

Return of Organization Exempt From Income Tax

2005

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. PROFESSIONAL DISC GOLF ASSOCIATION, 3841 DOGWOOD LANE, APPLING, GA 30802-3004. D Employer Identification Number, E Telephone number 706-261-6342, F Accounting method: X Cash, Accrual, Other (specify)

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No X No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X No.

G Web site: WWW.PDGA.COM. J Organization type (check only one): X 501(c) 6 (insert no.) 4947(a)(1) or 527.

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 730,096.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for line numbers, descriptions, and amounts. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)				
	If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	113,705.	45,482.	68,223.	
27	Pension plan contributions				
28	Other employee benefits	16,428.		16,428.	
29	Payroll taxes	7,567.		7,567.	
30	Professional fundraising fees				
31	Accounting fees	1,175.		1,175.	
32	Legal fees	4,074.		4,074.	
33	Supplies	5,724.		5,724.	
34	Telephone	10,146.		10,146.	
35	Postage and shipping	2,830.	2,830.		
36	Occupancy	5,005.		5,005.	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	17,023.	17,023.		
40	Conferences, conventions, and meetings	21,541.		21,541.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	2,421.		2,421.	
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 1	557,148.	535,443.	21,705.	
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	764,787.	600,778.	164,009.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a** PROMOTE THE SPIRIT AND ENJOYMENT OF DISC GOLF TO THE GENERAL PUBLIC, CITY COUNCILS, SCHOOLS AND MEMBERS. ABOUT 4000 ACTIVE MEMBERS. NEWSLETTER PUBLISHED 4-6 TIMES ANNUALLY. PROVIDE WORLD WIDE TOURNAMENTS

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

600,778.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e** Other program services .....

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) .....

600,778.

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	66,396.	45	22,148.
	46 Savings and temporary cash investments	69,623.	46	82,223.
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use	22,604.	52	17,115.
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	21,360.	55a	
	b Less: accumulated depreciation (attach schedule)	STATEMENT 2 12,082.	55b	55c
	56 Investments — other (attach schedule)	9,159.	56	9,278.
	57a Land, buildings, and equipment: basis		57a	
	b Less: accumulated depreciation (attach schedule)		57b	57c
	58 Other assets (describe )		58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	167,782.	59	131,364.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe )	1,727.	65	
66 <b>Total liabilities.</b> Add lines 60 through 65	1,727.	66	0.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	166,055.	70	131,364.
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	166,055.	73	131,364.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	167,782.	74	131,364.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	N/A
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 3		0.	0.	0.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings . . . ▶ 7		
75b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) . . . . .		X
75c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . . <i>Note.</i> Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		X
75d	Does the organization have a written conflict of interest policy? . . . . .	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

**Part VI Other Information** (See the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity . . . . .		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
78b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? . . . . . b If 'Yes,' enter the name of the organization ▶ N/A . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		X
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b> 0 . . . . .		
81b	b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X

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Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	0
91a	The books are in care of <input type="checkbox"/> BRIAN HOENIGER Telephone number <input type="checkbox"/> 706-261-6342 Located at <input type="checkbox"/> 3841 DOGWOOD LANE, APPLING, GA, ZIP + 4 <input type="checkbox"/> 30802		
	b 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)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a MERCHANDISE					80,777.
b OTHER					1,671.
c SPONSORS					21,530.
d TOURNAMENTS					213,888.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments				408,970.	
95 Interest on savings & temporary cash invmnts			14	2,370.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				411,340.	317,866.
105 Total (add line 104, columns (B), (D), and (E))					729,206.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
105	MEMBERSHIP DUES, TOURNAMENT FEES, REIMBURSED EXPENSES, INVESTED EARNINGS AND MERCHANDISE SALES ARE USED TO PROVIDE RULE BOOKS, GUIDE BOOKS, NEW COURSES, NEW COURSE EQUIPMENT, COORDINATED TOURNAMENT PLAY, NEWSLETTERS, AND WORLD WIDE PRO AND AMATEUR TOURNAMENTS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: ROBERT DECKER, DIRECTOR Date: \_\_\_\_\_

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: CW DECKER & COMPANY, CPA'S, PC  
215 W. MAGNOLIA, SUITE 201  
FORT COLLINS, CO 80521

EIN: N/A Phone no.: (970) 482-2179



CLIENT PDGA

PROFESSIONAL DISC GOLF ASSOCIATION

5/05/06

10:32AM

**STATEMENT 1  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ARCHIVES/LIBRARY	861.	861.		
BANK CHARGES	1,777.		1,777.	
BUSINESS FEES	2,645.		2,645.	
CANADIAN GST	77.		77.	
CONSULTANT	34,294.	34,294.		
CONTRACT LABOR	17,317.	15,000.	2,317.	
COURSE DESIGN	5,093.	5,093.		
COURSE INSTALLATION	1,030.	1,030.		
CUSTOMS	31.			31.
DISC GOLF FOUNDATION	2,689.	2,689.		
ELECTIONS	4,252.		4,252.	
INTERNET TECHNOLOGY	10,402.	10,402.		
KATRINA RELIEF	1,341.	1,341.		
MARKETING & PROMOTIONAL	61,013.	61,013.		
MEMBER SUPPLIES, MAILINGS	122,302.	122,302.		
MERCHANDISE & MEMBER SERVICE	174,801.	174,801.		
MISCELLANEOUS	59.		59.	
MOVING	5,430.		5,430.	
NDGC	1,363.	1,363.		
PDGA CANADA	2,428.	2,428.		
PDGA TOUR	102,745.	102,745.		
SIGNAGE	81.	81.		
STORAGE	1,194.		1,194.	
TRAINING	508.		508.	
VEHICLE EXPENSE	205.		205.	
VISAS	3,210.		3,210.	
<b>TOTAL</b>	<b>\$ 557,148.</b>	<b>\$ 535,443.</b>	<b>\$ 21,705.</b>	<b>\$ 0.</b>

**STATEMENT 2  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 21,360.	\$ 12,082.	\$ 9,278.
<b>TOTAL</b>	<b>\$ 21,360.</b>	<b>\$ 12,082.</b>	<b>\$ 9,278.</b>

CLIENT PDGA

PROFESSIONAL DISC GOLF ASSOCIATION

5/05/06

10:32AM

**STATEMENT 3  
FORM 990, PART V-A  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JON LYKSETT 1129 S SHILLING AVE BLACKFOOT, ID 83221	REGIONAL 0	\$ 0.	\$ 0.	\$ 0.
THEO POZZY 2270 NW 124TH AVE PORTLAND, OR 97229-4712	COMMISSIONER 0	0.	0.	0.
ROBERT DECKER CPA 3832 COUNTRYSIDE ST WICHITA, KS 67218	FINANCIAL 0	0.	0.	0.
TERRY CALHOUN 5171 WATERS RD ANN ARBOR, MI 48103	COMMUNICATION 0	0.	0.	0.
JOHN CHAMPMAN 4213 N QUINCY AVE KANSAS CITY, MO 64117	COMPETITION 0	0.	0.	0.
PETE MAY 430 WAVERLY DRIVE AUGUSTA, GA 30909	PUBLICITY 0	0.	0.	0.
KIRK YOO 104 AMITY DR KNIGHTDALE, NC 27545	OVERSIGHT 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.