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Extended to November 16, 2015

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

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

C Name of organization Southern Texas Prof. Go Foundation Doing business as Number and street (or P 0. box if mail is not delivated in the street or province, country, and a spring, TX 77373 F Name and address of principal officer Mike	vered to street address) 3 ZIP or foreign postal code	ion Room/suite	D Employer	76-046	56150	
Address change Southern Texas Prof. Go Foundation Doing business as Number and street (or P 0. box if mail is not delivation) Final return/ terminated Telum Amended return Amended return Spring, TX 77373	vered to street address) 3 ZIP or foreign postal code			76-046 e number	56150	
Address change change plants on the change change change change plants on the change change plants on the change change plants on the c	vered to street address) 3 ZIP or foreign postal code		E Telephone	e number		
Name Doing business as	EZIP or foreign postal code	Room/suite	E Telephone	e number		
Initial return Final return 21604 Cypresswood Drive 21604 Cypresswood Drive City or town, state or province, country, and 2 Spring, TX 77373	EZIP or foreign postal code	Room/suite	E Telephone	e number		
Final return/ terminated Crity or town, state or province, country, and 2 Spring, TX 77373	EZIP or foreign postal code	Room/suite	E Telephone			
return/ termin- ated Amended Spring, TX 77373	ZIP or foreign postal code	<u> </u>		78321		
ated City or town, state or province, country, and a Spring, TX 77373				(052)	442-240	
returnSDI_IIIQ , IX //3/3	e Rav		G Gross receip	ts\$	2,062,	<u>845.</u>
Applica- E Namo and address of	e Rav		H(a) Is this a	group retui	'n	
			for subo	ordinates?	Yes [X No
same as C above	_		H(b) Are all sub	ordinates inclu	ded? ☐ Yes [No
I Tax-exempt status X 501(c)(3) 501(c)()		or 527			(see instructi	
J Website: ► N/A			H(c) Group e		,	- 1.0,
	sociation Other	I Vear			tate of legal dom	uculo: TY
Partil Summary		I La Toda C	or roundation 1	<u> </u>	tate of legal don	itilit. I Z
1 Briefly describe the organization's mission or most	significant activities: COO	Sahodu	10.0			
2 Check this box If the organization discon 3 Number of voting members of the governing body (4 Number of independent voting members of the gov 5 Total number of individuals employed in calendar years) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column	significant activities. <u>See</u>	benedu	ie O			
E 2 Check this box If the organization discon	*		M 050/ -f			
2 Check this box in the organization discon	tinued its operations or dispo	sea or more	man 25% or	1.1	IS .	1.0
3 Number of voting members of the governing body (•	^		3		16
4 Number of independent voting members of the gov				4		<u> 16</u>
5 Total number of individuals employed in calendar ye	ear 2014 (Part V, line 2a)	ED VE		5		0
6 Total number of volunteers (estimate if necessary)	/s\		2)	6		25
	umn (C), line 12		165	7a		<u> </u>
b Net unrelated business taxable income from Form 9	umn (C), line 12	20,0	<i>></i> ~\	7b		0.
	R. Mul	18,	Prior Year		Current Ye	ar
8 Contributions and grants (Part VIII, line 1h)	· / /		<u>// 269,</u>	473.	<u> </u>	073.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4,	Last Mo		<u> 1,164,</u>	656.	1,681,	716.
10 Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			45.		56.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	3061		0.		0.
12 Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		1,434,	174.	2,062,	845.
13 Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		109,	127.		702.
14 Benefits paid to or for members (Part IX, column (A)	, line 4)			0.		0.
14 Benefits paid to or for members (Part IX, column (A) 15 Salaries, other compensation, employee benefits (P 16a Professional fundraising fees (Part IX, column (A), lire b Total fundraising expenses (Part IX, column (D), line				0.		0.
16a Professional fundraising fees (Part IX, column (A), lir				0.		0.
b Total fundraising expenses (Part IX, column (D), line	•	_0.				
	· · · — · · · — · · · · · · · · · · · ·		1,284,	380	1,845,	110
18 Total expenses Add lines 13-17 (must equal Part IX	·	<u>├</u>	1,393,		1,941,	
19 Revenue less expenses Subtract line 18 from line 1		<u> </u>		667.		
19 Neveride less expenses Subtract line 10 non line 1					_	033.
SSI 20 Total acceta (Bart V. Inc. 16)		вед	inning of Curre		End of Yea	
70 Total assets (Part X, line 16)			<u>412,</u>			<u>233.</u>
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from 1				940.		<u> 155.</u>
지 Net assets or fund balances Subtract line 21 from l	ine 20		316,	045.	<u>437,</u>	078.
			<u></u>			
Under penalties of perjury, I declare that I have examined this return, I					owledge and be	lief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparer	has any knowle	dge		
Sign Signature of officer						
Sign p			Date	10/29	hou	
Here Mike Ray, EXECUTIVE DIF	RECTOR			10 1,21	IND	
Type or print name and title						
Print/Type preparer's name	Preparer's signature	D	ate	Check	PTIN	
Paid				rr self-employed	1	
Preparer Firm's name			Firm's	EIN		
Use Only Firm's address						
			_ Phone	e no.		
May the IRS discuss this return with the preparer shown above	re? (see instructions)				Yes	No
432001 11-07-14 LHA For Paperwork Reduction Act Notice		ons.			Form 99	

	}		Texas Prof.	Golfers A	Association		
	990 (2014) ft III Statement of	Foundation		<u> </u>		76-0466150	Page 2
i Q		=	·				(TE)
1	Briefly describe the org		ise or note to any line in	this Part III		· · · · · · · · · · · · · · · · · · ·	<u> </u>
'	See Schedule						
	Dec Beneaute	, , ,					
							
			-				
2	Did the organization un-	dertake any significan	t program services duri	ng the year which	were not listed on		
	the prior Form 990 or 99	90·EZ?				Yes	s X No
	If "Yes," describe these	new services on Sch	edule O				
3	Did the organization cea			in how it conduct	ts, any program services	s? Yes	s X No
	If "Yes," describe these						
4						as measured by expense	
				ne amount of grai	nts and allocations to of	thers, the total expenses	, and
4-	revenue, if any, for each				06 700	1 200	771
4a	(Code) (Expendence THE SOUTHERN					venue \$ 1,329	<u>, / / 1 •</u>)
	JUNIORS THRO						
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						INKSTERS" PRO	
						INSTRUCTIONAL	
						E, AS WELL AS	
	GOLF FUNDAME	ENTALS. THE	PARTICIPANT	S ARE ALS	O GIVEN THE	OPPORTUNITY	TO
	PLAY IN ORGA	MIZED TOUR	NAMENTS.				
	IN ADDITION,						
						TION GOALS FO	
4b	(Code) (Expen	ises \$	including gran	nts of \$) (Rev	renue \$)
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		<u>. </u>		,			
4c	(Code) (Expen	ses \$	including gran	its of \$) (Rev	enue \$)
							
		 					
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							·
			-			·	
4d	Other program services	(Describe in Schedule	eO)				
	(Expenses \$		ding grants of \$		(Revenue \$)	
<u>4e</u>	Total program service e	xpenses >	<u>1,697,491.</u>				
32002	2		Coo Cabadul	. 0 for 0	lantinustian		990 (2014)

Form 990 (2014) Foundation

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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	 -	_X_
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
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	ļ	X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444	Х	
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	_^	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<u> </u>
•	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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	ا ۔ ا		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_16		X
••	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_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2014)

Form 990 (2014) Foundation

Part V Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	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		٠,,	ļ
04-	Schedule J	23	X	<u> </u>
24 a	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	04-		
b		24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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		
	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		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 "Yes,"			
	complete Schedule L, Part II	_26_		X
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	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	00-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29_		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	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			
	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	_X_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
Ь	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?		<u>,</u>	
~~	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			77
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ <u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
	175-027 S. T. S. T. S. T. S. T. T. S. T. T. S. T. T. S. T. S			2014)
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Foundation

76-0466150

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Form 990 (2014) Statements Regarding Other IRS Filings and Tax Compliance

tenter the number reported in Box 3 of Form 1096. Enter 4- if not applicable Enter the number of Porms W.2G included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhig) winnings to prize winners? Series the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Series the sum of lines 1a and 2a is greater than 250, you may be required feeral employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required feeral employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required feeral employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If Vers, I has it filed a form 980-T for this year? If No. **I be in a 5b, provide in explanation on Schedule O If Vers, I had it filed a form 980-T for this year? If No. **I be in a 5b, provide in explanation on Schedule O If Vers, I the time the name of the froeging country is the filed of the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) If Vers, I do be a core 3b, did the organization that it was or a party to a prohibited tax shaller transaction? If Vers, I the easy or a prohibited tax sheller transaction at any time the tax year? If Vers, I the easy or a prohibited tax sheller transaction is a prohibited tax sheller transaction and the property of the organization shell with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). If Vers, I there is an interest is a prohibited tax from 888-T2 Organization that may receive deductible as charita		Check Carry in a man a response of note to any intermediate v					إحجار
be Enter the number of forms W20 included in line 1a Enter 0 if not applicable Del the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings. 1			1	1 40		Yes	No
b Dit the organization comply with backloy withholding rules for reportable payments to vendors and reportable gaming (gaming) withings to prize with environments? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the catendar year anding with or within the year received by this return 8 I all least one is reported on line 2a, dot the organization file all recurred toderal employment tax returns? 8 Note. If the sum of lense 1s and 2a is greater than 250, you may be required to e-file (see instructions) 8 I of I ves. I has it filed a Form 990-T for the year? If No. 1s I lens 3b, provide an explanation in Note that organization have interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 If ves. I has it filed a Form 990-T for the year? If No. 1s I lens 3b, provide an explanation in Note and the return of the region country (such as a bank account, securities account, or other financial account)? 9 If ves. I have the came of the foreign country (such as a bank account, securities account, or other financial account)? 9 If ves. I will be set the organization that it was or is a party to a prohibited fas sheller transaction? 9 So was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 9 So was the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the form 800 and services provided to the payor? 9 If ves. I did the organization include with every solicitation an explose so services provided? 10 If the organization that may receive deductible contributions under section 170(c). 10 If the organization during the contribution of account to the form 800 and services provided to the payor? 10 If the organization during the s	1a	•		4.3			
Gambing) wrinings to prize winners? Effect for unimber of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calandar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) To the organization have unrelated business gross income of \$1,000 or more during the year? 14. If "Yes," has it field a Form 950 or for the year "1 "No," to line 30, provide an explanation in Schedule O 15. If "Yes," and it field a Form 950 or for the year "1 "No," to line 30, provide an explanation in Schedule O 16. If Yes, and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; a countries account; or other financial account)? 16. If Yes, and the report of the year of the y	ь			U			
28 Effer the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, led for the cachinary ware namin the year covered by this return. 2a	C		epoπ	able gaming	_ ا	.	1
held for the calendary year ending with or within the year covered by this return			1	1	10		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a	2a						l
Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3	_	, , , , , , , , , , , , , , , , , , , ,		<u> </u>	1		1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990-T for this year? if "No," to line 36, provide an explanation in Schedule O 3 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bank account, securities account, or other financial accountry? See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5 b X 5 c If "Yes," to line 5a or 5b, did the organization that organization that organization solicit any contributions that were not tax deductible as charitable contributions? 6 a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 b Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 9 b If "Yes," did the organization of the value of the goods or services provided? 10 b the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 b the organization received any funds, directly or indirectly, or pay premiums on a personal benefit contract? 11 b organization include with personal property or which it was required? 12 b of the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C? 13 Sponsoring organization make any taxable distributions under section 4966? 14 b organization inceived a contribution to a donor, donor advised fund mantained by t	D				_20_		<u> </u>
b if "Yes," has it field a Form 990-T for this year? If "No," to fine 30, provide an explanation in Schedule O All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 3	34	- , , , , , , , , , , , , , , , , , , ,	5)		22		Y
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		·			142		
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Southern Texas Prof. Golfers Association

Form 990 (2014) Foundation 76-0466150 Page 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 X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1a 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 16 b Enter the number of voting members included in line 1a, above, who are independent 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a 8b X Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 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 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records S. Texas PGA Section Controller - 561-624-8400 300 Avenue of Champions #205, Palm Beach Gardens,

432006 11-07-14

Foundation

76-0466150

Form 990 (2014) 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

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	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GLENN LEE	5.00								_	_
HONORARY PRESIDENT		X	<u> </u>	<u> </u>		<u>. </u>	<u> </u>	0.	0.	0.
(2) GORDON JOHNSON	3.00		ļ							
PRESIDENTIAL APPOINTEE	<u> </u>	Х				ļ		0.	0.	0.
(3) MARC DEWALL	3.00									
PRESIDENTIAL APPOINTEE		X	ļ				<u> </u>	0.	0.	0.
(4) BRYAN MINNICK	3.00				ĺ					
AT-LARGE ELECTED BY MEMBER		X				_		0.	0.	0.
(5) JAMES BROWN	3.00						l			
AT-LARGE ELECTED BY MEMBER	<u> </u>	X			<u> </u>	<u> </u>		0.	0.	0.
(6) JEFF HUNTER	3.00									
WESTERN CHAPTER VICE-PRESI		X						0.	0.	0.
(7) HEATH MARTIN	3.00									
EASTERN CHAPTER VICE-PRESI		X		L		ļ		0.	0.	0.
(8) SCOTT CORY	3.00	ļ			ļ					
EASTERN CHAPTER VICE-PRESI		X	_			<u> </u>		0.	0.	0.
(9) DOUG DESIVE	3.00				İ				. 1	
SOUTHERN CHAPTER PRESIDENT	ļ	X				ļ	<u> </u>	0.	0.	0.
(10) JEREMIAH CABRERA	3.00									
SOUTHERN CHAPTER VICE PRES		X	<u> </u>			<u> </u>	ļ	0.	0.	0.
(11) REID MEYERS	3.00									
INDEPENDENT DIRECTOR		X					L_	0.	0.	0.
(12) DENNIS HOBBS	3.00	ļ	ļ		ļ	1	ļ			
INDEPENDENT DIRECTOR	<u> </u>	X	L			<u> </u>	L_	0.	0.	0.
(13) DAVE ALTEMUS	10.00		1							
PRESIDENT		L	_	X	_	<u> </u>	ļ	0.	0.	0.
(14) JEFF STRONG	5.00									
VICE PRESIDENT				X	<u> </u>	<u> </u>		0.	0.	0.
(15) BRAD LARDON	5.00							_	_	
SECRETARY	<u> </u>	ļ	<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.
(16) MICHAEL RAY	36.00	Į	1	_		1		_		
EXECUTIVE DIRECTOR	<u> </u>		<u> </u>	X				0.	155,721.	33,975.
		-								
	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	5 000 (224.1)

Form **990** (2014)

(A) Name and title	(B) Average hours per week (list any hours for	box,	not c unle	Pos heck ss pe	more rson	than is bot or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from relation	on J s	an com	(F) stimate nount other pensa	of ation
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		org and	om th anızat d relat anızatı	tion ted
							_						
				-								-	
1b Sub-total c Total from continuation sheets to Part VI	I, Section A					 	>	0.	155,7	0.	3	3,9	75.
d Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	0 • ceived more than \$100	155 , 72 ,000 of reportable				75.
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual										3	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a 	0,000? If "Yes, accrue comper	" <i>cor</i> nsatio	<i>nple</i> on fr	te S om	Sche any	dule unre	J fo	or such individual	_	-	4	Х	
rendered to the organization? If "Yes," comp Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	lepe	ndei	nt co	ontra	acto				pensat	5 tion f	rom	<u> </u>
the organization Report compensation for the (A) Name and business		nC			rith c	or wi	thin	the organization's tax y (B) Description of s		Со	(C	;) nsatio	on
								- 1					
											_		
		<u>-</u>					+						
Total number of independent contractors (ii \$100,000 of compensation from the organizer)		ot lin	nited	l to	thos	e lıs	ted	above) who received m	ore than				

76-0466150 Form 990 (2014) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants lilar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c Contributions, Gif and Other Similar d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 1f 381,073 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 381,073. Total. Add lines 1a-1f Business Code 900099 329,771.1,329,771 2 a JUNIOR TOURNAMENT REVE SPONSORSHIP REVENUE 900099 351,945. 351,945. f All other program service revenue 681,716, Total. Add lines 2a-2f Investment income (including dividends, interest, and 56 56. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) 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 b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

352,001.

062,845.1

,329,771

d All other revenue

432009 11-07-14

Total. Add lines 11a-11d

Total revenue See instructions.

Form 990 (2014) Foundation
Part Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		this Part IX	(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	42,402.	42,402.		
2	Grants and other assistance to domestic	- 4			
	individuals. See Part IV, line 22	54,300.	54,300.		· · · · · · · · · · · · · · · · · · ·
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,				
_	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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		1		
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees)				
''					
b	· · · · · · · · · · · · · · · · · ·		·		-
c	, · .				
d	· · · · · · · · · · · · · · · · ·				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ĭ	column (A) amount, list line 11g expenses on Sch 0.)	206,208.	206,208.		
12	Advertising and promotion				
13	Office expenses	89,634.	44,817.	44,817.	
14	Information technology				
15	Royalties				
16	Occupancy	8,949.	8,949.		
17	Travel	99,920.	99,920.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				····
19	Conferences, conventions, and meetings				
20	Interest		<u>-</u>		<u> </u>
21	Payments to affiliates	4 504			
22	Depreciation, depletion, and amortization	1,734.	867.	867.	
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)				
а	amount, list line 24e expenses on Schedule 0.) MANAGEMENT FEE	660,768.	462,538.	198,230.	
b	TOURNAMENT OPERATIONS	544,533.	544,533.	190,230.	
C	FOOD & BEVERAGE	55,879.	55,879.		
d	TOURNAMENT PRIZES	46,375.	46,375.		
	All other expenses	131,110.	130,703.	407.	
25	Total functional expenses. Add lines 1 through 24e	1,941,812.	1,697,491.	244,321.	0.
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)				
		- 			- 000

Form 990 (2014)
Part X | Balance Sheet

Part	<u>. Z.</u>	Balance Sheet					
		Check if Schedule O contains a response or no	e to a	ny line in this Part X	·		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		Ĺ	297,224.	1	250,232
	2	Savings and temporary cash investments				2	61,048
Ì	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	rmer o	officers, directors,			
		trustees, key employees, and highest compensation	ated e	mployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquale	fied pe	ersons (as defined under			
- 1		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			
-		employers and sponsoring organizations of sec	ion 50	1(c)(9) voluntary			
3		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	
2025	7	Notes and loans receivable, net				7	
١,	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			16,080.	9	6,657
-	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	22,248.			
	b	Less accumulated depreciation	10b	14,483.	5,068.	10c	7,765
'	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
-	13	Investments - program-related See Part IV, line			13		
'	14	Intangible assets				14	:
-	15	Other assets See Part IV, line 11		_	94,613.	15	195,531
- -	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	412,985.	16	521,233
'	17	Accounts payable and accrued expenses		_		17	
l l	18	Grants payable	06.040	18	04 455		
	19	Deferred revenue	-	96,940.	19	84,155	
	20	Tax-exempt bond liabilities		 	20		
	21	Escrow or custodial account liability Complete				21	
<u> </u>	22	Loans and other payables to current and former		· · · · · · · · · · · · · · · · · · ·			
		key employees, highest compensated employee	es, and	disqualified persons			
		Complete Part II of Schedule L				22	
2	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
1	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa	•	1			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
1.		Schedule D		}	96,940.	25	0/ 155
- 	26	Total liabilities. Add lines 17 through 25	\ <u></u>	ala bassa N V and	90,940.	26	84,155
		Organizations that follow SFAS 117 (ASC 958		ck nere 🚩 🔼 and			
	~~	complete lines 27 through 29, and lines 33 and Unrestricted net assets	u 34.		208,433.	07	382,125
	27 20	Temporarily restricted net assets		-	107,612.	27 28	54,953
	28 20	Permanently restricted net assets		-	101,012.	29	34,333
1	29	Organizations that do not follow SFAS 117 (A	SC 05	8) aback basa		29	
			SC 95	b), check here			
Met Assets of	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds				30	
	30 21			nt fund		30	
()	31 22	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in				32	
	32 33	Total net assets or fund balances	COITIE,	or other funds	316,045.	33	437,078
ļ	33 34	Total liabilities and net assets/fund balances		-	412,985.	34	521,233
	<u>~~</u>	Total liabilities and her assets/furio balafices			**************************************		Form 990 (2014

Form	990 (2014) Foundation	76-04	66150	Pag	_{le} 12
<u>"Pä</u>	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,062		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,941	.,8:	<u>12.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	121		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	316	,04	<u>45.</u>
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	437	',0'	<u>78.</u>
<u>Ra</u>	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				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 in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	-	ļ	
	consolidated basis, or both			i	
	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 audit,	-	,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	- }	- }	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

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

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Southern Texas Prof. Golfers Association Employees

rm990. Inspection
Employer identification number

OMB No 1545-0047

		Foun-	dation					7	6-0466150
Pai	तुः ।	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions	3	
The c	organ	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of chi	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(ı).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in co	njunction with a hospita	described	in section	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state						-	
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental u	ınıt describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal						he general	public described in
		section 170(b)(1)(A)(vi). (Co	-	, , , , , , ,	J			5	•
8		A community trust describe		(1)(A)(vi). (Complete Par	t II)				
9	X	An organization that norma	- •			contributio	ons, members	hio fees a	nd gross receipts from
		activities related to its exem	•	•	•			•	•
		income and unrelated busin	-	·	• •				•
		See section 509(a)(2). (Cor		(,				9	Jan. 19 00, 1-10
10		An organization organized a		ively to test for public sa	ıfetv. See s	section 50	19(a)(4).		
11	一	An organization organized a			•			arry out the	purposes of one or
•		more publicly supported or	•	- ·	•			-	•
		lines 11a through 11d that	-						
а	_	Type I. A supporting orga				-		_	aivina
_		the supported organization	•	•	•		• • •		~ ~
		organization You must o							
b		Type II. A supporting org	•		tion with it	s supporte	ed organizatio	n(s), by ha	vina
		control or management o					•		<u>-</u>
		organization(s) You mus						3	,
С		Type III functionally inte	• _ •		in connect	tion with, a	and functional	llv integrate	ed with.
		its supported organization		Ī T				,	,
d		Type III non-functionally	• • •	•	•		•	ted organi	zation(s)
_		that is not functionally int						•	• •
		requirement (see instructi	_		•		-		
е		Check this box if the orga			•			II, Type III	
_		functionally integrated, or					31 . 31	, ,,	
f	Ente	r the number of supported o		, ,	• •				
a		ride the following information		ed organization(s).					<u> </u>
	(i) Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	listed ii governing d		support	•	other support (see
				(see instructions))	Yes	No	Instruct	ions)	Instructions)
								-	
_						L			
_									
									1
								_	
Total	1				ļ				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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				<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and		1.7				(7 / 5.0.			
	membership fees received (Do not									
	ınclude any "unusual grants ")									
2	Tax revenues levied for the organ-		"							
	ızatıon's benefit and either paid to			1						
	or expended on its behalf									
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				į					
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included			4						
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4					<u> </u>				
	ction B. Total Support		 		т					
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
_	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on			ļ						
	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)									
	Total support. Add lines 7 through 10	L		L	<u> </u>	 				
	Gross receipts from related activities,	•	•			12				
13	First five years. If the Form 990 is for		s tirst, second, thir	α, τουπη, or τιπη τ	ax year as a section	on 501(c)(3)				
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage							
	Public support percentage for 2014 (I			column (fl)		14				
	Public support percentage from 2013		•	Joidini (i))		15	<u>%</u>			
	33 1/3% support test - 2014. If the o	•	•	n line 13, and line	14 is 33 1/3% or r					
	stop here. The organization qualifies				11.000 17070 011	nore, encor this be	▶ □			
b	33 1/3% support test - 2013. If the o		•		d line 15 is 33 1/3%	6 or more, check th	nis box			
	and stop here. The organization quali						▶ □			
17a	10% -facts-and-circumstances test		• •		e 13, 16a, or 16b.	and line 14 is 10%	or more.			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances"					2.90.	▶□			
b	10% -facts-and-circumstances test	-	•		•	17a, and line 15 is	10% or			
	more, and if the organization meets th									
	organization meets the "facts-and-circ									
18	Private foundation. If the organizatio						s			
						edule A (Form 990				

Schedule A (Form 990 or 990 EZ) 2014 Foundation

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

mplete 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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and						
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
					· · · · · · · · · · · · · · · · · · ·	
membership fees received. (Do not						
ınclude any "unusual grants ")	77,186.	211,013.	217,781.	269,473.	381,073.	1,156,526
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	743,894.				1,329,771.	4,789,173
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513	120,271.	71,118.	93 702	145,948.	251 045	773,074
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	120,271.	71,110.	03,132.	143,940.	331,943.	773,074
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	941,351.	1,091,858.	1,188,646.	1,434,129.	2,062,789.	6,718,773
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		,				_ 0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the						
amount on line 13 for the year	3,712.	12,014.	39,901.	43,120.		165,307
c Add lines 7a and 7b	3,712.	12,014.	39,901.	43,120.	66,560.	<u> 165,307</u>
8 Public support (Subtract line 7c from line 6)						6,553,466
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	941,351.	1,091,858.	1,188,646.	1,434,129.	2,062,789.	6,718,773
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,291.	2,393.	1,335.	45.	56.	6,120
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,291.	2,393.	1,335.	45.	56.	6,120
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		2,000	19,920.			19,920
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			13,7320.			15,520
13 Total support (Add lines 9 10c, 11 and 12)	943,642.	1,094,251.	1,209,901.	1,434,174.	2,062,845.	6,744,813
4 First five years. If the Form 990 is for	or the organization's	first, second, third	d, fourth, or fifth ta	x year as a section		
check this box and stop here						
ection C. Computation of Pub	lic Support Per	rcentage	<u>-</u>		<u>r</u>	
5 Public support percentage for 2014	(line 8, column (f) di	vided by line 13, c	olumn (f))		15	97.16
6 Public support percentage from 201					16	97.83
			e 13, column (fl)		17	.09
ection D. Computation of Inve		•	· · · · · · · · · · · · · · · · · · ·	ľ	18	.14
ection D. Computation of Inve 7 Investment income percentage for 2	*	Part III, line 17			10 :	• ± ==
 Fection D. Computation of Inverse. Investment income percentage from Investment income percentage from 	2013 Schedule A, F	•	on line 14. and line	ا 15 s more than 3:		
Property of the section D. Computation of Investment income percentage for 2 Investment income percentage from 19a 33 1/3% support tests - 2014. If the	2013 Schedule A, F e organization did no	ot check the box o			3 1/3%, and line 1	7 is not
7 Investment income percentage for 2 8 Investment income percentage from 9a 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2013. If the	a 2013 Schedule A, F e organization did no and stop here. The e organization did no	ot check the box or organization qualion ot check a box on	fies as a publicly s line 14 or line 19a	supported organiza , and line 16 is moi	3 1/3%, and line 1 tion re than 33 1/3%, a	7 is not ► X
7 Investment income percentage for 2 8 Investment income percentage from 9a 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box a	e 2013 Schedule A, F e organization did no and stop here. The e organization did no leck this box and sto	ot check the box or organization qualion ot check a box on op here. The orga	fies as a publicly s line 14 or line 19a nization qualifies a	supported organiza , and line 16 is moi as a publicly suppo	3 1/3%, and line 1 tion re than 33 1/3%, a rted organization	7 is not ► X

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

92	ction	Δ .	Ш	Supporting Organizations
JE	CHURI	M. F	\ II.	Subborting Organizations

			Yes	No
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	1	ļļ	
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			ļ
	(b) and (c) below	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			r
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			ı
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			ı
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			i.
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
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			ı
	despite being controlled or supervised by or in connection with its supported organizations	4b	<u> </u>	
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	İ		
	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)	_5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ı
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			ı
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			ı
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			ı
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			i
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ı
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ı
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			i
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			i
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		T	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
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)	10b		

Southern Texas Prof. Golfers Association Foundation

		<u> </u>	U Pa	<u>age 5</u>
ηď	it IV Supporting Organizations (continued)		T	
	Use the agreement of a set of a set of the feet of the fell	Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	110		
.	A family member of a person described in (a) above?	11a 11b	 	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		├─
	tion B. Type I Supporting Organizations		L	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,,,,,	1.10
-	regularly appoint or elect at least a majority of the organization's 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,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	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,			1
	supervised, or controlled the supporting organization	2		ĺ
Sec	tion C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11	L	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		1
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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			ĺ
500	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year see instruction			
1	The organization satisfied the Activities Test. Complete line 2 below.	15).		
a b				
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	·1	
2	Activities Test Answer (a) and (b) below.	monuchons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	1,10
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	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			l
	that these activities constituted substantially all of its activities	2a		
b				
-	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			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		İ
ь				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	[_	
43202	5 09-17-14 Schedule A (For		M-EZ)	2014

Southern Texas Prof. Golfers Association

Schedule A (Form 990 or 990-EZ) 2014 Foundation		_	<u>76-0466150 Pa</u>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov 20, 1970 See inst	ructions. All
other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			-
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	illy-integrate	d Type III supporting org	ganization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Southern Texas Prof. Golfers Association

Sche Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Ora		6-0466150 Page 7
		(a)(s) Supporting Orga	anizations (continued)	O
Secti	on D - Distributions	mot numacca		Current Year
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	es or supported organization		
_ _	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions	or gamean to respond		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i)	(ii)	(iii)
_		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2014			
а	· · · · · · · · · · · · · · · · · · ·			
b				
С	<u> </u>			
d	F .			
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$		·····	
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			· · · · · · · · · · · · · · · · · · ·
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8_	Breakdown of line 7			ļ
а				ļ
<u>b</u>				
С				
	Excess from 2013			
_	Excess from 2014			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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	ni Organizatio	ns Maintaining Donor Advise	ed Funds or Other Similar Funds o		Complete if the	
		swered "Yes" to Form 990, Part IV, line			ounplote it the	
	0.90		(a) Donor advised funds	(b) Funds an	d other accounts	
1	Total number at end of	{ vear				
2		ntributions to (during year)				
3	Aggregate value of gra	, , ,		···		
4	Aggregate value at end	, , ,				
5	•	· · · · · · · · · · · · · · · · · · ·	writing that the assets held in donor advised	funds		
Ŭ	=	property, subject to the organization's	-	Turido	Yes No	
6		• • •	dvisors in writing that grant funds can be use	ed only		
Ū	<u>-</u>	•	or donor advisor, or for any other purpose cor	•		
	impermissible private b		are deviced and only of the purposed con		Yes No	
Pa			ganization answered "Yes" to Form 990, Part	IV. line 7		
1		ation easements held by the organizati				
•		and for public use (e g , recreation or e		ally important la	and area	
	Protection of nat	=	Preservation of a certified	• •		
	Preservation of o					
2	_	• •	fied conservation contribution in the form of a	conservation e	easement on the last	
_	day of the tax year	agri za wana argamzanan marz a quam			accomonic on the lace	
	20, 11 1110 1211 , 1211			Held	at the End of the Tax Year	
а	Total number of conse	rvation easements		2a	at the Elia of the Tax 1021	
b		d by conservation easements		2b		
c	· ·	on 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 structure					
-	listed in the National Re	• • • • • • • • • • • • • • • • • • • •		2d		
3	Number of conservatio	on easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization durin	ig the tax	
	year▶			_	•	
4	Number of states wher	re property subject to conservation ea	sement is located			
5	Does the organization t	have a written policy regarding the pei	riodic monitoring, inspection, handling of			
	violations, and enforce	ment of the conservation easements it	t holds?		Yes No	
6	Staff and volunteer hou	urs devoted to monitoring, inspecting,	and enforcing conservation easements durin	g the year		
7	Amount of expenses in	icurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$		
8	Does each conservatio	n easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(E	3)(n)?			Yes No	
9	In Part XIII, describe ho	ow the organization reports conservati	on easements in its revenue and expense sta	atement, and ba	lance sheet, and	
	include, if applicable, th	ne text of the footnote to the organizat	tion's financial statements that describes the	organization's	accounting for	
	conservation easement					
Pa	THIL Organization	ns Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar As	ssets.	
	Complete if the	organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization elect	ted, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance s	heet works of art,	
	historical treasures, or	other similar assets held for public ext	nibition, education, or research in furtherance	of public service	ce, provide, in Part XIII,	
	the text of the footnote	e to its financial statements that descri	bes these items			
b	If the organization elect	ted, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance shee	t works of art, historical	
	treasures, or other simi	ılar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide	e the following amounts	
	relating to these items					
	(i) Revenue included i	ın Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in	Form 990, Part X		> \$		
2	If the organization rece	ived or held works of art, historical tre	asures, or other similar assets for financial ga		_	
	the following amounts i	required to be reported under SFAS 1	16 (ASC 958) relating to these items			
а	Revenue included in Fo	orm 990, Part VIII, line 1		> \$		
b	Assets included in Forr	n 990, Part X		> \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Southern Texas Prof. Golfers Association Foundation 76-0466150 Page 2 Schedule D (Form 990) 2014 Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included _ Yes on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Amount Beginning balance Additions during the year d 1d Distributions during the year 1e Ending balance 1f Yes Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V . Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (c) Two years back (d) Three years back (b) Prior year (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships d Other expenditures for facilities and programs Administrative expenses End of year balance q Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment % Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		22,248.	14,483.	7,765.
e Other				
Total, Add lines 1a through 1e (Column (d) mu	st equal Form 990, Part X, colum	nn (B), line 10c)		7,765.

Schedule D (Form 990) 2014

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

. 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) 2014

Southern Texas Prof. Golfers Association Schedule D (Form 990) 2014 **Foundation** 76-0466150 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2¢ Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

Employer identification number

:

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990 Southern Texas Prof. Golfers Association

% Schedule I (Form 990) (2014) 76-0466150 TO PROMOTE THE GROWTH OF Q Q. TO PROMOTE THE GROWTH OF TO HELP WITH EXPENSES TO HELP WITH EXPENSES (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SICK CHILDREN SICK CHILDREN JUNIOR GOLF 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, other) BOOK BOOK BOOK 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 cash grant 558. 8,185, 5,368, 5 277 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 74-1100555 74-2758055 General Information on Grants and Assistance 76-0398243 27-2224984 (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BOYS & GIRLS CLUB OF THE TX HILL FOUNDATION - 723 COLEMAN AVENUE COUNTRY - 501 W. MAIN ST, SUITE 101 - FREDERICKSBURG, TX 78624 TEXAS CHILDREN'S HOSPITAL HARMON FAMILY FOUNDATION TRIUMPH OVER KIDS CANCER or government CORPUS CHRISTI, TX 78401 1806 NANTUCKET DRIVE HOUSTON TX 77057 HOUSTON, TX 77030 6621 FANNIN ST Parti Part

76-0466150

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Schedule I (Form 990) (2014) Foundation

Schedule I (Form 990) (2014) Foundation

Foundationals pace is needed.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP - BILL SITTON SCHOLARSHIP	S	6,500.	0		
COLLEGE SCHOLARSHIP _ TOMMY AYCOCK SCHOLARSHIP	3	000 9	0		
COLLEGE SCHOLARSHIP - HARDY LOUDERMILK SCHOLARSHIP	1	2,500,	.0		
COLLEGE SCHOLARSHIP - D HARMON SCHOLARSHIP	2	20 000	• 0		
COLLEGE SCHOLARSHIP - HANNON SCHOLARSHIP	9	6,250.	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
Part I, Line 2:					
CHECKS ARE MAILED DIRECTLY TO THE	UNIVERSITY	WHERE	THE SCHOLARSHIPS	SHIPS WILL BE	
USED. UNIVERSITIES ARE THEN GIVEN INSTRUCTIONS	INSTRUCT	5 P	SPLIT PAYMENTS	TS OF THE	
SCHOLARSHIPS ACROSS MULTIPLE TERMS	TO	ENSURE THE MONEY	EY IS USED OVER	OVER THE	
COURSE OF THE FULL ACADEMIC YEAR.					

Golfers Association	and Other Assistance to Individuals in the United States (Schedule (Form 990)
Golfers	Inited States
Prof.	duale in the
Texas	ce to Individ
Southern Texas E Foundation	d Other Assistant
	- a

Page 2

Schedule (Form 990) Foundation Foundation Partill Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990) Part	duals in the Unit	United States (Schedul	ASSOCIACION 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		2,500,	0.0		
COLLEGE SCHOLARSHIP - LAUREN JOHNSON SCHOLARSHIP	33	3,000.	0.0		
COLLEGE SCHOLARSHIP - R LYONS SCHOLARSHIP	1	1,000,	0		
COLLEGE SCHOLARSHIP - WARREN SMITH SCHOLARSHIP	-	2,500,	0		
COLLEGE SCHOLARSHIP - STAFANI	2,	3,750,	0		
			1		

Schedule I (Form 990)

SCHEDULE J (Form, 990)

Compensation Information

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

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

Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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	ľ		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		İ	
	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			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	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	1		
	Compensation committee X Written employment contract	1		
	Independent compensation consultant X Compensation survey or study	-		
	Form 990 of other organizations X Approval by the board or compensation committee	ŀ		:
4	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	ļ		
а	Receive a severance payment or change-of-control payment?	4a	•	х
b b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	100		
	To see to any or miles at a special and provide the applicable amounts for each normal art in	-		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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		•	
а	The organization?	5a		Х
h	Any related organization?	5b		X
~	If "Yes" to line 5a or 5b, describe in Part III	55		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	-		1
Ů	contingent on the net earnings of.			
а	The organization?	6a	!	х
h	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III	- J.J		 _
7				
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
Ų	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	l °		
3	Regulations section 53 4958-6(c)?	۱		
	neuriguona aecuon 30 4300'Ulti'	. ~		

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

Schedule J (Form 990) 2014

76-0466150 Southern Texas Prof. Golfers Association

Page 2

Foundation

Schedule J (Form 990) 2014 Foundation 76–0466150 [Edition] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported 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

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.

		(R) Breakdown of	(R) Breakdown of W.2 and/or 1099.MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(D)·(l)·(B)	in column (B) reported as deferred
			compensation	compensation			_	
(1) MICHAEL RAY	Ξ	0	0	0	0		0	0
EXECUTIVE DIRECTOR	⊞	155,72	0	0	13,833.	20,142.	189,696	0
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SCHEDULE: O (Form 990 or 990-E2

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2014
Open to Public Inspection

Name of the organization

Southern Texas Prof. Golfers Association 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 253 SCHOLARSHIPS
VALUED AT OVER \$665,000.

Form 990, Part VI, Section B, line 11:

THE EXECUTIVE DIRECTOR OF THE SOUTHERN TEXAS PGA SECTION REVIEWS THE

COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING. THE

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

Schedule O (Form 990 or 990-EZ) (2014)

08-27-14

Schedule O (Form 990 or 990 EZ) (2014) Name of the organization Southern Texas Prof. Golfers Association	Employer identification number
Foundation	76-0466150
RETURN IS SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING	FOR FINAL
APPROVAL.	
Form 990, Part VI, Section B, Line 12c:	
BOARD MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY DISCI	OSING ANY POTENTIAL
CONFLICTS OF INTEREST.	
Form 990, Part VI, Section B, Line 15a:	
THE ORGANIZATION HAS NO EMPLOYEES. THE EXECUTIVE DIRECTO	OR IS COMPENSATED BY
A RELATED 501(C)(6) TAX-EXEMPT ORGANIZATION, THE PROFESS	SIONAL GOLFERS
ASSOCIATION OF AMERICA SOUTHERN TEXAS SECTION. THE ORGA	ANIZATION REIMBURSES
A PORTION OF WAGES PAID TO THE EXECUTIVE DIRECTOR BY THE	RELATED ENTITY.
THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGA	ANIZATION'S
EXECUTIVE DIRECTOR BY THE RELATED ORGANIZATION INCLUDES	REVIEW AND APPROVAL
BY THE BOARD, COMPARISON TO A COMPENSATION STUDY, AND DO	CUMENTATION IN A
WRITTEN EMPLOYMENT CONTRACT APPROVED BY THE BOARD.	
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINAN	ICIAL STATEMENTS
AVAILABLE TO THE PUBLIC BY CONTACTING OUR OFFICE AND REQ	QUESTING THAT IT BE
MADE AVAILABLE TO THEM.	
Form 990, Part IX, Line 11g, Other Fees:	
OTHER PROFESSIONAL FEES:	
Program service expenses	
Management and general expenses	
Fundraising expenses	
Total expenses	206,208.

Schedule :	O (Form 990	or 990-Ez	<u>(201-</u>	4)			_						Page 2
Name of the	ne organizati	on So Fo	uth und	ern T ation	'exas	Prof.	Go1	fers	Assoc	iati	on	Employer identificati 76-046615	on number
<u>Total</u>	Other	Fees	on	Form	990	, Part	IX,	line	11g,	Col	A	20	6,208.
													
													
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SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part

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

Employer identification number

76-0466150 Southern Texas Prof. Golfers Association Foundation Name of the organization

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

(a)	(q)	(၁)	(p)	(e)		(J)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	le End-of-year assets		Direct controlling	
of disregarded entity		foreign country)				entity	
						:	
					_		
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, projektalnik pro							
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	zations Complete if the organization a	answered "Yes" on Form 990	Part IV, line 34 bed	sause it had one	or more related tax-exe	empt	
(a)	(q)	(0)	(g)	(e)	Œ	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(c)(a))
		roreign country)		501(c)(3))	elinity	Yes	ူ
PROFESSIONAL GOLFERS ASSOC OF AMERICA							
SOUTHERN TEXAS SECTION - 74-1595548, 21604							
CYPRESSWOOD DRIVE, SPRING, TX 77373	GOLF TOURNAMENTS	Техав	501(C)(6) N	N/A	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2014

Southern Texas Prof. Golfers Association

Foundation Schedule R (Form 990) 2014

में अंतिम्।। 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 76-0466150

Page 2

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(e)	(Q)	(၁)	(Q)	(e)					9	€,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo allocat	rtonate Code V-UBI amount in box 20 of Schedule No K-1 (Form 1065)	General or F managing partner?	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	anizations Taxable poration or trust duri	as a Corpo	r ation or Trust Cor ear	nplete if the organizal	ion answered "Y	es" on Form	990, Part IV, line	34 because it had	one or more	related
(a) Name, address, and EIN of related organization	Z _	Prim	(b) Primary activity	(c) (d) Legal domicile (state or foreign country)		(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of Peend-of-year o	(h) Percentage ownership	(i) Section 512(bX13) controlled entity?
							-		:	
432162 08-14-14				41	; ;			Schedu	Schedule R (Form 990) 2014	990) 2014

Southern Texas Prof. Golfers Association Foundation

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76-0466150

Schedule R (Form 990) 2014

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 With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 	
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	S No
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	ın Parts II-IV?		-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	≥			1	×
b Gift, grant, or capital contribution to related organization(s)				4	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan quarantees to or for related organization(s)				7	×
				, <u>a</u>	×
				2	!
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				두	×
 Exchange of assets with related organization(s) 				i -	×
j Lease of facilities, equipment, or other assets to related organization(s)				1 ;	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1 X	
o Sharing of paid employees with related organization(s)				10	
				to X	\dashv
 Reimbursement paid by related organization(s) for expenses 				19	×
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				18	×
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	who must complete the	is line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
PROFESSIONAL GOLFERS ASSOC OF AMERICA (1) SOUTHERN TEXAS SECTION	0	617,631.FMV	FMV		
(2)					
(6)					
(4)					
(5)					
(e)					
101 432163 08-14-14			Schedule	Schedule R (Form 990) 2014	0) 2014

Southern Texas Prof. Golfers Association Foundation

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76-0466150

Schedule R (Form 990) 2014 Foundation

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

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

(a)) G	(6)	(d) (e)	€	(6)	3	(0)	8	8
Name, address, and EIN of entity	Primary activity	micile oreign y)	Predominant income partiers sec (related, unrelated, 5010)3 (excluded from tax under 5010)3 (sections 512-514)	<u>Σ</u> τ ∈	of /ear :s	Disproportionate allocations?	Code of Sch (For	General or Familiary partner?	Percentage ownership
									: