

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

]Initial retum

Part I

Activities & Governance

9

11

12

13

 Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identification number Southern Texas Prof. Golfers Association Address change Foundation Name change Doing Business As 76-0466150 Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 21604 Cypresswood Drive (832)442-2404 Amended return City or town, state or province, country, and ZIP or foreign postal code 1,434,174. G Gross receipts \$ Applica-Spring, TX 77373 H(a) Is this a group return pending F Name and address of principal officer: Mike Ray Yes X No for subordinates? same as C above H(b) Are all subordinates included? 」Yes └── No I Tax-exempt status: X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > Year of formation 1994 M State of legal domicile TX Summary Briefly describe the organization's mission or most significant activities: See Schedule Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) $\overline{16}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 25 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 217,781. Contributions and grants (Part VIII, line 1h) 269,473. 970,865. 1,164,656. Program service revenue (Part VIII, line 2g) 2,670. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45. 19,920. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. $1,211,\overline{236}$ 1,434,174. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 82,135. 109,127 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, colump (A); ines 510 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) NOV 0 092,793. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,284,380.174,928. 1,393,507.18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 36,308.Revenue less expenses. Subtract line 18 from line 12 40,667. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 327,468. 412,985. 21 Total liabilities (Part X, line 26) 52,090. 96,940.Net assets or fund balances. Subtract line 21 from line 20 $\overline{275},378.$ 316,045 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, corre	ct, and complete_Declaration of preparer (other	than officer) is based on all information of w	vhich preparer has any kn	owledge , , ,
Sign Here	Signature of officer Mike Ray, EXECUTIVE Type or print name and title	E DIRECTOR	[10/30/2014 Date
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN If self-employed
Preparer	Firm's name		F	irm's EIN ▶
Use Only	Firm's address		P	Phone no
May the I	RS discuss this return with the preparer sh	nown above? (see instructions)		Yes No
332001 10-2	29-13 LHA For Paperwork Reduction	Act Notice, see the separate instruct	ions.	Form 990 (2013)

332002 10-29-13

See Schedule 0 for Continuation(s)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ		
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,	ĺ		
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
U	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ves." and if the organization appropriate to the 12a, then completing Schooling D. Perte VI and VII appropriate	406		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form	990 (2013)

Form 990 (2013) Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ĺ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì)
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		ļ
	any tax-exempt bonds?	24c		ļ
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) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		·	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		Х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	Í
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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		X
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	L	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		J	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26	х	ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 01	-	 -
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
				(2013)
				,_ · · · -/

Form 990 (2013)

Foundation

76-0466150

Page **5**

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			aye o			
	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 40						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X	ļ			
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 0			1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	<u> </u>			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X			
b	If "Yes," enter the name of the foreign country:			l			
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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 transaction?							
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X			
	•	- 50					
-	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X			
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).	6b					
а	The state of the s						
b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, ,					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			İ			
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8_					
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-	1	1			
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:	-90					
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Į			
11	Section 501(c)(12) organizations. Enter:			İ			
а	Gross income from members or shareholders			Į			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			İ			
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			İ			
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			i			
	Enter the amount of reserves on hand			T.			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2013)			

Southern Texas Prof. Golfers Association

Form 990 (2013)

Foundation

76-0466150

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 16						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
ь	Enter the number of voting members included in line 1a, above, who are independent						
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		_ _			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		X			
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	├ -					
more members of the governing body?							
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х			
	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Х				
a The governing body?							
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		w			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>			
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>			
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	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	Ì					
	ın 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]	<u>X</u> _			
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	_X				
b	Other officers or key employees of the organization	15b		<u>X</u>			
	If "Yes" to line 15a or 15b, describe the process in 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		<u>X</u>			
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					
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le				
	for public inspection. Indicate how you made these available Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cıal				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	·				
	S. Texas PGA Section Controller - 561-624-8400						
	300 Avenue of Champions #205, Palm Beach Gardens, FL 33410						
		_	000	(0040)			

Foundation

76-0466150

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLENN LEE	5.00								_	_
HONORARY PRESIDENT	2 00	Х					ļ.	0.	0.	0.
(2) GORDON JOHNSON	3.00	١.,								
PRESIDENTIAL APPOINTEE	2 00	Х	-				ļ	0.	0.	0.
(3) MARC DEWALL	3.00	١,,					İ	_		•
PRESIDENTIAL APPOINTEE	2 00	X		<u> </u>	_		_	0.	0.	0.
(4) BRYAN MINNICK	3.00	J.							0	•
AT-LARGE ELECTED BY MEMBER	3.00	X	_		_	<u> </u>		0.	0.	0.
(5) JEFF HUNTER	3.00	X						0.	0.	^
WESTERN CHAPTER PRESIDENT	3.00	Λ					┢	U •	<u> </u>	0.
(6) BRANDON DIXON	3.00	X						0.	0.	0.
WESTERN CHAPTER VICE-PRESI (7) HEATH MARTIN	3.00	^	-	_		_		0.	-	<u></u>
EASTERN CHAPTER PRESIDENT	3.00	X					İ	0.	0.	0.
(8) SCOTT CORY	3.00	1							<u></u>	<u> </u>
EASTERN CHAPTER VICE-PRESI	3.00	х						0.	0.	0.
(9) DOUG DESIVE	3.00	<u> </u>								
SOUTHERN CHAPTER PRESIDENT		Х						0.	0.	0.
(10) CODY VAUGHN	3.00						-			
SOUTHERN CHAPTER VICE PRES		Х						0.	0.	0.
(11) REID MEYERS	3.00				_					
INDEPENDENT DIRECTOR		Х						0.	0.	0.
(12) DENNIS HOBBS	3.00									
INDEPENDENT DIRECTOR		X						0.	0.	0.
(13) DAVE ALTEMUS	10.00									
PRESIDENT]		X				0.	0.	0.
(14) JEFF STRONG	5.00									
VICE PRESIDENT				X				0.	0.	0.
(15) BRAD LARDON	5.00									
SECRETARY				X				0.	0.	0.
(16) MICHAEL RAY	36.00									
EXECUTIVE DIRECTOR				Х				0.	128,474.	31,368.
	L		L				L			7 000 17 17

Form **990** (2013)

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o other					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)		from the organization and related organizations		
			<u> </u>	=	0	×	工む	<u> </u>						
													-	
						<u></u>							_	
			-			}	-							
												-		-
				_			_						_	
c T	Sub-total Fotal from continuation sheets to Part VI	I, Section A						>	0.	128,47	0.		[,30	0.
2	Total (add lines 1b and 1c) Total number of Individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	DOVE	e) wh	no re		128,47 ,000 of reportable		3.	1,31	0
	Did the organization list any former officer,		stee	e, ke	y en	nplo	yee,	or I	highest compensated e	mployee on			Yes	No
4 F	ine 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl								the organization		3	X	<u>X</u>
5 [Did any person listed on line 1a receive or a endered to the organization? If "Yes," com	accrue comper	nsatı	on f	rom	any	unr			dual for services		5	-	Х
Section	on B. Independent Contractors									0100.000 (
	Complete this table for your five highest co he organization. Report compensation for										pensa	tion ir		
	(A) Name and business	address	NC	ONE	<u> </u>			_	(B) Description of s	ervices	Co	(C) ompen		ı
								\downarrow					_	
													_	
					_			_						
								+						
	Total number of independent contractors (iii \$100,000 of compensation from the organic		ot lir	nite	d to	tho:	_	l sted	above) who received m	ore than				 -
د	, or or or or or or or or or or or or or				-							orm 9	90 (2	2013)

332009 10-29-13

Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) f All other contributions, gifts, grants, and 269,473 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 269,473. h Total. Add lines 1a-1f **Business Code** 900099 <u>1,018,7</u>08.<mark>1,018,708.</mark> 2 a JUNIOR TOURNAMENT REVE Program Service Revenue 900099 SPONSORSHIP REVENUE 145,948. 145,948. f All other program service revenue 1,164,656. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 45 45. other similar amounts) > Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ▶ d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 434,174.1,018,708. 0. 145,993. Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to governments and 47,127. 47,127. organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in 62,000. 62,000 the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management а b Legal Accounting С Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 80,219. 80,219 column (A) amount, list line 11g expenses on Sch O) Advertising and promotion 12 19,146. 9,573. 9,573. 13 Office expenses Information technology 14 15 Royalties Occupancy 16 50,247. 50,247. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,506. 1,253. 1,253 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 601,552. MANAGEMENT FEE 428,781. 172,771. 423,072. 423,072. TOURNAMENT OPERATIONS 52,655. 52,655. TOURNAMENT PRIZES 31,303. 31,303. FOOD & BEVERAGE 23,492. 23,680. 188. All other expenses 1,209,722. Ō. 1,393,507. 183,785. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

76-0466150 Page 11 Form 990 (2013) Foundation Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 159,161. 297,224. Cash · non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 5,864. 16,080. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 50,338. basis. Complete Part VI of Schedule D 10a 45,270. 10b 7,574. 5,068. **b** Less: accumulated depreciation 10c 61,034. 11 investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 93,835. 94,613. 15 Other assets. See Part IV, line 11 15 327,468. 412,985. Total assets. Add lines 1 through 15 (must equal line 34) 16 1,255. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 50,835. 96,940. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 of Schedule D 52,090. 96,940. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 172,423. 102,955. 208,433. 107,612. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 412,985. Form **990** (2013)

316,045.

32

33

275,378.

327,468.

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Southern Texas Prof. Golfers Association Foundation 76-0466150 Page **12** Form 990 (2013) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,434,174. Total revenue (must equal Part VIII, column (A), line 12) 1,393,507. 2 2 Total expenses (must equal Part IX, column (A), line 25) 40,667. 3 Revenue less expenses Subtract line 2 from line 1 3 275**,**378. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 Prior period adjustments 8 0. 9 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 316,045. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual ___ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2013)

Х

2c

За

3ь

SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

Part I	Reason	for Public Char	rity Status (All organi	zations mu	ist complet	te this par	t.) See ins	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🔲	A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2 🔲	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E)							
з 🔲	A hospital or	a cooperative hospi	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nar	ne.
	city, and stat		,						•	•		
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a govern	mental un	ıt describ	bed in		
		(b)(1)(A)(iv). (Compl		•	•		• • • • • • • • • • • • • • • • • • • •					
6			ent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 🗂			eives a substantial part					or from the	neneral	l nublic desc	rihed	in
		(b)(1)(A)(vi). (Comple		o. No oop	Join Hoill a	govonin	orital drift (»	goriora	public desc	AIDCO	""
8 🗀	-		section 170(b)(1)(A)(vi).	(Complete	Port II)							
9 X			eives: (1) more than 33			rom contr	ibutiono n	nombomb	n food o	and aroos ra	aaınta	fram
•			nctions - subject to certa									
			axable income (less sec							_		
		509(a)(2). (Complete	·	tion 511 ta	20) 110111 00	311165363	acquired t	y tile orga	ai iizatioi i	anter Julie .	30, 19	75.
10 🗔			perated exclusively to te	ot for pub	lio oofoty (Saa aaatia	m E00/a\/	41				
11			perated exclusively for the perated exclusively for the perated exclusively for the perated exclusively for the perated exclusively to the perated exclusive		-			•			-	
			ations described in secti									OI
			organization and compl				2) See Se (cuon sus	a)(3). On	ieck the box	. ınaı	
	a Type i				nctionally		ا ا	4 Tree	a III. Na	a functional	lherman	
e 🗀	• •	•	at the organization is not		=	_				on-functional	-	-
•			=		-	-	•		•	•		
f			han one or more publicle						e(a)(1) or	section 50s	3(a)(Z).	•
•			ten determination from	ine ins in	atitisa ty	ре і, туре	ii, or Type	∌ 111				
_		rganization, check th					af Ab a fall		0			<u> </u>
g	_		organization accepted a			-		• •			V	
		-	lirectly controls, either a	ione or tog	jetner with	persons o	jescribed	ın (II) and I	iii) below		Yes	No
	_		upported organization?							11g(i)	┼─	┼─
	•	•	n described in (i) above?		- 0					11g(ii)	T	┼
		•	person described in (i)							11g(iii)	ــــــــــــــــــــــــــــــــــــــ	
h	Provide the to	ollowing information	about the supported or	ganization	(S).							
/i\ Nome	of ourse and	/::\ FINI	(iu) Tuno of averagentus	(iv) is the	organization	(v) Did vo	notify the	(vi) is	the	/!!\ A		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	μ, ,	sted in your	organizat		lorganizati	on in col	(vii) Amoun		netary
org	amzation		above or IRC section		document?		r support?	(i) organiz U S	2 m me	յ Տար	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
					1				110			
					 			-	 	"		
								 				
			<u> </u>	1	 		 	 	 			
								İ		İ		
				 					 	-		
				 	ļ		ļ	ļ	 	 		
F-4-1												
[otal		i	i	1	t i	1	5	}	ł	1		

Form 990 or 990-EZ. 332021 09-25-13

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013				
Part II	Support Schedule for	Organizations	Described in Sect	ions 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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					ļ	
	or expended on its behalf						i
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a	İ					
	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	tion B. Total Support		·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	<u> </u>					
8	Gross income from interest,			1			
	dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources						
9	Net income from unrelated business	1					
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	į]		
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10			<u>[</u>			_
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
200	organization, check this box and stop		roomtogo				<u> </u>
	tion C. Computation of Publi					T I	
	Public support percentage for 2013 (II		•	column (f))		14	
	Public support percentage from 2012				14 . 00 1/00/	15	%
ı oa	33 1/3% support test - 2013. If the content have The organization qualifies				14 IS 33 1/3% or r	nore, check this bo	x and
h	stop here. The organization qualifies a		-		l line a 45 to 00 4 /00		▶
U	33 1/3% support test - 2012. If the cand stop here. The organization quality				1 line 15 is 33 1/3%	6 or more, cneck tr	IIS DOX
17a					12 16a av 16b		
. <i>, a</i>	10% -facts-and-circumstances test and if the organization meets the "fac						
	meets the "facts-and-circumstances"					re iv now the organ	ization
.						17a and be - 45 :	100/
U	10% -facts-and-circumstances test						
	more, and if the organization meets the organization meets the "facts-and-circ						
IR	Private foundation. If the organization						
	rivate loundation. If the organization	i dia not check a	DOX OII III IE 13, 16	a, 100, 17a, or 17t			
					ocn€	edule A (Form 990	or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 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.)

<u></u>	quality under the tests listed b	elow, please comp	olete Part II.)					
	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and					ļ		
	membership fees received. (Do not	67 104	77 106	011 010	017 701	0.60 470	040 647	
	include any "unusual grants.")	67,194.	//,186.	211,013.	21/,/81.	269,473.	842,647.	
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	775,868.	743,894.	809,727.	887,073.	1,018,708.	4,235,270.	
3	Gross receipts from activities that							
-	are not an unrelated trade or bus-							
	iness under section 513	148,408.	120,271.	71,118.	83,792.	145,948.	569,537.	
4	Tax revenues levied for the organ-			<u> </u>		200,000		
•	ization'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	001 470	941,351.	 				
	Total. Add lines 1 through 5	991,470.	941,331.	1,091,858.	1,188,646.	1,434,129.	5,647,454.	
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	68.	2 712	12 014	20 001	20 916	0E E11	
	amount on line 13 for the year	68.	3,/12.	12,014. 12,014.	39,901. 39,901.	39,816.	95,511.	
	Add lines 7a and 7b	08.	3,/12.	12,014.	39,901.	39,816.	95,511.	
	Public support (Subtract line 7c from line 6) ction B. Total Support						5,551,943.	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
9	Amounts from line 6	991,470.	941,351.	1,091,858.	1,188,646.	1,434,129.	5,647,454.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,704.	2,291.	2,393.	1,335.	45.	7,768.	
b	Unrelated business taxable income		ĺ			ĺ		
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	1,704.	2,291.	2,393.	1,335.	45.	7,768.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				19,920.		19,920.	
12	Other income Do not include gain or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	993,174.	943,642.	1,094,251.	1,209,901.	1,434,174.	5,675,142.	
	First five years. If the Form 990 is for							
• •	check this box and stop here	tiro organization c	, 1110t, 000011a, tilli	a, 1001111, 01 milit to	21) cai ao a ocono	moor(o)(o) organiz	■	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2013 (I			olumo (fi)		15	97.83 %	
	Public support percentage from 2012		-	Oldfill (1))		16	98.16 %	
_	ction D. Computation of Inves					101	30.10 /0	
				13 column (fl)		17	.14 %	
	8 Investment income percentage from 2012 Schedule A, Part III, line 17 9a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright X$	
t	33 1/3% support tests - 2012. If the						and 🛌 🦳	
	line 18 is not more than 33 1/3%, che	CK THIS DOX SHO SI	roh nere. The orga	· ·	as a publicly suppo his box and see ins	-		

Southern Texas Prof. Golfers Association 76-0466150 Page 4 Schedule A (Form 990 or 990-EZ) 2013 Foundation Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	<u> </u>	•
	Impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2013

Southern Texas Prof. Golfers Association

	dule D (Form 990) 2013 Foundat									Page 2
Par	1 III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or	Other	<u>Simil</u>	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that a	ire a sign	ıficant	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	d	. 🗀	Loan or exc	hange program	s				
b	Scholarly research	e	, []	Other			_			
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organization	's exemp	t purpo	ose in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or other	sımılar as	sets		_	
	to be sold to raise funds rather than to be m								Yes	No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered "Ye	es" to Fo	rm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other asse	ts not inc	cluded		-	
	on Form 990, Part X?								Yes	☐☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part IV,	, line 10.				
		(a) Current year	(b) F	Prior year	(c) Two years b	oack (d)	Three y	ears back	(e) Four	years back
1a	Beginning of year balance								_	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities				1			1		
	and programs						_			
f	Administrative expenses	<u> </u>								
9	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	-								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administered	d for the	organiz	ation	_	
	by								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3ь	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par										
	Complete if the organization answere	d "Yes" to Form 990	, Part I	<u>/, line 11a. S</u>	ee Form 990, P	art X, line	<u>10.</u>			
	Description of property	(a) Cost or o			or other	(c) Accı			(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings									
c	Leasehold improvements			 _						0.50
d	Equipment			5	0,338.	4	5,2	/0.	5	,068.
	Other	<u>. </u>								0.00
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. colui	mn (B), line 1	(O(c).)				5	,068.

<u>1</u>	(a) Description of liability	(b) Book value
(1) Federalı	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (L	b) must equal Form 990, Part X, col (B) line 25)	>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Pai	Reconciliation of Revenue per Audited Financial St		iue per neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, III	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains on investments		
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Pal	rt XIII Reconciliation of Expenses per Audited Financial S		nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11	
а	Donated services and use of facilities	2a	
þ	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	
	Add lines 4a and 4b	<u> </u>	40
_		18.)	4c
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 At XIII Supplemental Information.		5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5
Pai Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 14 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b;	5

332054 09-25-13

Schedule D (Form 990) 2013

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

Employer identification number

Open to Public inspection 76-0466150

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Southern Texas Prof. Golfers Association

Foundation

2 Schedule | (Form 990) (2013) TO PROMOTE THE GROWTH OF (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any JUNIOR GOLF Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, BOOK (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 11,404 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 76-0398243 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization HARMON FAMILY FOUNDATION or government 1806 NANTUCKET DRIVE HOUSTON, TX 77057 Part Part H

Page 2

76-0466150 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule | (Form 990) (2013)

Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP - BILL SITTON SCHOLARSHIP	4	5,250.	0.		
COLLEGE SCHOLARSHIP - TOMMY AYCOCK SCHOLARSHIP	en .	6,000,	0		•
COLLEGE SCHOLARSHIP - HARDY LOUDERMILE SCHOLARSHIP	-	3,000.	0		
COLLEGE SCHOLARSHIP - D HARMON SCHOLARSHIP	2	15,000.	0		
COLLEGE SCHOLARSHIP - HANNON SCHOLARSHIP	6	17,250.	0.		
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
Part I, Line 2:					
Explanation: CHECKS ARE MAILED DIRECTLY	ECTLY TO		THE UNIVERSITY WHERE	THE	
SCHOLARSHIPS WILL BE USED. UNIVERSITIES	ITIES ARE	THEN	GIVEN INSTRUCTIONS	LIONS TO	
SPLIT PAYMENTS OF THE SCHOLARSHIPS	ACROSS	MULTIPLE T	TERMS TO EN	ENSURE THE	
MONEY IS USED OVER THE COURSE OF THE		FULL ACADEMIC YEAR	EAR.		

Schedule I (Form 990) (2013)

332102 10-29-13

_		۱4
Golfers Association		And Other Accidence to Individuals in the Haited States (School 1/5 and 000)
		Ilaited Ctoton
Prof.		diale in the
Texas	uc	vivibal of oo
Southern Texas Prof.	Foundation	Other Accietan
		l ē

Page 2

Schedule (Form 990) Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990), Part III.)	duals in the Unit	ited States (Schedule	Schedule I (Form 990), Part III	(76-0466150 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP - G TERMEER SCHOLARSHIP	1	2,500.	o		
COLLEGE SCHOLARSHIP - LAUREN JOHNSON SCHOLARSHIP	2.	.000,5	0		,
COLLEGE SCHOLARSHIP - R LYONS SCHOLARSHIP	1.	1,000.	0		
COLLEGE SCHOLARSHIP - WARREN SMITH SCHOLARSHIP	1	2,000.	0		
COLLEGE SCHOLARSHIP - D SANDERS SCHOLARSHIP	2.	.000,5	.0		
					Schedule I (Form 990)

SCHEDULE J

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Foundation

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Southern Texas Prof. Golfers Association Employ

Employer identification number 76-0466150

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х 6a a The organization? X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2013

Southern Texas Prof. Golfers Association

Foundation

Part It Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 76-0466150 Schedule J (Form 990) 2013

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

Page 2

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Bettrement and		(F) Total of columns	(E) Comparation
					other deferred	henefits	(C)-(v/a)	
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in prior Form 990
(1) MICHAEL RAY	8	0	0	0.	0	0	0	0
EXECUTIVE DIRECTOR	(ii)	128,474.		0	12,00	19,36	159,84	
	ε							
	€							
	ε							
	€							
	ε							
	€							
	8							
	(ii)							
	Θ							:
	(ii)							
	(0)							
	€							
	Θ							
	⊞							
	8							
	⊜							
	Ξ							
	▣							
	ε							
	€							
	Ξ							
	Ξ							
	ε							
	<u> </u>							
	Ξ							
	•							
	Ξ							
	€							
	3							
	(E)							

Schedule J (Form 990) 2013

Southern Texas Prof. Golfers Association Foundation

76-0466150

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2013

Part III | Supplemental Information

	,
	•
	Schedule J (Form 990) 201:

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

332211 09-04-13

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Southern Texas Prof. Golfers Association Employed

Foundation

Employer identification number 76-0466150

Form 990, Part I, Line 1, Description of Organization Mission:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
Form 990, Part III, Line 1, Description of Organization Mission:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
Form 990, Part III, Line 4a, Program Service Accomplishments:
YOUTH THAT HAVE DEMONSTRATED A HIGH LEVEL OF ACHIEVEMENT IN HIGH SCHOOL
AND COLLEGE, AND HAVE DEMONSTRATED A FINANCIAL NEED. SINCE 1999, THE
SOUTHERN TEXAS PGA FOUNDATION HAS AWARDED MORE THAN 228 SCHOLARSHIPS
VALUED AT OVER \$612,000.
Form 990, Part VI, Section B, line 11:
Explanation: THE EXECUTIVE DIRECTOR OF THE SOUTHERN TEXAS PGA SECTION
REVIEWS THE COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Southern Texas Prof. Golfers Association Foundation	Employer identification number 76-0466150
FILING. THE RETURN IS SENT TO THE BOARD OF DIRECTORS PRIO	R TO FILING FOR
FINAL APPROVAL.	
Form 990, Part VI, Section B, Line 12c:	
Explanation: BOARD MEMBERS ARE REQUIRED TO SIGN A FORM AN	NUALLY DISCLOSING
ANY POTENTIAL CONFLICTS OF INTEREST.	
Form 990, Part VI, Section B, Line 15a:	
Explanation: THE ORGANIZATION HAS NO EMPLOYEES. THE EXECU	TIVE DIRECTOR IS
COMPENSATED BY A RELATED 501(C)(6) TAX-EXEMPT ORGANIZATIO	N, THE
PROFESSIONAL GOLFERS ASSOCIATION OF AMERICA SOUTHERN TEXA	S SECTION. THE
ORGANIZATION REIMBURSES A PORTION OF WAGES PAID TO THE EX	ECUTIVE DIRECTOR
BY THE RELATED ENTITY. THE PROCESS FOR DETERMINING THE C	OMPENSATION OF THE
ORGANIZATION'S EXECUTIVE DIRECTOR BY THE RELATED ORGANIZA	TION INCLUDES
REVIEW AND APPROVAL BY THE BOARD, COMPARISON TO A COMPENS	ATION STUDY, AND
DOCUMENTATION IN A WRITTEN EMPLOYMENT CONTRACT APPROVED B	Y THE BOARD.
Form 990, Part VI, Section C, Line 19:	
Explanation: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC BY CONTACTING OUR OFFI	CE AND REQUESTING
THAT IT BE MADE AVAILABLE TO THEM.	

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

➤ Attach to Form 990.

➤ See separate instructions. Southern Texas Prof. Golfers Association Related Organizations and Unrelated Partnerships Name of the organization Department of the Treasury internal Revenue Service SCHEDULE R (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 76-0466150 Foundation

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part if Identification of Related Tax-Exempt Organizations Complete organizations during the tax year	ations Complete If the organization ar	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one o	r more related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13)
PROFESSIONAL GOLFERS ASSOC OF AMERICA SOUTHERN TEXAS SECTION - 74-1595548, 21604 CYPRESSWOOD DRIVE, SPRING, TX 77373	GOLF TOURNAMENTS	Texas	501(C)(6)		N/A	3	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2013	Form 990)	2013

Southern Texas Prof. Golfers Association

Schedule R (Form 990) 2013 Foundation

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

Page 2

76-0466150

(a)	, 3	9	(0)		(9)	e)	(0)	3	9	9	(8)
	Primary activity	Legal domicile (state or foreign	Direct controlling entity		t income irelated, tax under 2-514)	Share of total income	Φ		onate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership
		(famos										,
1	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	as a Corpo	oration or Trust Co ear.	omplete if the	e organization	answered "Y	es" on Forn	n 990, Part I	IV, line 34	because it had	one or mo	e related
(a) Name, address, and EIN of related organization	2 -	(b)	activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total Income		(g) Share of Pend-of-year cassets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		_							_			

Section 512(b)(13) controlled entity?	 		
Se S12 Son Son Son Son Son Son Son Son Son Son			
Percentage ownership			
Share of end-of-year assets			
Share of total			
Type of entity (C corp, S corp, or trust)			
Legal domorine Direct controlling Type of entity (C corp., S corp, foreign country)			
Legal domicile (state or foreign country)			
Primary activity			
Name, address, and EIN of related organization			

Schedule R (Form 990) 2013

332162 09-12-13

Page 3 76-0466150

Schedule R (Form 990) 2013

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

<u> </u>	×	<u> </u>	×	·	×	×	<u> </u>	×	×		×	×	×	×	×	×	╀	_	╁	+	X	×	 < >			TO		:						rm 990) 2013
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					<u> </u>	<u> </u>	<u> </u>	<u> </u>	- - -	<u> </u> = •				<u></u>	<u>+</u>	-	=======================================	-t	÷	1	1p	10	-	SL	tionships and transaction thresholds.	(d) Method of determining amount involved								Schedule R (Form 990) 2013
																									is line, including covered rela	(c) Amount involved	0	558.162.		0				
																nization(s)	nization(s)	on(s)							ho must complete th	(b) Transaction type (a-s)	z	0		Ъ			-	36
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Giff, grant, or capital contribution to related organization(s) c Giff, grant, or capital contribution from related organization(s) 						d Loans of Ioan guarantees to of 101 feated organization(s)	 Loans or loan guarantees by related organization(s) 		f Dividends from related organization(s)	d. Sale of assets to related organization(s)		h Purchase of assets from related organization(s)	i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	1 Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses		رم	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of related organization	PROFESSIONAL GOLFERS ASSOC OF AMERICA (1) SOUTHERN TEXAS SECTION		PROFESSIONAL GO	(3) SOUTHERN TEXAS SECTION	(4)	(5)	iei	332183 09-12-13

Southern Texas Prof. Golfers Association

Page 4

76-0466150

Foundation Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) centage			:		
General or Per managing ow partner?					
31 Gen × 20 mar K-1 Par 5) Yes					
(h) (i) (j) (k) Dispropor Code V-UBI Broads amount in box 20 managing allocations? of Schedule K-1 partner? Ves No (Form 1065) Yes No					
(h) Disproportonate allocations?					
(g) Share of the state of a sassets					
(f) Share of total Income					
(e) Are all Are all Are all Outs: Outs: Are All Are All Are All Area No	-				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2013

Form 886	68 (Rev. 1-2014)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		X			
	ly complete Part II if you have already been granted an a				8868				
	are filing for an Automatic 3-Month Extension, comple			.00 1 01111	0000.				
Part II				al (no c	opies needed).				
					ng number, see in	structions			
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification num				
print	Southern Texas Prof. Golfers	s Ass	ociation	, ,					
File by the	Foundation		76-0466150						
due date for filing your return See	Number, street, and room or suite no. If a P.O box, s 21604 Cypresswood Drive	Social se	ocial security number (SSN)						
instructions	City, town or post office, state, and ZIP code. For a for Spring, TX 77373	oreign add	fress, see instructions.						
-	5					011			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicat	ion	Return	Application	-		Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01							
Form 990	D-BL	02	Form 1041-A		08				
Form 472	20 (individual)	03	Form 4720 (other than individual)	09					
Form 990)-PF	04	Form 5227	10					
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		·	11			
)-T (trust other than above)	06	Form 8870		·	12			
STOP! D	o not complete Part II if you were not already granted								
0 The b	ooks are in the care of Champions #205		n Controller - 300						
	none No. ► 561-624-8400	<u>- ra.</u>	Fax No. >	:п ээ	410				
•	organization does not have an office or place of business	e in the lilr							
	is for a Group Return, enter the organization's four digit			thie is fo	r the whole group	check this			
box 🕨	. If it is for part of the group, check this box		sch a list with the names and EINs of						
			ber 15, 2014.	411,1110.111					
	calendar year 2013 , or other tax year beginning		, and ending						
6 If the	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	return				
	Change in accounting period								
	te in detail why you need the extension								
	DDITIONAL TIME IS NEEDED TO								
11	NFORMATION REQUIRED TO PREPAI	RE A C	COMPLETE AND ACCURA	ATE T	AX RETURN	•			
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any		<u> </u>				
	nrefundable credits. See instructions.	, ,	······································	8a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and estimated						
tax	payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid						
pre	eviously with Form 8868.			8b	\$	0.			
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using						
<u>E</u> F	TPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.			
			st be completed for Part II o						
Under pen it is true, c	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that Jam authorized to prepare this fo	ing accomp irm	anying schedules and statements, and to	the best o	it my knowledge and i	Deliet,			

Signature

Title ► CPA

Date > 7/23/14

Form **8868** (Rev. 1-2014)