PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1872135

Form **990**

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.

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning	and ending	g	
В	Check if applicable	C Name of organization		D Employer identif	cation number
	Addres	PRO KIDS GOLF ACADEMY, I	NC.		
	Name change			33-06177	41
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered 4085 52ND STREET	ed to street address) Room/		er 2-7884
	termin- ated		G Gross receipts \$	4,033,254.	
	Ameno return	SAN DIEGO, CA 92105		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: CHRIS	TOPHER BOOTH	for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
$\overline{\mathbf{L}}$	Tax-exe		(insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Associ	ation Other L	Year of formation: 1994	vi State of legal domicile: CA
Pa		Summary			
ø	1	Briefly describe the organization's mission or most sig	nificant activities: ${f TO~CHAL}{f I}$	LENGE UNDERSER	VED YOUTH
anc		TO EXCEL IN LIFE THROUGH ED	UCATION AND THE (GAME OF GOLF.	
ern		_	ued its operations or disposed of	more than 25% of its net a	
્ટ્રે		Number of voting members of the governing body (Pa		<u>3</u>	24
۵		Number of independent voting members of the govern			24
ties		Total number of individuals employed in calendar year			36 69
Activities & Governance		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, colum			435,695.
	d	Net unrelated business taxable income from Form 990	-1, Part I, line 11	Prior Year	Current Year
		Contributions and avants (Dout VIII line 11)		2,643,222.	2,085,158.
Revenue	1	Contributions and grants (Part VIII, line 1h)		633,070.	704,517.
Ver			d 7d\	110 000	35,661.
æ		Investment income (Part VIII, column (A), lines 3, 4, an Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c		-69,998.	525,958.
	1	Total revenue - add lines 8 through 11 (must equal Par		3,320,192.	3,351,294.
		Grants and similar amounts paid (Part IX, column (A), I		400 000	147,969.
		Benefits paid to or for members (Part IX, column (A), li		0.	0.
w		Salaries, other compensation, employee benefits (Part		1,744,869.	1,773,629.
Expenses		Professional fundraising fees (Part IX, column (A), line		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25	05 615		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11	· —	1,205,685.	1,280,944.
		Total expenses. Add lines 13-17 (must equal Part IX, c		3,083,937.	3,202,542.
	19	Revenue less expenses. Subtract line 18 from line 12		236,255.	148,752.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		9,302,446.	9,057,316.
t As	21			223,288.	389,572.
캴	22	Net assets or fund balances. Subtract line 21 from line	20	9,079,158.	8,667,744.
_	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, incl			ly knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of which pre	parer has any knowledge.	
		Signature of officer		I Date	
Sig		-	D	Dαιο	
Hei	re	CHRISTOPHER BOOTH, TREASURE Type or print name and title	K		
_		31 1	narar'a ajanatura	Date Check	PTIN
Pai	_d	Print/Type preparer's name RICHARD HOTZ	parer's signature	09/22/23 of self-employ	
		Firm's name CONSIDINE & CONSIDI	NF:	Firm's EIN 9	5-2694444
	Only	Firm's address 8989 RIO SAN DIEGO		THIIISEIN 3	<u> </u>
550	· · · · · ·	SAN DIEGO, CA 92108		Phone no 61	9.231.1977
Ma	v the IF	RS discuss this return with the preparer shown above?			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO USE THE GAME OF GOLF AND THE CLASSROOMS IN OUR CLUBHOUSE TO	ATTRACT
	KIDS TO A LEARNING ENVIRONMENT AND LEARN A GAME THAT WILL HELP	DEVELOP
	CHARACTER AS THEY GROW UP.	
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		Yes X No
3	3 3 7 1 3	Tes L21 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	
	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)(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 other section 501(c)(4) organizations are required to report the section 501(c)(4) organization	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 335, 045 • including grants of \$) (Revenue \$)
	KIDS PARTICIPATE IN EDUCATIONAL ACTIVITIES INCLUDING HOMEWORK	
	INDIVIDUAL TUTORING, VOCATIONAL AND CULTURAL FIELD TRIPS, AND	SAT
	PREPARATION.	
	1 277 770	222 026
4b	(Code:) (Expenses \$1, 377, 778 • including grants of \$) (Revenue \$	232,936. ₎
	KIDS ARE PROVIDED GOLF INSTRUCTION COUPLED WITH A LIFE SKILLS	
	CURRICULUM THAT INTERGRATES CORE VALUES SUCH AS INTEGRITY AND	RESPECT
	WITH LIFE SKILLS SUCH AS INTERPERSONAL COMMUNICATION AND SELF	
	DISCIPLINE. THEY HAVE ACCESS TO A PUBLIC GOLF COURSE, WHICH I	S
	MAINTAINED BY THE ORGANIZATION FOR THE USE OF THE COMMUNITY.	
4c	(Code:) (Expenses \$ 147,969. including grants of \$ 147,969.) (Revenue \$	1
40	COLLEGE SCHOLARSHIPS)
	CONTROL DESIGNATION	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,860,792.	,
	, ,	Form 990 (2022)
		(2022)

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	X	
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			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	Х	
h	Part VI	11a	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	n 990 (2022) PRO KIDS GOLF ACADEMY, INC. 33-0617 rt IV Checklist of Required Schedules (continued)		<u> </u>	age 4
			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		x
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		х
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%			l
	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			۱
	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			١
	"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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			٦,
	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			10	X	

PRO KIDS GOLF ACADEMY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	2a 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the 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 reached at 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 Revenue 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 chapters, 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?	11a	Х	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
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 with 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 its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CAMERON SCOTT $-$ (619) $582-7884$			
	4085 52ND STREET, SAN DIEGO, CA 92105			

Form **990** (2022)

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.

Check this box if neither the organization ne		orga	aniza	ation	cor	npe	nsat			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	┢					Ú	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional	je.	Key employee	nest c	ner			organizations
	line)	lndi	Inst	Officer	Key	Highest compensated employee	Forr			
(1) KENNETH BIEN	1.00	l		l						
PRESIDENT		Х		Х				0.	0.	0.
(2) AMY ROMAKER	0.40	l								
PRESIDENT-ELECT		Х						0.	0.	0.
(3) HOWARD WRIGHT	0.30	١		l				•		•
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(4) JULIE DILLON	0.60	١		l				•		•
BOARD GOVERNANCE CHAIR/VICE PRESIDEN		Х		Х				0.	0.	0.
(5) DOUG BUTZ	0.60	١		l				•		•
BOARD GOVERNANCE CO-CHAIR		Х		Х				0.	0.	0.
(6) CHRISTOPHER A. BOOTH, CPA	0.30	l		l						
FINANCE CHAIR/TREASURER	0.10	Х		Х				0.	0.	0.
(7) PAT SWAN	0.10	١		l				•		•
SECRETARY	0.40	Х		Х				0.	0.	0.
(8) PEGGY CHAPMAN	0.40	١		l				•		•
SECRETARY	0 00	Х		Х				0.	0.	0.
(9) ANTHONY THORNLEY	0.20	١						•		•
AUDIT COMMITEE CHAIR	0.60	Х						0.	0.	0.
(10) JEFF SCHMAL	0.60							•		•
VALUE DRIVERS CHAIR	0 00	Х						0.	0.	0.
(11) BERTRAM C. EDELSTEIN, PH.D.	0.20							•		•
PROGRAM COMMITTEE CHAIR	40.00	Х						0.	0.	0.
(12) KARLA GOMEZ	40.00	,,		,,				112 606		0
EXECUTIVE DIRECTOR	0 00	Х		Х				113,606.	0.	0.
(13) MARCEL KASMER	0.08	,,						_		0
DIRECTOR OF DEVELOPMENT	0 10	Х						0.	0.	0.
(14) BILL FONTANA	0.10	,,						_		0
MEMBER	0 10	Х						0.	0.	0.
(15) GABRIEL CARINI	0.10	,,						_		0
MEMBER	0 20	Х				_		0.	0.	0.
(16) GEORGE YOUNG	0.20	Ψ,						_		•
MEMBER	0 10	Х				_		0.	0.	0.
(17) HAROLD LEWIS	0.10	Ψ,						_		^
MEMBER		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (
(A)	(B)			ر) Pos	C) ition	,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			stimate	
	week		, unle cer an						compensation from related		aı	nount other	OI
	(list any	tor						the	organizations		com	pensa	tion
	hours for	director				pg.			(W-2/1099-MISC	C/		rom th	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	Itrus	nal trı		oyee	dwo		1099-NEC)			an	d relat	ed
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
	line)	lud	Inst	ijij	Key	Hig	For						
(18) JEFF HACKETT	0.10	X						0.		0.			0
MEMBER	0.10	Δ						0.		٠.			0.
(19) JESSICA FURROW MEMBER	0.10	X						0.		0.			0.
(20) MARK ANDREWS	0.50	Δ					_	0.		٠.			<u> </u>
MEMBER	0.30	Х						0.		0.			0.
(21) MICHAEL CLAR	0.10							-		•			
MEMBER		X						0.		0.			0.
(22) ROBERTO RODRIGUEZ	0.10												
MEMBER		Х						0.		0.			0.
(23) VIVIAN SAYWARD	0.50												
MEMBER		Х						0.		0.			0.
(24) WILL SPEER	0.30	ļ											•
MEMBER	0.06	Х						0.		0.			0.
(25) CHIP BREWER MEMBER	0.06	X						0.		0.			0.
MADMAN		^						0.		٠.			0.
		1											
1b Subtotal	1		<u> </u>					113,606.		0.			0.
c Total from continuation sheets to Part V	II, Section A						••	0.		0.			0.
d Total (add lines 1b and 1c)								113,606.		0.			0.
2 Total number of individuals (including but n								received more than \$100	,000 of reportable				
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,			•		•		•		•				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•							-	•		4		Х
5 Did any person listed on line 1a receive or a											7		
rendered to the organization? If "Yes," com	•				•						5		Х
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors :	that received more than	\$100,000 of comp	ens	ation ·	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ʻithi	n the organization's tax	year.				
(A)				_				(B)		_		C)	
Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompe	nsatio	n
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	sted	d above) who received m	nore than				

PRO KIDS GOLF ACADEMY, INC.

Pa	rt V	Ш	_		5			
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded
						lanction revenue	business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
ar our			Membership dues 1b					
s, C			Fundraising events 1c	659,910.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d					
iä,		е	Government grants (contributions) 1e	31,436.				
tior S		f	All other contributions, gifts, grants, and					
ibu He			similar amounts not included above \dots 1f $ 1$,	393,812.				
d C		g	Noncash contributions included in lines 1a-1f 1g \$	19,336.				
<u>8 0</u>		h	Total. Add lines 1a-1f		2,085,158.			
				Business Code				
Çe	2	а	GOLF COURSE OPERATIONS	713910	494,642.	23,061.	471,581.	
ervi Je		b	MEMBERSHIP	611600	209,875.	209,875.		
n Si ent		С						
lrar Pev		d						
Program Service Revenue		е						
ъ.			All other program service revenue		704 517			
		g	Total. Add lines 2a-2f		704,517.			
	3		Investment income (including dividends, inter	•	71,547.			71,547.
			other similar amounts)		11,547.			11,541.
	4		Income from investment of tax-exempt bond					
	5		Royalties(i) Real	(ii) Personal				
	6	_		(ii) i cisoriai				
			Less: rental expenses 6b					
			Rental income or (loss) 6c	<u> </u>				
			Net rental income or (loss)	1				
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a 321,811.	` '				
		b	Less: cost or other basis					
ne			and sales expenses	36,963.				
Revenue		С	Gain or (loss) 7c - 35,886.					
Ве			Net gain or (loss)		-35,886.		-35,886.	
her	8	а	Gross income from fundraising events (not					
₹			including \$659,910. of					
			contributions reported on line 1c). See					
				813,258.				
		b	Less: direct expenses 8b	287,300.	505 050			505 050
			Net income or (loss) from fundraising events		525,958.			525,958.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	T				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	+				
			Less: cost of goods sold10i					
		Ü	Net income or (loss) from sales of inventory	Business Code				
snc	11	2		Business Code				
Miscellaneous Revenue		a b						
ella		C						
lisc Re			All other revenue					
2			Total. Add lines 11a-11d	•				
	12		Total revenue. See instructions		3,351,294.	232,936.	435,695.	597,505.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	147 060	147 060		
_	individuals. See Part IV, line 22	147,969.	147,969.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	113,606.	00 250	4 505	9,842
_	trustees, and key employees	113,000.	99,259.	4,505.	9,044
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 200 676	1 215 040	EE 14E	120 402
7	Other salaries and wages	1,390,676.	1,215,048.	55,145.	120,483
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	163,644.	142 077	6,489.	11 170
9	Other employee benefits		142,977.		14,178 9,158
10	Payroll taxes	105,703.	92,354.	4,191.	9,130
11	Fees for services (nonemployees):				
а					
b		10 500		10 500	
С		18,500.		18,500.	
d	Lobbying				
е	· F	00.055		00.055	
f	Investment management fees	22,055.		22,055.	
g	, -				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	00 006	40 405	26 001	10 010
13	Office expenses	90,006.	40,495.	36,801.	12,710
14	Information technology				
15	Royalties	10 000	10 000		
16	Occupancy	10,800.	10,800.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	200 004	056.055	20 20	20 00
22	Depreciation, depletion, and amortization	320,071.	256,057.	32,007.	32,007
23	Insurance	69,876.	55,900.	6,988.	6,988
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 0.)	220 500	200 240	2 525	A 500
а	MAINTENANCE	339,782.	320,310.	9,736.	9,736
b	PRODUCTION	263,319.	191,898.	45.00	71,421
С	OUTSIDE SERVICES	156,490.	63,061.	45,367.	48,062
d	UTILITIES AND TELEPHONE	106,582.	85,266.	10,658.	10,658
е		-116,537.	139,398.	3,693.	-259,628
25	Total functional expenses. Add lines 1 through 24e	3,202,542.	2,860,792.	256,135.	85,615
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	826,048.	1	1,044,760.
	2	Savings and temporary cash investments	490,733.	2	532,874.
	3	Pledges and grants receivable, net	56,938.	3	127,252.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	7,474.	8	10,158.
Ä	9	Prepaid expenses and deferred charges	73,485.	9	21,278.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,127,624.			
	b	Less: accumulated depreciation 10b 3,741,988.	4,645,199.	10c	4,385,636. 2,718,230.
	11	Investments - publicly traded securities	3,202,569.	11	2,718,230.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	217,128.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,302,446.	16	9,057,316.
	17	Accounts payable and accrued expenses	146,684.	17	140,695.
	18	Grants payable		18	
	19	Deferred revenue	76,604.	19	29,097.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	•		010 500
		of Schedule D	0.	25	219,780.
	26	Total liabilities. Add lines 17 through 25	223,288.	26	389,572.
Ś		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	0 570 020		0 171 700
ala	27	Net assets without donor restrictions	8,579,832.	27	8,171,789.
dВ	28	Net assets with donor restrictions	499,326.	28	495,955.
Ë		Organizations that do not follow FASB ASC 958, check here			
P		and complete lines 29 through 33.			
sts (29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 070 150	31	0 667 714
ž	32	Total net assets or fund balances	9,079,158.	32	8,667,744.
	33	Total liabilities and net assets/fund balances	9,302,446.	33	9,057,316.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,20		
3	Revenue less expenses. Subtract line 2 from line 1	3				52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,07		
5	Net unrealized gains (losses) on investments	5		-56	0,1	66.
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	, ,	8,66	7,7	44.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	· · · · · · · · · · · · · · · · · · ·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e 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					
	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 separat					
	consolidated basis, or both:		-,			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t.			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
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 requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	, , , , , , , , , , , , , , , , , , , ,				000	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

OMB No. 1545-0047

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

Inspection
Employer identification number

PRO KIDS GOLF ACADEMY, INC. 33-0617741 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 8 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 university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2022 PRO KIDS GOLF ACADEMY, INC. 33-06177 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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 instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	_				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	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						

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	,1	,				
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,121,151.	1,675,018.	4,252,732.	2,391,798.	2,085,158.	11,525,857.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	66,229.	55,936.	80.000.	170,266.	232.936.	605.367.
2	Gross receipts from activities that	0072231	3373301	00,000.	17072001	232,3301	003/3071
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,187,380.	1,730,954.	4,332,732.	2,562,064.	2,318,094.	12,131,224.
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	369,622.	1,201,549.	1,517,141.	1,586,878.	1,567,172.	6,242,362.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	369,622.	1,201,549.	1,517,141.	1,586,878.	1,567,172.	6,242,362.
	Public support. (Subtract line 7c from line 6.)						5,888,862.
Se	ction B. Total Support	•	•				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,187,380.	1,730,954.	4,332,732.	2,562,064.	2,318,094.	12,131,224.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,982.	30,406.	27,844.	45,591.	71,547.	207,370.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	31,982.	30,406.	27,844.	45,591.	71,547.	207,370.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1,219,362.	1,761,360.	4,360,576.		2,389,641.	12,338,594.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						47 72
	Public support percentage for 2022 (I		•			15	47.73 %
	Public support percentage from 2021					16	30.87 %
	ction D. Computation of Inves			10 1 (0)		1	1 60 %
	Investment income percentage for 20					17	1.68 % 1.45 %
	Investment income percentage from 2					18 0.1/00/ and line 1	
198	a 33 1/3% support tests - 2022. If the						7 is not
,	more than 33 1/3%, check this box as 33 1/3% support tests - 2021. If the						
١	line 18 is not more than 33 1/3%, che	· ·			•		
20	Private foundation If the organization			•		•	

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.)

	V	
	Yes	No
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4c		
70		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
90		
40-		
10a		
401		
10b	<u> </u>	
dule A (For	m 990)	2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			•
			Yes	No
1	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1.10
	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).	1		
	tion D. All Type III Supporting Organizations			<u> </u>
	<i>y</i> 11		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1.10
	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		
	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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	 ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 PRO KIDS GOLF ACADEMI,	TINC.		33-001//41 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st comple	ete 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		
c	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			

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
<u>i</u> _	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
<u> </u>	Excess from 2022			

Schedule A (Form 990) 2022

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

PRO KIDS GOLF ACADEMY, INC.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

Organization type	e(check one):
Filers of:	Section:
Form 990 or 990-E	Z 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
Note: Only a secti	anization is covered by the General Rule or a Special Rule . ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections contribut	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; m 990-EZ, line 1. Complete Parts I and II.
contribut literary, c	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.
year, cor is checke purpose.	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year
answer "No" on P	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must art 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 et the filing requirements of Schedule B (Form 990).

PRO KIDS GOLF ACADEMY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audi ess, and Zir + 4	\$ 27,715.	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
5		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO KIDS GOLF ACADEMY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>15,836.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 200,000.	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
10		\$5,900.	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
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO KIDS GOLF ACADEMY, INC.

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	
13		\$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	
14		\$61,000.	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	
15		\$16,250.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$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	
17		\$ 35,914.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

PRO KIDS GOLF ACADEMY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$13,686.	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$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
22	- Training additions and En 1 1	\$ 8,400.	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
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		\$	Person X Payroll

PRO KIDS GOLF ACADEMY, INC.

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) (d) Total contributions Type of contribution		
25	Name, address, and Zir + +	\$ 19,000. 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		
26		\$ 5,000. 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		
27		\$ 11,020. 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		
28	rume, address, and 2n ++	\$ 240,000. 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		
29		\$ 12,654. 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		
30		\$ 6,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)		

PRO KIDS GOLF ACADEMY, INC.

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
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$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
34		\$ 20,000.	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
35		\$83,500 .	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
36		\$	Person X Payroll

PRO KIDS GOLF ACADEMY, INC.

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	
37		\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39	- Humo, dudi coo, and Emilia	\$ 7,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40	Name, address, and ZIP + 4	\$ 10,000.	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	
41		\$6,309.	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	
42		\$5,000.	Person X Payroll	

PRO KIDS GOLF ACADEMY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 7,570.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$36,186.	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
46	rume, address, and 2n ++	\$ 62,500.	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
47		\$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
48		\$\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO KIDS GOLF ACADEMY, INC.

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
49		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	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		\$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		\$6,500 .	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		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO KIDS GOLF ACADEMY, INC.

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) (d) Total contributions Type of contribution		
55	Nume, dudirece, dila En 1 1	\$ 10,000. 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		
56		\$ 15,000. 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		
57		\$ 5,000. 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		
58		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		
59		\$ 11,015. 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		
60		Person X Payroll Noncash (Complete Part II for noncash contributions.)		

PRO KIDS GOLF ACADEMY, INC.

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	
61		\$ 25,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
62		\$6,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
63		\$50,000.	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	
64		\$15,000.	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	
65		\$ 35,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$	Person X Payroll	

PRO KIDS GOLF ACADEMY, INC.

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	
67		\$10,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

PRO KIDS GOLF ACADEMY, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date received	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 33-0617741 PRO KIDS GOLF ACADEMY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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

Name of the organization

PRO KIDS GOLF ACADEMY, INC.

Employer identification number 33-0617741

Schedule D (Form 990) 2022

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) 💹 Preservation o	of a historically imp	oortant land area
	Protection of natural habitat	Preservation of	of a certified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forr		
	day of the tax year.		He	ld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru		2c	
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization du	ring the tax
	year			
4	Number of states where property subject to conservation eas	-	-	
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easem	ents during the year
-	Account of common to consider the state of t			de color or Alexander
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements	during the year
0	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 17	70/b)/4)/P)/i)	
8				Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			165 140
9	balance sheet, and include, if applicable, the text of the footnote	·		os tho
	organization's accounting for conservation easements.	ote to the organization's linancial state	ments that describ	ile
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures. or	Other Similar	Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 958		and balance shee	et works
	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958			orks of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,,		,,
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS		3, p. 5	
а	Revenue included on Form 990, Part VIII, line 1		\$	
h	Assets included in Form 990, Part X		······· • —	

232051 09-01-22

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

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contii	nued)	_
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significan	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, oı	r	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other assets no	t included	<u> </u>	_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ility?	<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II				
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	r years ba	ıck
1a	Beginning of year balance	2,729,094.	226,672.	220,441.		231,703.		243,1	58.
	Contributions	87,500.	2,382,726.						
	Net investment earnings, gains, and losses	-402,676.	130,473.	17,007.		27,265.		11,6	23.
d	Grants or scholarships			10,776.		38,527.		10,78	80.
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	17,256.	10,777.						
	End of year balance	2,396,662.	2,729,094.	226,672.		220,441.		231,70	03.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment	90.9076	%						
	Permanent endowment 9.0924	%	_						
С	Term endowment 9	6							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administered for	the				
	organization by:							Yes N	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							•	
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulat	ted	(d) Boo	k value	
	,	basis (investm			epreciation	ո			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			1					
	Other		8,12	7,624. 3,	741,9	88.	4,38		
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 1					5,63	

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	FRO I	KIDS GOIL	ACADEMI,	TIIC.	33-0
Part VII	Investments -	Other Sec	curities.			
	Complete if the or	ranization and	ewered "Vee" on	Form 990 Part IV Ii	ng 11h Sag Form 900 Par	t Y line 12

Complete if the organization answered Tes of Form 550, Fart 17, line Trb. Gee Form 550, Fart 2, line Tz.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•							

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	219,780.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	219,780.

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... X

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,960,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-560,166.		
b	Donated services and use of facilities	2b			
С					
d	Other (Describe in Part XIII.)		287,300.		
е	Add lines 2a through 2d			2e	-272,866.
3	Subtract line 2e from line 1			3	3,233,189.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,055.		
b	Other (Describe in Part XIII.)	4b	96,050.		
С	Add lines 4a and 4b			4c	118,105.
5				5	3,351,294.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	3,371,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	287,300.		
е	Add lines 2a through 2d			2e	287,300.
3	Subtract line 2e from line 1			3	3,084,437.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,055.		
b	Other (Describe in Part XIII.)	4b	96,050.		
С	Add lines 4a and 4b			4c	118,105.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	3,202,542.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2022 AND 2021 THE ORGANIZATION HAS NO ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

287,300.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Employer identification number Name of the organization PRO KIDS GOLF ACADEMY, INC. 33-0617741 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

232082 10-27-22

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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PK GOLF	CELEBRATES /		
			TOURNAMENT	VIRTUAL GAL	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			71 7	71 7	,	
Revenue	1	Gross receipts	395,089.	1,006,409.	71,670.	1,473,168.
Re	'	Gross receipts	333,003.	2700071030	7270700	1/1/5/1000
	2	Less: Contributions	88,297.	520,638.	50,975.	659,910.
	_	Less. Contributions	00,2371	320,000	3073730	00575200
	3	Gross income (line 1 minus line 2)	306,792.	485,771.	20,695.	813,258.
		Gross income (line 1 minus line 2)	300,7320	2007.720	20,0300	010,1300
	4	Cash prizes				
	_	Odon prizes				
	5	Noncach prizos				
S	3	Noncash prizes				
nse	6	Pont/facility conta				
Direct Expenses	6	Rent/facility costs				
ΉE	_	Food and houseness				
irec	7	Food and beverages				
		Entertainment				
	8	Entertainment	120,768.	164,391.	2,141.	287,300.
	9	Other direct expenses		•		287,300.
	10		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			525,958.
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization		- 000 Dert IV line 10 ev		323,930.
Га		\$15,000 on Form 990-EZ, line 6a.	answered tes on Forn	11 990, Part IV, line 19, or	reported more than	
		\$13,000 off1 off11 990-LZ, lifte da.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				zgo,progradenta zgo		con (a) through con (o)
Re	_	0				
	1	Gross revenue				
	_	Cook prince				
ses		Cash prizes				
en	_	Nanagharina				
Direct Expenses	3	Noncash prizes				
ect	_	Dont/facility agets				
Ξ̈́	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	<u> </u>	No Yes	No No	
	6	Volunteer labor	└── No	I NO	L NO	
	7	Direct expense summary. Add lines 2 through	a E in column (d)			
	7	bliect expense summary. Add lines 2 through	15 III Coluitiit (a)			
	0	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	8	Net garning income summary. Subtract line 7	Trom line 1, column (a)			
0	Ent	ter the state(s) in which the organization condu	rote gaming activities:			
		the organization licensed to conduct gaming a	· · · · -	atataa?		Yes No
						. Lifes Linu
D	11	No," explain:				
100	\\\\	ere any of the organization's gaming licenses re	avoked suspended ort	erminated during the tay	vear?	Yes No
					year:	. LIES LINO
D	"	Yes," explain:				

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 FRO KIDS GOLF ACADEMI, INC. 55-C	01//41	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
	13a	0.4
a The organization's facility	-	<u>%</u>
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name KARLA GOMEZ		
Address 4085 52ND ST - SAN DIEGO, CA 92105		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatany distributions:		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	L Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	PRO	KIDS	${ t GOLF}$	ACADEMY,	INC.	33-0617741 Page 4
Part IV	(Form 990) Supplemental Info	rmation	(continue	ed)			
-							

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

PRO KIDS	GOLF ACAL	EMY, INC.					33-0617	741
Part I General Information on Grants a	and Assistance					•		
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the select	ion	
criteria used to award the grants or ass	istance?						Yes [X No
2 Describe in Part IV the organization's pr								
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.				
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	ıt
 Enter total number of section 501(c)(3) a Enter total number of other organization 								

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
(, -) 3	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
OLARSHIPS	49	147 060	0.		
JLARSHIPS	49	147,969.	0.		
art IV Supplemental Information. Provide the information	required in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE 0 (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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PRO KIDS GOLF ACADEMY, INC.	33-0617741
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD BEFORE I	T WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD DEVELOPMENT COMMITTEE SENDS THE CONFLICT FORM TO EA	CH BOARD MEMBER
AND MONITORS ITS COMPLETION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE COMPENSA	TION OF THE CEO
AND DIRECTOR OF EACH DEPARTMENT. THE REVIEW CONSISTS OF	COMPARISON WITH
SURVEY DATA OF COMPENSATION AT OTHER AREA NON-PROFIT AGEN	CIES, AND
CONSIDERATION OF EACH PERSON'S PERFORMANCE. THE COMMITTE	E APPROVES THE
FINAL COMPENSATION DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OF THE	AUDIT.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PROPERTY AND EQUIPMENT	VARIOUS	SL	.000		16	8,127,624.				8,127,624.	B,421,917.		320,071.	3,741,988.
	* TOTAL 990 PAGE 10 DEPR						8,127,624.				8,127,624.	3,421,917.		320,071.	3,741,988.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name PRO KIDS GOLF ACADEMY, INC.	Employer Identificat	ion Number 7 41
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - PUBLIC USE OF	GOLF CO	104,299.
FEDERAL PRE-2018 NET OPERATING LOSS		247,376.
CA NET OPERATING LOSS		353,675.

Name: PRO KIDS GOLF ACADEMY	INC.	FEIN:	33-0617741

Type	Section 382 Annual Limitation Section 382 Carryover					IL CARRYOVER SCHEDULE						
Yea Orig nate	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
	.8 67,018.											
A 202 B 202 C 202 D E F G H	37,258.											
D												
F												
G												
1												
J K												
L M												
M N												
Ö												
Q												
R												
O P Q R S T												
U V												
W												
Deta	E Amount il S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
Тур	E Amount Used for B C		Used for	Used for	Osed for	Used for	Used for	Osed for	Osed for	Osed for	Osed for	
	C											
A B C D E F												
C												
E												
F G												
Н												
J J												
K L												
M												
N												
O P Q												
Q												
R S T												
Ţ												
U V												
w						49 2						

212571 04-01-22

Name: PRO KIDS GOLF ACADEMY	INC.	FEIN:	33-0617741
			-

		and Entity: PRE 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE					
r	Year Origi- nated	Original Carryover Amount	Total Amount	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for							
A B C D F	2012 2013 2014 2015 2016 2017	7,653. 23,850. 103,441. 180,370. 35,777. 94,453.	7,653. 23,850. 103,441. 63,224.	7,653. 23,850. 103,441. 35,744.	27,480.								
	2017	94,455.											
JKLMNOPQRSTUVW													
Q R S T U													
	Detail Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A B C D E F G H I													
K L M N													
J K L M N O P Q R S T													
U V W							49 3						

212571 04-01-22

vne a	nd Entity: NOL	CZ			DETAIL C	ARRYOVER SCH	EDIII E				
ype ai ection 3	82 Annual Limitation		Section 382 Carryover		DETAIL C	ANN TOVEN SON	EDULE				
'ear Origi- ated	Original Carryover	Total Amount Used	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for	Amour Used fo					
2012	7,653.	7,653.	7,653.								
2013 2014 2015 2016	7,653. 23,850. 103,441. 180,370. 35,777.	7,653. 23,850. 103,441. 61,224.	7,653. 23,850. 103,441. 34,744.	26,480.							
2017 2018 2019	94,453. 67,018. 23.										
2020	37,258.										
etail	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used

212571 04-01-22

W

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending	

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer PRO KIDS GOLF ACADEMY, INC. 33-0617741 CHRISTOPHER BOOTH Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** Form 990 check here 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CONSIDINE & CONSIDINE to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 30212494444 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/22/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print PRO KIDS GOLF ACADEMY, INC. 33-0617741 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 4085 52ND STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 92105 SAN DIEGO, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CAMERON SCOTT The books are in the care of ► 4085 52ND STREET - SAN DIEGO, CA 92105 Telephone No. \blacktriangleright (619) 582-7884 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🧾 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

instructions.

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

EXTENDED TO NOVEMBER 15, 2023

Form 990-T	Exempt Organization Business Income Tax Return	n L	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		2022
	For calendar year 2022 or other tax year beginning, and ending		2022
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	D Emplo	oyer identification number
B Exempt under section	Print PRO KIDS GOLF ACADEMY, INC.	3	3-0617741
X 501(c)(3) 408(e) 220(e) 408A 530(a)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. 4085 52ND STREET City or town, state or province, country, and ZIP or foreign postal code	EGroup (see in	exemption number estructions)
529(a) 529A	SAN DIEGO, CA 92105	E	Check box if
020(u)023A	C Book value of all assets at end of year	┦ ̄	an amended return.
G Check organization	,	State	college/university
H Check if filing only to		1 01010	o concego, con monerally
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	rattached Schedules A (Form 990-T)		1
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
-	ame and identifying number of the parent corporation.		
L The books are in ca		(619) 582-7884
Part I Total Uni	related Business Taxable Income		
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see		
instructions)		1	27,480.
- December		2	
3 Add lines 1 and 2		3	27,480.
4 Charitable contrib	utions (see instructions for limitation rules)	4	0.
5 Total unrelated but	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	27,480.
6 Deduction for net	operating loss. See instructions STATEMENT 1	6	27,480.
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		7	
	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 1:	99A deduction. See instructions	9	
	. Add lines 8 and 9	10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		•
		11	0.
Part II Tax Com			
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	, , , , , , , , , , , , , , , , , , , ,	2	
3 Proxy tax. See ins		3	
	s. See instructions	4	
	um tax (trusts only)	5	
-	liant facility income. See instructions	6	0.
	through 6 to line 1 or 2, whichever applies	7	
LHA For Paperwork I	Reduction Act Notice, see instructions.		Form 990-T (2022)

Part	III È	Tax and Payments					<u> </u>
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	-	r credits (see instructions)					
С		eral business credit. Attach Form 3800 (see instructions)					
d		it for prior year minimum tax (attach Form 8801 or 8827)					
е		credits. Add lines 1a through 1d			1e		
2		ract line 1e from Part II, line 7			2		0.
3	Other	r amounts due. Check if from: Form 4255 Form 8611 Form	m 8697 🔲 F	orm 8866			
		Other (attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).					,
	section	on 1294. Enter tax amount here			4		0.
5		ent net 965 tax liability paid from Form 965-A, Part II, column (k)			5		0.
6a	Paym	nents: A 2021 overpayment credited to 2022	6a				
b	2022	estimated tax payments. Check if section 643(g) election applies	6b				
С	Tax d	deposited with Form 8868	6c				
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)					
е	Backı	up withholding (see instructions)	6e				
f		it for small employer health insurance premiums (attach Form 8941)	6f				
g		r credits, adjustments, and payment <u>s:</u> Form 2439	_				
		Form 4136 Other To	tal 6g				
7	Total	payments. Add lines 6a through 6g			7		
8					8		
9		due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	erpaid		10		
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11		
		Statements Regarding Certain Activities and Other Inform					
1		y time during the 2022 calendar year, did the organization have an interest in	-	-		Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	-			
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	the name of the fo	oreign country			37
_	here			_			X
2		g the tax year, did the organization receive a distribution from, or was it the g					v
	foreig	gn trust?					X
_		es," see instructions for other forms the organization may have to file.		•			
3		the amount of tax-exempt interest received or accrued during the tax year		Þ			
4		available pre-2018 NOL carryovers here \$ 274,856. Do no					
_		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here b	• •	=			
5		2017 NOL carryovers. Enter the Business Activity Code and available post-20	•				
	tne ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17	· · · · · ·				
		Business Activity Code 713910	 	ost-2017 NOL ca 1	04,299.		
		713710	\$		04,200.		
6a	Did +b	ne organization change its method of accounting? (see instructions)	<u> </u>				Х
		is "Yes," has the organization described the change on Form 990, 990-EZ, 99	O DE or Form 113				
D		in in Doub V	10-F1 , 01 1 01111 1 12	10 ? II NO,			
Part	_	Supplemental Information					
		explanation required by Part IV, line 6b. Also, provide any other additional info	rmation See instr	uctions			
TTOVIGO	, 1110 0	Appariation required by Fart IV, into ob. 7100, provide any other additional lines	irriation. God moti	dottorio.			
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements, and to	the best of my know	vledge and belief, it is	true,	
Sign	CC	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	oreparer has any knowle		the IDO discuss the		
Here		TREAS	URER		y the IRS discuss this preparer shown below		with
	Si	ignature of officer Date Title		ins	tructions)? X	es	No
		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN		
Paid				self- employed			
Prepa	rer	RICHARD HOTZ	09/22/23	. ,	P00452	784	
Use C		Firm's name CONSIDINE & CONSIDINE		Firm's EIN	95-269	444	4
USE C	, i ii y	8989 RIO SAN DIEGO DRIVE, SU	ITE 250				
_		Firm's address SAN DIEGO, CA 92108-1604		Phone no. 6	19.231.1	977	
223711 0	1-16-23				Form 9	90-T	(2022)

FORM 990-T		PRE 2018 NOL SCHE	DULE	STATEMENT	1
	NOL CARRY FORWARD NOL DEDUCTION INCL		INE 6	274,856. 27,480.	
	A PORTION OF PRE-2 A ENTITY	018 NOL SCHEDULE A	SHARE		
	1		0.		
NET OPERA' BALANCE A EXPIRING I	EDULE A SHARE OF PITING DEDUCTION FTER PRE-2018 NOL INTER OPERATING LOSSIONARD OF NET OPERATIONS	DEDUCTION ES		0. 27,480. 0. 0. 247,376.	
FORM 990-T	PRE-20	18 NET OPERATING	LOSS DEDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
05/31/13 05/31/14 12/31/14 12/31/15 12/31/16 12/31/17	7,653. 23,850. 103,441. 180,370. 35,777. 94,453.	7,653. 23,850. 103,441. 35,744. 0.	0. 0. 0. 144,626. 35,777. 94,453.		7.
NOL CARRYO	VER AVAILABLE THIS	YEAR	274,856.	274,85	 5.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

						30 I(C)(3) Organizations Only
A N	ame of the organization PRO KIDS GOLF ACADEMY, INC.				oyer identifica -061774	
<u>с</u> ц	Inrelated business activity code (see instructions) 71391	0		D Sequ	ence: 1	of 1
E D	escribe the unrelated trade or business PUBLIC USE O	F G	OLF COURSE	1		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expe	enses	(C) Net
1a	Gross receipts or sales 471,581.					
b	Less returns and allowances c Balance	1c	471,58	1.		
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3	471,58	1.		471,581.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	471,58	1.		471,581.
Par	Deductions Not Taken Elsewhere See instructions directly connected with the unrelated business in	come)			s must be
1	Compensation of officers, directors, and trustees (Part X)					101 000
2	Salaries and wages					181,090.
3	Repairs and maintenance					225,554.
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b 9	
9 10	Depletion Contributions to deferred componentian plans					
11	Contributions to deferred compensation plans					
12	Employee benefit programs Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE ST	ATEMENT 3		37,457.
15	Total deductions. Add lines 1 through 14				15	444,101.
16	Unrelated business income before net operating loss deduction. S				····· ·•	,
	column (C)				16	27,480.
17	Deduction for net operating loss. See instructions				·····	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	27,480.
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedule	A (Form 990-T) 2022

Part	III Cost of Goods Sold Enter meth	nod of inventory valuati	on		·	<u> </u>
1	Inventory at beginning of year			1		
2	Purchases			2		
3	Cost of labor					
4	Additional section 263A costs (attach statement)			4		
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6. Enter h					
9	Do the rules of section 263A (with respect to property	oroduced or acquired f	or resale) apply to the	organization?	Yes _	No
Part	IV Rent Income (From Real Property and	d Personal Prope	rty Leased with R	eal Property)		
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See inst	ructions.		
	A <u> </u>					
	В 💹					
	c <u> </u>					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
						^
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	1	0.
	Deductions directly connected with the income					
4	in lines 2(a) and 2(b) (attach statement)					
-	Total deducations Add line 4 columns Athensus D. Fr	tou bour and on Dout I	line C. selvens (D)			0.
5 Part	Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se		illie o, coluitiit (b)			••
1	Description of debt-financed property (street address,		heck if a dual-use. See	e instructions		
•	A	only, state, zir codej. c	nicok ii a duai usc. oci	o instructions.		
	В					
	c \square					
	D					
		Α	В	С	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through D).	. Enter here and on Par	t I, line 7, column (A)			0.
			. , ,			
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A three					0.
11	Total dividends-received deductions included in line	10				0.

Part VI Interes	st, Annuiti	es, R	oyalties, and R	ents fro	m Contro	lled O	rganization	ns (see	instruct	ions)	<u> </u>	
						E	xempt Contro	lled Orga	anization	S		
1. Name of	controlled		2. Employer	3. Net	unrelated	4. Tota	of specified 5. Part of col				6. Deductions directly	
organi	zation		identification		ne (loss)	payments made		that is included in the controlling organiza-				
			number	(see ins	structions)			tion's gross inco			income in column 5	
(1)												
(2)												
(3)												
(4)												
	<u> </u>				Controlled Or	-	1					
7. Taxable Inc	ome		Net unrelated		otal of specif		10. Part of that is inc				Deductions directly	
			come (loss) e instructions)	pay	yments mad	е	controlling				connected with ome in column 10	
		(300	: instructions)				gross	income		1110	One in column to	
(1)												
(2)												
(3)												
(4)							Add solum	no E on	4 10	۸۵۵	columns 6 and 11.	
							Add colum Enter here				r here and on Part I,	
								olumn (A			ne 8, column (B)	
Totals									0.		0.	
	stment Inc	ome	of a Section 50	1(c)(7).	(9). or (17	Orga	nization (s	ee instru				
	1. Descrip			- (- / (- /)	2. Amou		3. Deduction		4. Set-	asides	5. Total deductions	
					incon		directly conn	ected (a	attach st	atemen	t) and set-asides	
							(attach state	ment)			(add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)												
					Add amou						Add amounts in column 5. Enter	
					here and o						here and on Part I,	
					line 9, colu	`_ ′					line 9, column (B)	
Totals					<u> </u>	0.	_				0.	
			Activity Income	, Other	Than Adv	ertisin	ng Income (see insti	ructions)			
· · · · · · · · · · · · · · · · · · ·	of exploited a											
			e from trade or busi							2		
· ·	-		h production of unr									
										3		
			trade or business.				-					
			a not uprolated bus							4		
			s not unrelated bus							5 6		
			entered on line 5 $_{\cdot\cdot}$ act line 5 from line 6							0		
	and on Part						ne amount on			7		

Schedule A (Form 990-T) 2022

<u>Part</u>	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ng two or m	nore periodicals on a	consolidated bas	sis.	
	A 🖳					
	в 💹					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, line	11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, line	11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	:e				
	lines 5 through 7, and enter zero on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	ı				
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7	·				
а	Add line 8, columns A through D. Enter the g	reater of th	e line 8a, columns to	otal or zero here a	nd on	•
D	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (s	ee instructions)	1.5	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
741					to business	unrelated business
(1)					% %	
(2)					+	
(3)					% %	
(4)					70	
Total	Enter here and on Part II, line 1					0.
Part		oo inatruatia	no)			
ıaıı	Supplemental information (se	e instruction) is)			

FORM 990-T	(A)	OTHER DEDUCT	IONS	STATEMENT	3
DESCRIPTION	N			AMOUNT	
UTILITIES	_			37,4	57.
TOTAL TO SO	CHEDULE A, PART II	, LINE 14		37,4	57 .
000 m ccii	A DOCT 20	117 NEW ODERAMING	LOGG DEDUCATION	США ШЕМЕНШ	
990-T SCH 2	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT	<u>4</u>
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18 12/31/19 12/31/20	67,018. 23. 37,258.	0. 0. 0.	67,018. 23. 37,258.	67,01 2 37,25	3.
NOL CARRYO	VER AVAILABLE THIS	S YEAR	104,299.	104,29	9.

58

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

PRC	KIDS GOLF ACADEMY	, INC.		FOF	M 99	0 P	AGE 10			33-0617741
Par	t I Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any li	sted pro	perty,	complete Par	t V b	efore y	ou complete Part I.
1 N	laximum amount (see instructions)								1	1,080,000.
2 T	otal cost of section 179 property pla								2	
	nreshold cost of section 179 proper								3	2,700,000.
	eduction in limitation. Subtract line								4	
5 D	ollar limitation for tax year. Subtract line 4 from li	ine 1. If zero or less, enter	-0 If married fil	ing separately, se	e instructio	ns			5	
6	(a) Description of	property		(b) Cost (busin	ness use on	ly)	(c) Elected	cost		
	sted property. Enter the amount fro					7				
	otal elected cost of section 179 prop								8	
	entative deduction. Enter the small								9	
10 C	arryover of disallowed deduction fro	om line 13 of your 2	021 Form 45	62					10	
	usiness income limitation. Enter the								11	
12 S	ection 179 expense deduction. Add	lines 9 and 10, but	t don't enter	more than lin	e 11 <u></u>	······			12	
	arryover of disallowed deduction to					13				
	Don't use Part II or Part III below fo									
Par	Openial Bepresiation 7 theth		-	•			<u> </u>			
14 S	pecial depreciation allowance for qu	alified property (ot	her than liste	d property) p	laced in	servic	e during			
	ie tax year								14	
15 P	roperty subject to section 168(f)(1) e	election							15	200 081
	ther depreciation (including ACRS)								16	320,071.
Par	t III MACRS Depreciation (Don	't include listed pro	-							
				ection A						
	ACRS deductions for assets placed	•	•	•				··	17	
18 If	you are electing to group any assets placed in s							<u> </u>		
	Section B - Asset	ts Placed in Service (b) Month and		r depreciation			neral Depreci	ation	i Syst	em
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)		riod	(e) Convention	(f) N	lethod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
_с	7-year property									
d	10-year property									
е	15-year property									
f_	20-year property									
g	25-year property				25	yrs.		:	S/L	
h	Residential rental property	/			27.5	yrs.	MM		S/L	
	The sideritial rental property	/			27.5	yrs.	MM		S/L	
i	Nonresidential real property	/			39	yrs.	MM		S/L	
		/					MM		S/L	
	Section C - Assets	Placed in Service	During 202	2 Tax Year U	sing the	Alter	native Depre	ciati	on Sys	stem
<u>20a</u>	Class life							+	S/L	
b	12-year					yrs.		_	S/L	
c	30-year	/				yrs.	MM	_	S/L	
d	40-year	/			40	yrs.	MM	,	S/L	
Par	• ,									
	isted property. Enter amount from li								21	
	otal. Add amounts from line 12, line									200 071
	nter here and on the appropriate line				tions - s	ee ins	tr		22	320,071.
	or assets shown above and placed i	-	e current yea	ar, enter the						
n	ortion of the basis attributable to se	Ction 263A costs				23				

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 2a Deput and properly label (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	_	24b, Columns	• • • • •	'												
(g) type of property (list vehicles first) Section Part Pa						•	ution: S	See the i	nstruc	tions for li	mits for p	asseng	er autor	nobiles.)		
Special depreciation allowance for qualified istention by the processing of the pr	24	a Do you have evidence to s	support the bu	siness/investme	ent use cl	aimed?	<u>Ц</u> Ү	es L	∐ No	24 b If "Y	es," is th	e evide	nce writ	ten? L_		No
used more than 50% in a qualified business use: 1		(a) Type of property (list vehicles first)	Date placed in	Business/ investment		Cost or		sis for depr siness/inve	estment	Recovery	Met	hod/	Depre	eciation	Elec sectio	cted n 179
27 Property used more than 50% in a qualified business use:	25	Special depreciation alle	owance for o	ualified listed	property	y placed	in servi	ce durin	g the t	ax year an	d					
27 Property used more than 50% in a qualified business use:		used more than 50% in	a qualified b	ousiness use								25				
27 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 96 SAL	26													l l		
96 S.L.		. ,			1											
96 S/L					-											
27 Property used 50% or less in a qualified business use:					_											
Section Sect	27	Property used 50% or le	ess in a qual		- 1						<u> </u>					
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (ii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 7, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 29 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 20 Add amounts in column (iii), line 26. Enter here and on line 21, page 1 20 (iii)		Troporty about 5070 or is									S/I -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehicl					-		_									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Add amounts in column (h), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle V	_				-											
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section 8 - Information on Use of Vehicles Section 16 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 Is another vehicle available for personal user? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles by our employees, obtain information from your employees about 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization 63 For the year of the part of the year of the part of	20	Add amounts in column	(h) lines 25			o and on	lino 21	nago 1				20				
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44 Total. Add amounts in column (f). See the instructions for where to report

- NEXT YEAR FEDERAL - PRO KIDS GOLF ACADEMY, INC.

Asset No.	Description	Date Acquir		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	PROPERTY AND EQUIPMENT * TOTAL 990 PAGE 10 DEPR	VARI	ES	SL	.000	8,127,624.		8,127,624.	3,741,988.	0. 0.
	TOTAL 990 PAGE 10 DEPR					8,127,624.		8,127,624.	3,741,988.	0.