE EVALUATIONS.

FORM 990, PART VI, SECTION B, LINE 16B

THE USGA DOES NOT CURRENTLY HAVE ANY JOINT VENTURES, BUT MAINTAIN A JOINT VENTURES POLICY TO ENSURE THAT ALL ARRANGEMENTS ARE CONSISTENT WITH THE ORGANIZATION'S TAX EXEMPT STATUS UNDER IRC SECTION 501(C)(3). SPECIFICALLY,

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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THE PURPOSE OF THE POLICY IS TO SET FORTH GUIDELINES TO HELP ENSURE THAT ARRANGEMENTS WITH FOR-PROFIT ENTITIES WILL NOT JEOPARDIZE THE USGA'S TAX EXEMPT STATUS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, IN

FORM 990, PART VI, SECTION C, LINE 19:

THE USGA'S MOST RECENT FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE VIEWABLE BY THE PUBLIC, ON USGA.ORG EACH YEAR. THE USGA MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC BY PROVIDING THEM TO GUIDESTAR TO POST ON THEIR WEBSITE AT WWW.GUIDESTAR.ORG: IRS LETTER OF DETERMINATION; FEDERAL FORM 1023; FEDERAL FORM 990; FEDERAL FORM 990-T; AUDITED FINANCIAL STATEMENTS. THE USGA ALSO MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC "UPON REQUEST" AT ITS HEADQUARTERS LOCATION IN NEW JERSEY, DURING NORMAL BUSINESS HOURS.

FORM 990, PART VIII, LINE 2B

INSURANCE PAYMENT

THE USGA ALERTED THE EVENT CANCELLATION INSURANCE CARRIER OF ITS INTENTION TO FILE A CLAIM FOR LOSSES ARISING FROM THE RESCHEDULING AND ALTERATION OF THE 2020 U.S. OPEN (INCLUDING THE CANCELLATION OF SPECTATORS AND CORPORATE HOSPITALITY) DUE TO THE COVID-19 PANDEMIC. BASED ON THE VALIDITY OF THE USGA'S CLAIM AND THE ESTIMATED CLAIM TOTAL VALUE, THE INSURANCE CARRIER PAID THE USGA \$29,500,000 IN 2020. THESE AMOUNTS HAVE BEEN RECOGNIZED IN THE 2020 FINANCIAL RESULTS, AS THEY MET THE CRITERIA OF THE CONTINGENCY BEING ESTIMABLE AND PROBABLE. ANY

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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FUTURE REIMBURSEMENTS WILL BE RECORDED WHEN SUCH PAYMENTS AND/OR PROOF OF FINAL SETTLEMENT ARE RECEIVED FROM THE INSURER.

FORM 990, PART VIII, LINE 11

MEDIA RIGHTS, TERMINATION PAYMENT

IN JUNE 2020, THE USGA ENTERED INTO A NEW MEDIA RIGHTS AGREEMENT WITH NBC UNIVERSAL (NBCU) FOR 2020 THROUGH 2026 AND CONCURRENTLY TERMINATED ITS AGREEMENT WITH FOX. THE NEW CONTRACT WITH NBCU WAS AT A LOWER VALUE THAN THAT OF THE ORIGINAL FOX AGREEMENT, AND AS A RESULT, FOX PAID THE USGA A LUMP-SUM REPRESENTING THE PRESENT VALUE OF THE REMAINING FEES DUE UNDER THE ORIGINAL CONTRACT LESS THE AMOUNTS TO BE PAID BY NBCU. IN ADDITION, THE DEFERRED PORTION OF THE ORIGINAL FOX SIGNING BONUS WAS ACCELERATED AND RECOGNIZED IN 2020. IN TOTAL, THE TERMINATION PAYMENT RECOGNIZED FOR THE YEAR ENDED DECEMBER 31, 2020 TOTALED \$323,400,000, AS NO FUTURE PERFORMANCE OBLIGATION WAS REQUIRED FROM FOX BY THE USGA .

FORM 990, PART IX, LINE 11G, OTHER FEES:

MISC PROFESSIONAL SERVICES :

PROGRAM SERVICE EXPENSES	15,276,068.
MANAGEMENT AND GENERAL EXPENSES	612,807.
TOTAL EXPENSES	15,888,875.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	837,256.
MANAGEMENT AND GENERAL EXPENSES	96,497.
TOTAL EXPENSES	933,753.

Name of the organization UNITED STATES GOLF ASSOCIATION	Employer identification number 13-1427105
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## PUBLIC SAFETY :

PROGRAM SERVICE EXPENSES	1,674,554.
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TOTAL EXPENSES	1,674,554.
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## TEMPORARY HELP :

PROGRAM SERVICE EXPENSES	267,170.
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MANAGEMENT AND GENERAL EXPENSES	223,418.
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TOTAL EXPENSES	490,588.
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## PROFESSIONAL DEVELOPMENT :

PROGRAM SERVICE EXPENSES	198,224.
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MANAGEMENT AND GENERAL EXPENSES	10,240.
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TOTAL EXPENSES	208,464.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,196,234.
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## FORM 990, PART IX, LINE 11G

EXPENSES INCLUDES VARIOUS PROFESSIONAL SERVICES, INCLUDING BUT NOT

LIMITED TO TV AND VIDEO PRODUCTION, FREELANCE PHOTOGRAPHY, AND PUBLIC

RELATIONS/BRAND BUILDING EXPENSES, AS WELL AS TEMPORARY STAFFING ON IT

AND GHIN RELATED PROJECTS.

## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FASB 158 ADOPTION	-7,853,585.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **UNITED STATES GOLF ASSOCIATION** Employer identification number **13-1427105**

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

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

**Part II 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE USGA FOUNDATION - 83-4639721 77 LIBERTY CORNER ROAD LIBERTY CORNER, NJ 07938	SUPPORTING	NEW JERSEY	501(C)(3)	LINE 12A, I	USGA	X	



**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USGA FOUNDATION	Q	1,542,956.	BOOK
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II - RELATED EXEMPT ORGANIZATION

THE USGA FOUNDATION (THE "FOUNDATION") WAS INCORPORATED ON MARCH 15, 2019. THE FOUNDATION WAS CREATED UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AS A TYPE 1 SUPPORTING ORGANIZATION OF THE USGA. THE FOUNDATION'S PRIMARY OBJECTIVE IS TO PROVIDE FINANCIAL SUPPORT TO THE UNITED STATES GOLF ASSOCIATION AS IT CARRIES OUT ITS PROGRAMS, ACTIVITIES AND PROJECTS DESIGNED TO ADVANCE ITS CHARITABLE MISSION.