

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning	and	ending		
	heck if pplicable	C Name of organization			D Employer identif	fication number
	Addres	S USGA FOUNDATION				
	Name change	Doing business as			83-4639721	-
	Initial return Final return/	Number and street (or P.O. box if mail is not de 77 LIBERTY CORNER ROAD	ivered to street address)	Room/suite	E Telephone number (908) 234-2	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	30,636,772.
	Ameno		3 1		H(a) Is this a group	return
	Application	F Name and address of principal officer: CHARI	JIE PAGNAM		for subordinate	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	····· — —
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
J۷	Vebsit	e: WWW.USGA.ORG			H(c) Group exempti	on number
		organization,	sociation Other	L Year	of formation: 2019	M State of legal domicile: DE
Pa		Summary				
ce		Briefly describe the organization's mission or most DBJECTIVE IS TO PROVIDE FINANCIAL (CO		UNDATION	S PRIMARY	
Governance	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	ssets.
Ver	l	Number of voting members of the governing body		_		
	I	Number of independent voting members of the gov				
ي م		Fotal number of individuals employed in calendar y				0
/itie		Total number of volunteers (estimate if necessary)			I	5
Activities		Total unrelated business revenue from Part VIII, co				0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11		7t	0.
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			5,706,886.	
Revenue	l			0.	<u> </u>	
Şe,	I	nvestment income (Part VIII, column (A), lines 3, 4,		116,558.	 	
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		-4,496.	
		Total revenue - add lines 8 through 11 (must equal			5,818,948.	 ' ' - '
	l	Grants and similar amounts paid (Part IX, column (0,	-
	l	Benefits paid to or for members (Part IX, column (A			906 674	<u> </u>
ses	15	Salaries, other compensation, employee benefits (F			806,674. 6,000.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I		0.	0,000	0.
Exp	1 D	Total fundraising expenses (Part IX, column (D), line			1,649,213,	2,112,057.
	''	Other expenses (Part IX, column (A), lines 11a-11d, Fotal expenses. Add lines 13-17 (must equal Part I)			2,461,887	
	I	Revenue less expenses. Subtract line 18 from line			3,357,061.	
-Se		Teveride less expenses. Gubtraet line 16 from line	12	Be	ginning of Current Year	
ets c	20	Fotal assets (Part X, line 16)			14,461,419.	
Ass Bal	21	Total liabilities (Part X, line 26)			10,686,283.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		3,775,136.	
Pa	ırt II	Signature Block		·		
Unde	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of m	ny knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
Sigr		Signature of officer	CODY		Date	
Her	е	CHARLIE PAGNAM, EXECUTIVE DIRECTOR &	CPO COPY -	DO NO	OT FILE	
		Type or print name and title		T r	Data Lau	DTIN
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		DANIEL ROMANO	<u> </u>		self-empli	•
	arer	Firm's name GRANT THORNTON ADVISORS LI			Firm's EIN	99-1856619
use	Only	Firm's address 757 THIRD AVENUE, 3RD FLOO	JK.		D. (2	12) 500 0100
		NEW YORK, NY 10017-2013			Phone no. (2	12) 599-0100
May	the IF	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** USGA FOUNDATION 83-4639721 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 77 LIBERTY CORNER ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LIBERTY CORNER, NJ 07938 Enter the Return Code for the return that this application is for (file a separate application for each return) 0.1 Return | Application Is For Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of SUSAN PIKITCH, CFO 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 $\overline{\ \ }$ and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or ____ , 20 _____ , and ending _ tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

USGA FOUNDATION 83-4639721 Page **2** Form 990 (2023)

Pai	t 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 FOUNDATION IS DEDICATED TO FULFILLING THE USGA'S MISSION TO	
	CHAMPION AND ADVANCE THE GAME OF GOLF, EVERYWHERE IT IS PLAYED. ITS	
	PURPOSE IS SOLEY CHARITABLE, SCIENTIFIC, AND EDUCATIONAL WITHIN THE	
	MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,923,240. including grants of \$) (Revenue \$	0.
	THE USGA FOUNDATION SHALL ACCOMPLISH THESE PURPOSES BY PROVIDING	
	FINANCIAL SUPPORT TO THE UNITED STATES GOLF ASSOCIATION AND ENGAGING IN	
	PROGRAMS, ACTIVITIES AND PROJECTS DESIGNED TO ACCOMPLISH THE	
	CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE UNITED STATES	
	GOLF ASSOCIATION.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,923,240.	Form 990 (2023)
		Form 330 (2023)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	io		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
C		11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	\vdash
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 21	\vdash
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		_ A
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	مد ا		•
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2023) | Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	l		
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Α	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
34	· · · · · · · · · · · · · · · · · · ·	34	х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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	990 (2023) USGA FOUNDATION 83-46397	21	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X					
	, in the to line of, provide an explanation on constant of								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30							
ua	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		<u> </u>					
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.5							
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.5							
_	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10							
а		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b	-							
	Enter the amount of reserves on hand	44-		х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x					
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
10	If "Yes," complete Form 4720, Schedule O.	10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.								

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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					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7						
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or							
	more members of the governing body?			7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or							
	persons other than the governing body?			7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<u> </u>				
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?	12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$	es," d	escribe							
	on Schedule O how this was done			12c	Х	<u> </u>				
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>				
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х	<u> </u>				
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's							
_	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(3)	s only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Upon request Other (explain)	on Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, an	d finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records							
	SUSAN PIKITCH, CFO - 212-506-5451									
	77 LIBERTY CORNER ROAD, LIBERTY CORNER, NJ 07938									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)					(D)	(E)	(F)		
Name and title	Average	(do		Pos	itior		ono	Reportable	Reportable	Estimated
	hours per	box	not check more than one , unless person is both an			s bot	n an	compensation	compensation	amount of
	week		cer ar	d a director/trustee)			tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	জ Individual trustee or director	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Institutional trustee		ee (ee	ubeu		1099-NEC)	1099-NEC)	and related
	below	dual t	rtiona	_	nploy	st cor		10001420)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE WHAN	1.00									
DIRECTOR	60.00	х						0.	2,370,318.	161,472.
(2) SUSAN PIKITCH	1.00									
CHIEF FINANCIAL OFFICER	60.00	Х		х				0.	749,478.	72,964.
(3) CHRISTOPHER FRASER	1.00									
SECRETARY	60.00	х		х				0.	695,274.	61,985.
(4) CHARLIE PAGNAM	50.00									
EXECUTIVE DIRECTOR & CPO	0.00	Х		х				624,371.	0.	68,078
(5) ANTHONY K. ANDERSON	1.00									
CHAIRMAN, DIRECTOR	10.00	Х		Х				0.	0.	0
(6) CATHY ENGELBERT	1.00									
DIRECTOR (THRU 02/2023)	10.00	Х						0.	0.	0.
(7) CHUCK BRYMER	1.00									
DIRECTOR (AS OF 02/2023)	10.00	Х						0.	0.	0.
(8) J. STUART FRANCIS	1.00									
DIRECTOR (THRU 02/2023)	10.00	Х						0.	0.	0.
(9) MICHAEL MCCARTHY	1.00									
DIRECTOR (AS OF 02/2023)	10.00	Х						0.	0.	0.
		4								
		4								
		<u> </u>								
		-								

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Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	and	Hig	ghes	t C					
(A)		(B) (C) (D) Average Position Pagetable				(E)		(F)				
Name and title	Average	Average (do not check more than one box, unless person is both an						Reportable	Reportable		Estima	
	week					is both or/trus		compensation from	compensation from related		amoun othe	
	(list any	tor						the	organizations		compens	
	hours for	Individual trustee or director				- P		organization	(W-2/1099-MISC		from t	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,		and rela	ated
	below	vidua	tutio	er	key employee	nest c	ner				organiza	tions
	line)	Indi	Inst	Officer	Key	High	Former					
		1										
		1										
		1										
										_		
		1										
										+		
		1										
dh Cubtatal		<u> </u>	<u> </u>	I	<u> </u>	1		624,371.	3,815,0	70	364	,499.
1b Subtotal								624,3/1.	3,013,0	0.	304	,499. 0.
c Total from continuation sheets to Part									2 015 0		264	,499.
d Total (add lines 1b and 1c)								624,371.	3,815,0	70.	304	,499.
2 Total number of individuals (including but	t not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former offic			сеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			1,,
line 1a? If "Yes," complete Schedule J fo											3	X
4 For any individual listed on line 1a, is the	•							•	•			
and related organizations greater than \$1										📙	4 X	
5 Did any person listed on line 1a receive of					•			· ·				
rendered to the organization? If "Yes, " co	omplete Schedul	e J f	or st	ıch r	oers	on .					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest	compensated inc	depe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compe	ensatio	n from	
the organization. Report compensation for	or the calendar ye	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax ye	ear.			
(A)								(B)			(C)	
Name and busine	ss address	NO	NE					Description of s	ervices	Cor	npensati	on
							Ţ					
		_	_	_		_	_					
							寸					
							\dashv					
2 Total number of independent participation	(including but =	o+ 1:	nita	1 + ^ -	thar	o lic	+^~	abova) who received	are then			
2 Total number of independent contractors		OL III	ıııtec	ו נט ו		se iis 0	ıea	above) who received mo	ne man			
\$100,000 of compensation from the orga	iriization				'	J					000	/a -
										Fo	orm 990	(2023)

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Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a re	sponse (or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
' 0 '	4 -	Fadayatad aayaasisyaa								000000000000000000000000000000000000000
nts Ints		Federated campaigns			la .					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			lb					
is, (Fundraising events			lc					
ar Iar	d	Related organizations			ld					
is,	е	Government grants (contri	ibuti	ions) 1	le					
rior S	f	All other contributions, gifts,	grant	ts, and						
bul		similar amounts not included	abo۱	ve 1	lf	7,760,251.				
nt Offi	g	Noncash contributions included in	lines 1	1a-1f	g \$	1,264,497.				
Co	h	Total. Add lines 1a-1f					7,760,251.			
						Business Code				
•	2 a									
ķ	b									
ser iue										
m S	C									_
ar Be	d									
Program Service Revenue	е									
Δ.		All other program service								
	g	Total. Add lines 2a-2f								
	3	Investment income (include	_			•				
		other similar amounts)				85,890.			85,890.	
	4				roceeds					
	5	Royalties	. <u></u>							
				1	Real	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)		1						
		Gross amount from sales of	· · · · ·	(i) Sec	urities	(ii) Other				
	ı a		7-	22,79		(ii) Othioi				
		assets other than inventory	1a	22,73	0,031.					
	b	Less: cost or other basis		, , , ,	0 055	100 446				
une				23,03						
Revenue		Gain or (loss)								
		Net gain or (loss)					-438,770.			-438,770.
ther	8 a	Gross income from fundraising	-	-						
ᅙ		including \$		(of					
		contributions reported on	line	1c). See	.					
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fund	Iraising e	event <u>s</u>					
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross sales of inventory, I								
	10 a	and allowances			10a					
		Less: cost of goods sold				10,133.	-10,135.			-10,135.
-	С	Net income or (loss) from	sales	s of inve	ntory	D	-10,135.			-10,133.
<u>s</u>						Business Code				
e Ie	11 a									
an en	b									
Miscellaneous Revenue	С									
Alis	d	All other revenue								
	е	Total. Add lines 11a-11d		<u></u>						
	12	Total revenue. See instruction	ns				7,397,236.	0.	0.	-363,015.

332009 12-21-23

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 (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 692,449. trustees, and key employees 692,449. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,775 40,775. Other employee benefits 9 100,926. 100,926. 10 Payroll taxes Fees for services (nonemployees): а Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,129. 5,129 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 157,773 157,773 column (A), amount, list line 11g expenses on Sch O.) 6,075 6,075 Advertising and promotion 12 180,725. 180,725 13 Office expenses 8,689 8,689. 14 Information technology 15 Royalties 16 Occupancy 204,810. 204,810, 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 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.) ALLOCATED SUPPORT EXPEN 1,367,292. 1,367,292. 110,000 110,000 BAD DEBT MISC. DONOR GIFT 26,369, 26,369. С 17,838 BANK CHARGES 17,838 d 27,357 27,357 All other expenses 2,946,207 2,923,240 22,967 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		858,317.	1	382,675.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	2,438,646.	4	4,635,769.	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
S	7	Notes and loans receivable, net	[7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		4,686,932.	11	12,957,128.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	6,477,524.	15	11,518,180.	
	16	Total assets. Add lines 1 through 15 (must equa		14,461,419.	16	29,493,752.
	17	Accounts payable and accrued expenses		0.	17	1,680.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
S	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abil		controlled entity or family member of any of thes	se persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		10,686,283.	25	19,849,753.
	26	Total liabilities. Add lines 17 through 25		10,686,283.	26	19,851,433.
		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		3,775,136.	27	9,642,319.
Ва	28	Net assets with donor restrictions		28		
<u>n</u>		Organizations that do not follow FASB ASC 9	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
As	31	Retained earnings, endowment, accumulated in			31	
Ret	32	Total net assets or fund balances		3,775,136.	32	9,642,319.
	33	Total liabilities and net assets/fund balances		14,461,419.	33	29,493,752.

Form 990 (2023) USGA FOUNDATION 83-4639721 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,397,	236.
2	Total expenses (must equal Part IX, column (A), line 25)	2			207.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	,451,	029.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	,775,	136.
5	Net unrealized gains (losses) on investments	5	1	,416,	154.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	9	,642,	319.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open In

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** USGA FOUNDATION 83-4639721 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) USGA 13-1427105 7 Х 3,800,000

0.

3,800,000

USGA FOUNDATION Schedule A (Form 990) 2023 83-4639721 Page 2

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

(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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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	Sec	tion A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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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.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0 : 0	(3) 2323	(6) 252 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010.
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization are second as a section 501(c)(3) organization as a section 501(c)(3) organization are second as a section 501(c)

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Schedule A (Form 990) 2023

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? 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.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
2		A
За		Х
3b		
3c		
4a		х
44		
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		Х
8		Х
0		
9a		х
9b		Х
		Х
9c		^
10a		Х
10b		

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and Х 11c below, the governing body of a supported organization? 11a х **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI Х 11c Section B. Type I Supporting Organizations Yes No 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? 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 Х 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, Х upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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)? 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) Section D. All Type III Supporting Organizations N<u>o</u> Yes 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? 1 2 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? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's 3 <u>supported organizations played in this regard</u> Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below. a 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? 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. 2a b Did the activities described on 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? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No" provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Part IV

Supporting Organizations (continued)

Schedule A (Form 990) 2023

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Pai	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.					
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

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

Fai	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	illizations (continued)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3
4	Amounts paid to acquire exempt-use assets			1
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	į	5
6	Other distributions (describe in Part VI). See instructions.	OVIGO GOLGIIS III		3
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		1
Ü	(provide details in Part VI). See instructions.	ic organization is responsive		3
9	Distributable amount for 2023 from Section C, line 6			9
	•		10	
10	Line 8 amount divided by line 9 amount	(:)	T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
	From 2019			
	From 2020			
	From 2021			
	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
-	Carryover from 2018 not applied (see instructions)			
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			_
	Applied to underdistributions of prior years			_
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

US	GA FOUNDATION	83-4639721				
Organization type (check of	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					
• •	s 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 Rul	e. See instructions.				
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If the first parts I and II.	d that received from any one				
For an organizatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one				
literary, or education	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e o) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter l purpose. Don't co	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 \$					
answer "No" on Part IV, line	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).					
For Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)				

Name of organization	Employer identification number
USGA FOUNDATION	83-4639721

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 2	Name, address, and ZIP + 4	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 500,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	raine, audi 655, and £IF T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audiess, and ZiF + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 9	Name, address, and ZIP + 4	Total contributions \$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	INGING, AUGIESS, AND ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Name, address, and Zir + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 15	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	### Total contributions \$ 62,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	raine, audi 635, and ZiF 7 4	\$\$ 41,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Name, address, and Zir + +	\$\$ 25,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 21	Name, address, and ZIP + 4	Total contributions \$\$ \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Name, audiess, and Zif + +	\$\$ 22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Hume, dudi ess, and Zir + +	\$\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 27	Name, address, and ZIP + 4	Total contributions \$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Hame, audiess, and ZIF + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 35	Name, address, and ZIP + 4	\$ 8,600.	Person X Payroll
(a)	(b)	(c)	(d)
No. 36	Name, address, and ZIP + 4	Total contributions \$\$ 8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37			Person X Payroll
(a)	(b)	(c)	(d)
No. 38	Name, address, and ZIP + 4		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$	Person X Payroll
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4		Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 41	Name, address, and ZIP + 4	\$5,295.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	Humo, audi 655, and £if T T	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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
43		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	Name, address, and Zir + +	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 45		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
46	Name, address, and ZIP + 4	\$ \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	Tierrity wash you, will bell 1 1	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	Name, aud 555, and ZIF 7 7	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USGA FOUNDATION

83-4639721

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Name, address, and ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,000.	Person X Payroll

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
55		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	- Name, address, and En 1 7	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 57	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Name, address, and ZIF + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	Name, address, and ZIF + +	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USGA FOUNDATION

83-4639721

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 62	Name, address, and ZIP + 4	Total contributions \$\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, auu ess, anu ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

USGA FOUNDATION

83-4639721

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK		
		\$502,950.	04/13/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	STOCK		
		\$\$	10/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	STOCK		
		\$\$	12/07/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	STOCK		
		\$105,264.	12/21/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40	STOCK		
		\$5,969.	12/07/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	STOCK		
		\$5,295.	05/17/23

Name of organization **Employer identification number** USGA FOUNDATION 83-4639721 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

83 - 4639721

Name of the organization

USGA FOUNDATION

Total number at end of year Aggregate value of orantifolitoris to iduning year) Aggregate value of orantifolitoris to iduning year) Aggregate value of grants from (during year) Dut the organization important all donors and donor advisors in writing that the assets held in donor advised funds are the organization in promating grants. An other organization in writing grants from (during year) Port III grants from (during year) Aggregate value of orantifolitoris grants from (during year) Port III grants from (during year) Part III grants from (during year) Preservation of land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a conservation assements held by the organization held a qualified conservation contribution in the form of a conservation assement on the last day of the tax year. Total number of conservation easements is custed on line 2 a grant from of a conservation easement solution on a historior structure included on line 2 a grant from the first	Pai	rt I	Organizations Maintaining Donor Advise		counts. Complete if the
Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 inform all grantes, 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 momentalization inform all grantes, 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 momentalization provides benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 980, Part IV, line 7. Purpose(s) of conservation easements held by the organization check all that apply). Preservation of part purpose assements held by the organization of excusion or preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements Total number of conservation easements Total number of conservation easements on a certified historic structure included on line 2a Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Number of conservation easements modified, transferre			organization answered "Yes" on Form 990, Part IV, lin		
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 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 of order advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization inservation assert on a proper part of the donor of order advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Pareservation of a public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 through 28 of the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure and of the tax year. 2 Total number of conservation easements 3 Total number of conservation easements 4 Number of conservation easements in codified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of conservation easements incodified, transferred, released, extinguished, or terminated by the organization during the tax year. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 2d above satisfy the requirements of section 170(h)(4)(6)(f)) 9 In Part XIII (Describe how the organization reports conservation easements that describes the organizati				(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during wear) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal contro? 5 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? 6 Part II					
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? 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 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? 7. Purpose(s) of 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). 7. Preservation of land for public use (for example, recreation or education). 7. Preservation of open space 8. 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. 8. Total acreege restricted by conservation easements 9. Total acreege restricted by conservation easements 9. Total conservation easements included on line 2a decomplete or onservation easements included on line 2a decomplete or onservation easements in decomplete on line 2a decomplete or one analysis of the decomplete or onservation easements in decomplete on line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements in decomplete or line 2a decomplete or onservation easements during the year or line or organization easements during the year organization in successful ore					
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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. Ia 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. 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. If the organization received on Form 990, Part VIII, line 1 \$ 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: Revenue included in Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII, line 1 \$ Assets included in Form 990, Part XIII the feature of the footnote to th	0		•		
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a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	_		-		provide
b Assets included in Form 990, Part X \$	•		-	_	\$

332051 09-28-23

Schedule D (Form 990) 2023

(d) Book value

e Other

(a) Cost or other

basis (investment)

Description of property

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Schedule D (Form 990) 2023 USGA FOUNDATION		3	33-4639721	Page 3
Part VII Investments - Other Securities	on Form 000 Part IV line	11b Soc Form 900 Part V line 12		
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	 id-of-vear market v	alue
(1) Financial derivatives	(D) Doom raide	(2)	a or your marries re	
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 en	ıd-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) I	Description		(b) Book va	ılue
(1) DUE FROM AFFILIATE			11,38	31,880.
(2) UNDEPOSITED FUNDS			13	36,300.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			+	
(9)			11 51	
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		11,51	L8,180.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book va	llue
(1) Federal income taxes			_	
(2) DUE TO AFFILIATE			19,84	19,753.
(3)			+	
(4)			+	
(5)			+	
(6)			+	
(7)			+	
(8)			+	
			10.04	10 752
(9) Total. (Column (b) must equal Form 990. Part X line 25, col	(R))		19,84	19.7

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

Schedule D (Form 990) 2023

X

Sche	dule D (Form 990) 2023 USGA FOUNDATION		83-4639721	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Par	t XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	-		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
a				
b	Prior year adjustments	I I		
C	Other losses			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		art V, line 4; Part X, line 2; Par	rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
PART	V, LINE 4:			
ENDO	WMENT FUNDS			
THE	INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO DE	VELOP,		
SUPP	ORT AND EXTEND THE PROGRAMS AND ACTIVITIES OF THE UNITED ST	ATES GOLF		
ASSO	CIATION.			
PART	X, LINE 2:			
THE	USGA FOUNDATION HAS BEEN RECOGNIZED AS A PUBLIC CHARITY GEN	ERALLY		
EXEM	PT FROM FEDERAL INCOME TAXATION UNDER PROVISIONS OF SECTION	501(A) AS		
DESC	RIBED IN SECTION 501(C)(3) OF THE CODE OF 1986, AS AMENDED.	THE USGA		
IS S	UBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UN	LESS THAT		
INCO	ME IS OTHERWISE EXCLUDED BY THE CODE. THE USGA FOUNDATION H	AS		

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

USGA FOUNDATION

Department of the Treasury

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

Employer identification number 83-4639721

Pa	art I Questions Regarding Compensation	·		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
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?	2		<u> </u>
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	<u> </u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		.,
	The organization?	5a	v	X
b	Any related organization?	5b	Х	
_	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:	0-		х
	The organization?	6a	v	
b	Any related organization?	6b	Х	
-	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	7		х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MIKE WHAN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	1,186,033.	1,165,000.	19,285.	118,023.	43,449.	2,531,790.	0.
(2) SUSAN PIKITCH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	519,357.	180,000.	50,121.	37,765.	35,199.	822,442.	0.
(3) CHRISTOPHER FRASER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	484,292.	165,600.	45,382.	33,957.	28,028.	757,259.	0.
(4) CHARLIE PAGNAM	(i)	507,780.	106,500.	10,091.	32,082.	35,996.	692,449.	0.
EXECUTIVE DIRECTOR & CPO	(ii)	0.	0.	0.	0.	0.	0,	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 3:

THE USGA FOUNDATION RELIED ON THE UNITED STATES GOLF ASSOCIATION. A

RELATED ORGANIZATION THAT USED ONE OR MORE OF THE METHODS LISTED ON

LINE 3 TO ESTABLISH THE TOP MANAGEMENT OFFICER'S COMPENSATION. PLEASE

REFER TO SCHEDULE O NARRATIVE REGARDING PART VI LINE 15 - COMPENSATION

REVIEW PROCEDURE FOR DETAILS. THE 457(F) NONOUALIFIED DEFINED

CONTRIBUTION PLAN FOR THE UNITED STATES ESTABLISH THE TOP MANAGEMENT

OFFICER'S COMPENSATION. PLEASE REFER TO PROCEDURE FOR DETAILS.

SCHEDULE J. 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

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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.

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

2023:

(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):

- SUSAN PIKITCH \$27 865
- CHRISTOPHER FRASER \$24,057

SECTION 457(F) DEFERRED COMPENSATION PLAN, NON-VESTED PORTION WHICH IS

REPORTED ON SCHEDULE J PART II COLUMN C:

Schedule J (Form 990) 2023

<u>Schedule J (Form 990) 2023</u> USGA FOUNDATION 83-4639721 Page **3**

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.

- MIKE WHAN \$108,123
- SUSAN PIKITCH \$27,865
- CHRISTOPHER FRASER \$24,057
- CHARLIE PAGNAM \$22,182

SCHEDULE J. PART I. LINES 5 & 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

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 II - COMPENSATION OF CHARLIE PAGNAM

Schedule J (Form 990) 2023

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. CHARLIE PAGNAM REPORTED IN THE USGA FOUNDATION FORM 990 IS PAID BY THE UNITED STATES GOLF ASSOCIATION. THE SUPPORTED ORGANIZATION OF THE USGA FOUNDATION, ON PART VII AND SCHEDULE J. ALL COMPENSATION OF CHARLIE PAGNAM IS BEING REPORTED AS HAVING BEEN PAID BY THE USGA FOUNDATION. FURTHERMORE, THE INDIVIDUAL'S COMPENSATION IS REIMBURSED BY THE USGA FOUNDATION BASED ON SERVICES RENDERED TO THAT ORGANIZATION IN THE INTEREST OF CLARITY. THE USGA FOUNDATION IS DISCLOSING THE SALARY AND BENEFIT AMOUNTS AS HAVING BEEN REIMBURSED BY THE USGA FOUNDATION TO THE UNITED STATES GOLF ASSOCIATION. 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-OUALIFIED SUPPLEMENTAL RETIREMENT PLAN.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

USGA FOUNDATION

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 for instructions and the latest information.

Employer identification number 83-4639721

Par	rt 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 de noncash contribu		•	5
1	Art - Works of art							
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	Х	12	1,203,997.	FMV			
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 () Other ()							
26 27	· · · · · · · · · · · · · · · · · · ·							
28	Other () Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax vear for c	ontributions				
	for which the organization completed Form 828							
	To Which the organization completes to the czo	, , , a, , , , ,	onee / teltile wie ag	20			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1 throug	h 28. that it			110
	must hold for at least 3 years from the date of the							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of		•	•				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
_ =								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

USGA FOUNDATION	83-4639721
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SUPPORT TO THE USGA AS IT CARRIES OUT ITS PROGRAMS TO ADVANCE ITS	
CHARITABLE MISSION.	
THE USGA CHAMPIONS AND ADVANCES THE GAME OF GOLF. IT SERVES MILLIONS OF	
GOLFERS AND THOUSANDS OF GOLF COURSES BOTH IN THE UNITED STATES AND	
AROUND THE WORLD THROUGH PROGRAMS AND SERVICES THAT PROMOTE A THRIVING,	
WELCOMING AND SUSTAINABLE GAME.	
THE USGA FOUNDATION SERVES AS THE MEMBER ENGAGEMENT AND PHILANTHROPIC	
GIVING PROGRAM WITHIN THE USGA. IT SECURES RESOURCES TO FULFILL THE	
USGA'S COMMITMENT TO CONTINUALLY INVEST IN THE GAME'S LONG-TERM HEALTH.	
THROUGH THE FOUNDATION, THE USGA CONTINUES TO FUND SCIENCE, RESEARCH	
AND INNOVATION TO KEEP THE GAME ENVIRONMENTALLY AND FINANCIALLY STABLE,	
WHILE IMPROVING THE GOLFER EXPERIENCE. THE ASSOCIATION IS ALSO	
COMMITTED TO GROWING THE AMATEUR GAME, PROVIDING AN OPEN OPPORTUNITY	
FOR GOLFERS TO ACHIEVE GREATNESS AND INSPIRE OTHERS. FINANCIAL SUPPORT	
THROUGH THE FOUNDATION ALSO CELEBRATES AND PRESERVES THE GAME'S	
REMARKABLE AND RICH HISTORY THROUGH ITS EXTENSIVE COLLECTIONS AND	
PROGRAMMING AT THE USGA GOLF MUSEUM AND LIBRARY, AMONG OTHER	
TRANSFORMATIVE PROJECTS.	
THE USGA EXISTS FOR THE GOOD OF THE GAME. FOR MORE INFORMATION ON THE	
USGA'S PROGRAMS FOR GOLF, SEE USGA.ORG.	

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization USGA FOUNDATION 83-4639721 FORM 990, PART V, LINE 2B: THE USGA FOUNDATION DOES NOT HAVE ITS OWN EMPLOYEES; IT SHARES EMPLOYEES WITH ITS PARENT ORGANIZATION, THE UNITED STATES GOLF ASSOCIATION (EIN# 13-1427105) VIA A COMMON PAYMASTER ARRANGEMENT. ALL W-2S AND REQUIRED EMPLOYMENT TAX RETURNS ARE FILED BY THE UNITED STATES GOLF ASSOCIATION. FORM 990, PART VI, SECTION A, LINE 2: BUSINESS RELATIONSHIP SOME OF THE USGA FOUNDATION'S CURRENT OFFICERS AND DIRECTORS. AS REPORTED IN FORM 990 PART VII-A, ARE SERVING AS BOARD MEMBERS AND/OR OFFICERS OF THE UNITED STATES GOLF ASSOCIATION, THE SUPPORTED ORGANIZATION OF THE USGA FOUNDATION, DURING TAX YEAR 2023. FORM 990, PART VI, LINE 3: DELEGATION OF CONTROL OVER MANAGEMENT DUTIES THE UNITED STATES GOLF ASSOCIATION HAS ASSUMED RESPONSIBILITY FOR THE ADMINISTRATION AND MANAGEMENT OF USGA FOUNDATION. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE ORGANIZATION & ELECTION OF GOVERNANCE BODY THE UNITED STATES GOLF ASSOCIATION IS THE SETTLOR AND THE SOLE MEMBER OF THE USGA FOUNDATION AND HAS THE RIGHT TO APPOINT THE TRUSTEES OF THE USGA FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ORGANIZATION & ELECTION OF GOVERNANCE BODY THE UNITED STATES GOLF ASSOCIATION IS THE SETTLOR AND THE SOLE MEMBER OF

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** USGA FOUNDATION 83-4639721 THE USGA FOUNDATION AND HAS THE RIGHT TO APPOINT THE TRUSTEES OF THE USGA FOUNDATION. 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 FOUNDATION'S TAX FIRM GRANT THORNTON ADVISORS, LLC. AFTER THE USGA'S TAX FIRM GRANT THORNTON ADVISORS. LLC 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. FORM 990, PART VI, SECTION B, LINE 12C: THE USGA FOUNDATION REQUIRES EXECUTIVE COMMITTEE MEMBERS AND THE USGA FOUNDATION-DESIGNATED 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 THE 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 YEAR, THE USGA REQUIRES EXECUTIVE COMMITTEE MEMBERS AND THE USGA FOUNDATION-DESIGNATED EMPLOYEES TO REVIEW THE USGA FOUNDATION'S CONFLICT OF INTEREST POLICY AND SUBMIT A

Schedule O (Form 990) 2023

Name of the organization

USGA FOUNDATION

Page 2

Employer identification number
83-4639721

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 13:

WHISTLEBLOWER POLICY

THE UNITED STATES GOLF ASSOCIATION. THE SUPPORTED ORGANIZATION. HAS A

WRITTEN WHISTLEBLOWER POLICY WHICH APPLIES TO THE USGA FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 14:

DOCUMENT RETENTION POLICY

THE UNITED STATES GOLF ASSOCIATION'S DOCUMENT RETENTION AND DESTRUCTION

POLICY APPLIES TO ALL BOOKS AND RECORDS HELD BY THE UNITED STATES GOLF

ASSOCIATION, INCLUDING BOOKS AND RECORDS OF THE USGA FOUNDATION.

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

COMPENSATION POLICY

SOME OF THE USGA FOUNDATION'S CURRENT OFFICERS AND DIRECTORS, ARE OFFICERS

OR KEY EMPLOYEES OF THE UNITED STATES GOLF ASSOCIATION. AS SUCH, THEIR

COMPENSATION IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE COMPRISED

OF INDEPENDENT TRUSTEES.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** USGA FOUNDATION 83-4639721 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 DECEMBER 2022. THIS REPORT WOULD HAVE BEEN USED TO MAKE COMPENSATION DECISIONS FOR USGA FOUNDATION EXECUTIVES FOR CALENDAR YEAR 2023. SUBSTANTIATION OF THE DELIBERATION AND DECISION OF THE COMPENSATION COMMITTEE IS MAINTAINED IN THE MEETING MINUTES. IN ADDITION, EMPLOYEES OF THE USGA FOUNDATION 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: JOINT VENTURE POLICY THE USGA FOUNDATION DOES NOT CURRENTLY HAVE ANY JOINT VENTURES BUT MAINTAINS 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 THE PURPOSE OF THE POLICY IS TO SET FORTH GUIDELINES TO HELP ENSURE THAT ARRANGEMENTS WITH FOR-PROFIT ENTITIES WILL NOT JEOPARDIZE THE USGA FOUNDATION'S TAX-EXEMPT STATUS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, IA, KY, LA, ME, MD, MA, MI, MN, NE NV,NH,NJ,NM,NY,NC,OH,OK,OR,PA,PR,RI,SC,SD,TN,TX,UT,VT,VA,WV,WA,WI,WY FORM 990, PART VI, SECTION C, LINE 19: THE USGA FOUNDATION'S MOST RECENT FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE VIEWABLE BY THE PUBLIC, AS WELL AS THE ASSOCIATION'S ANNUAL IMPACT

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** USGA FOUNDATION 83-4639721 REPORT, ON USGA.ORG EACH YEAR. THE USGA FOUNDATION 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 IX, LINE 24: SHARED SERVICE ARRANGEMENT THE USGA FOUNDATION DOES NOT HAVE ITS OWN EMPLOYEES; IT SHARES EMPLOYEES WITH ITS PARENT ORGANIZATION, THE UNITED STATES GOLF ASSOCIATION (EIN# 13-1427105) VIA A COMMON PAYMASTER ARRANGEMENT. ALL W-2S AND REQUIRED EMPLOYMENT TAX RETURNS ARE FILED BY UNITED STATES GOLF ASSOCIATION. THE USGA FOUNDATION AND UNITED STATES GOLF ASSOCIATION ARRANGED A SHARED SERVICE AGREEMENT OUTLINING THE SERVICES AND APPROPRIATE ALLOCATION OF COSTS. THE USGA FOUNDATION WILL REIMBURSE THE UNITED STATES GOLF ASSOCIATION, FOR THE COST INCURRED BY THE PARENT ORGANIZATION FOR PROVIDING EMPLOYEE AND OTHER SERVICES.

SCHEDULE R (Form 990)

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

USGA FOUNDATION						83-4639721		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year	assets	Direct control entity		g
	_							
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direc	ct controlling entity	cont	512(b)(13) rolled tity?
				501(c)(3))			Yes	No
UNITED STATES GOLF ASSOCIATION - 13-1427105								
77 I TREDMY CORNER DOAD			1		I		1	

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

Schedule R (Form 990) 2023

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N/A

LINE 7

LIBERTY CORNER, NJ 07938

NEW JERSEY

501(C)(3)

PROFESSIONAL ASSOCIATION

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

Organizations treated as a pa	organizations treated as a partieship during the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership		
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	lo		
	1												
	1												
										+	+		
	1												
										+	+		
										•			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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?

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

b	Gift, grant, or capital contribution to related organization(s)				1b		Х					
					1c		Х					
					1d		Х					
					1e		Х					
					1f		X					
g	Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Partormance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses											
h	G Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets strom related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) s Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of facilities equipment, mailing lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 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) Amount involved Method of determining amount in type (a-s)											
i	j Lease of facilities, equipment, or other assets from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property from related organization(s) s Other transfer of cash or property from related organization(s) 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) Amount involved Method of determining amount in type (a-s)											
j	Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property from related organization(s) 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) (b) (c) (d) Method of determining amount in		1j		Х							
					41.		x					
					1k	х						
					11 1m	X	 					
						X	 					
					1n	X	 					
0	Snaring of paid employees with related organization(s)				10	A						
р	Reimbursement paid to related organization(s) for expenses				1p	х						
a	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses											
٦	(e) 10 0. paid by 10 alou organization (e) 10 0. ponoco											
r	Other transfer of cash or property to related organization(s)				1r	х						
					1s		Х					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	relationships and transaction thresholds.								
	(a)	(b)	(c)	(d)								
	Name of related organization	Transaction		Method of determining amount inv	olved							
		type (a-s)										
(1)												
(2)												
(0)												
(3)												
(4)												
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(6)												
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Page 3

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Yes No

Schedule R (Form 990) 2023 USGA FOUNDATION 83-4639721 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									