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# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A	Fo	or the	2014 calendar year, or tax year beginning	and	ending							
В	Ch api	eck if plicable	C Name of organization			D Employer iden	itificatio	on number				
[		Address change Name	TOURNAMENT GOLF FOUNDA	TION, INC.			105	7052				
Ĺ		change	Doing business as		T	<del>                                     </del>	-105	7953				
[ [		return Final return/	Number and street (or P.0. box if mail is not del 6775 S.W. 111TH AVENUE		Room/suite 100	E Telephone nun	1ber 33)6:	26-2711				
ſ		termin- ated Amende	City or town, state or province, country, and BEAVERTON, OR 97008-5			G Gross receipts \$ 2,926,373 Gross receipts \$						
ĺ	$\neg$	lreturn Applica- Ition	·			for subordina	•	Yes X No				
		pending	SAME AS C ABOVE			H(b) Are all subordina						
ī	Ta	ax-exer	mpt status: X 501(c)(3) 501(c) ( )		or 527	If "No," attac	:h a list	(see instructions)				
	J W		mber 🕨									
				ssociation Other	L Year	of formation: 199	O M Sta	te of legal domicile: OR				
L	Par		Summary	- 000	COLLEDI	TT 17 0						
	Governance	Briefly describe the organization's mission or most significant activities     SEE SCHEDULE O										
	Ĕ	2 0	Check this box   if the organization disco	ntinued its operations or dispo	osed of more	e than 25% of its ne	assets					
	8	<b>3</b> N	lumber of voting members of the governing body	(Part VI, line 1a)		ļ	3	9				
,	න න	4 N	lumber of independent voting members of the go	veming body (Part VI, line 1b)			4	9				
	Activities &	5 T	otal number of individuals employed in calendar y	year 2014 (Part V, line 2a)			5	8				
5	<u></u>		otal number of volunteers (estimate if necessary)		6	1050						
١	ا <u>چ</u>		otal unrelated business revenue from Part VIII, co			\	7a	0.				
~ _		ЬΝ	Net unrelated business taxable income from Form	990-1, line 34			7b					
>		ο σ	Contributions and grants (Part VIII, line 1h)		-	Prior Year 1,00	0.	Current Year 10,000.				
ר	Revenue		Program service revenue (Part VIII, line 2g)			2,310,30		2,888,595.				
$\supset$	<u>§</u>	10 1	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		54,14		27,411.				
$\Box$	œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	•			0.	90.				
岂	Expenses OC Revenu	12 7	Total revenue - add lines 8 through 11 (must equa	· · · · · · · · · · · · · · · · · · ·	.	2,365,44	2.	2,926,096.				
Z	<u>;</u>	13 (	Grants and similar amounts paid (Part IX, column			240,00		240,428.				
4	5	14 E	Benefits paid to or for members (Part IX, column.(				0.	0.				
Č	<u> </u>	15 5	Salaries, other compensation, employee benefits (	) [	522,75	7.	497,091.					
	SE	16a F	Professional fundraising fees (Part IX, column-(A),				0.	0.				
	Š	b٦	Fotal fundraising expenses (Part IX, ငဝါပုံကို၇် (D), lլဂု	11111 1111	0.	,						
	۱ ۳	17	Other expenses (Part IX, column (A), lines أَرِجُوا أَعَادَا أَنْ	1 -1		3,264,91		3,228,378.				
			Fotal expenses. Add lines 13-17 (must equa <u>l Part</u>		_	4,027,67		3,965,897.				
-			Revenue less expenses Subtract line 18 from line	12		-1,662,22	_	-1,039,801.				
9	lances				В	eginning of Current Y		End of Year 772,045.				
9	龗		Fotal assets (Part X, line 16)			233,38		257,257.				
3	Fund Ball		Fotal liabilities (Part X, line 26) Net assets or fund balances_Subtract line 2 <u>1 fron</u>	a line 20	<u> </u>	1,541,18		514,788.				
		rt II	Signature Block	111116 20		2,31,10		31_1/,001				
L		_	ties of perjury, I declare that I have examined this return	, including accompanying schedu	les and staten	nents, and to the best	of my kne	owledge and belief, it is				
			t, and complete. Declaration of preparer (other than offic				•	, -				
-		I	No Colonial		<del> </del>	11/9	115					
5	Sign	,	Signature of officer			Date	ļ					
ŀ	lere	e	ROBERT NEAL, EXECUTIVE									
_			Type or print name and title									
			Print/Type preparer's name	Preparer's signature	<b>.</b>	Date	_	PTIN				
	Paid	· •	GARY MCGEE	و مرمعین ا	~			P00743279				
		arer	Firm's name GARY MCGEE & CO.		20	Firm's EIN	▶					
_		Only	Firm's address 808 S.W. THIRD A	Phone no.	.(503	) 222-2515						
į	May	the IF	RS discuss this return with the preparer shown ab					Yes No				
4	43200	01 11-07	7-14 LHA For Paperwork Reduction Act Noti	ce, see the separate instruc	tions.			Form <b>990</b> (2014)				

Form	990 (2014) TOURNAMENT GOLF FOUNDATION, INC. 93-10579	53	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		$\mathbf{x}$
1	Briefly describe the organization's mission		
	THE MISSION OF TOURNAMENT GOLF FOUNDATION, INC. IS TO FUNCTION A	S Al	N.
	ORGANIZATION OF COMMUNITY-MINDED LOCAL BUSINESS PEOPLE DEDICATED		
	PROVIDING MEANINGFUL AND CONTINUED FINANCIAL SUPPORT TO LOCAL AR		
		<u> </u>	
	CHILDREN'S CHARITIES BY CONDUCTING A WORLD-CLASS GOLFING EVENT		
2	Did the organization undertake any significant program services during the year which were not listed on	_	_
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
	,		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, a	and
	revenue, if any, for each program service reported		
4a			595. <sub>)</sub>
	TOURNAMENT GOLF FOUNDATION, INC. CONDUCTS THE PORTLAND CLASSIC I	Ñ	
	PORTLAND, OREGON. SUBSTANTIALLY ALL NET REVENUES ARE DISBURSED		
	PRIMARILY TO QUALIFIED CHARITIES THAT MAINTAIN CHILDREN AND CANC	ER	
	PROGRAM SERVICES AS WELL AS TO OTHERS.		
	PROGRAM SERVICES AS WELL AS TO OTHERS.		
4b	(Code) (Expenses \$		)
			<del></del>
4c	(Code) (Expenses \$		<i>`</i>
		-	
			_
		_	
4d	Other program services (Describe in Schedule O )		
74			
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 3,801,212.		
<u>4e</u>			
43200 11-07	02	Form \$	<b>990</b> (2014

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		w.	
•	If "Yes," complete Schedule A	-1-	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<del></del> -
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I I a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	1	x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<del> </del> -	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	140		<del></del>
	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	ļ	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	1 110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ì		
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2014)
		rom	リラフリ	(2014)

	The officerior of frequired confedences (continued)			
•	Dulith and the state of the sta		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	1
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<del> </del>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	•			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K If "No", go to line 25a	240		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	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	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del> -
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<del></del> -
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		L X
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		Х
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		Х
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		L_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l <u>.</u> _	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	1

14b

Form **990** (2014)

	990 (2014) TOURNAMENT GOLF FOUNDATION, INC. 93-1057	953	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del></del> ,	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
_	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			ł
a	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		<del> </del> -
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a			
a		┨		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	-		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  N/A   11a			
a b	<del>- 1</del>	┨		ł
	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	12a	$\vdash$	$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	$\vdash$	<del> </del>
J	Note. See the instructions for additional information the organization must report on Schedule O.	138	-	<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	. J	,	1	,

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

TOURNAMENT GOLF FOUNDATION, INC. 93-1057953 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 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 0. 9 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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? 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body? Яh Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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 X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a  $\overline{\mathbf{x}}$ 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 X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 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 Х 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 ▶OR , AZ 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 W Upon request Another's website 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 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. JEANNE DAHL - 503-626-2711

97008

6775 S.W. 111TH AVENUE, SUITE 100, BEAVERTON, OR

#### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

  List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s bot	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	( <b>F</b> ) Estimated amount of other
	(list any hours for related organizations below (ine)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE ELICH	1.00	,							•	•
DIRECTOR	1.00	Х			-	_		0.	0.	0.
(2) CRAIG HONEYMAN DIRECTOR	1.00	x			ŀ			0.	0.	0.
(3) BILL HURST	1.00	1		_	├	-		· · · · · · · · · · · · · · · · · · ·	•	0.
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(4) MARY JO MCCLOSKEY	1.00	<b></b>			-	-			0.	0.
DIRECTOR		$\mathbf{x}$	į				ľ	0.	0.	0.
(5) RICK MCCLOSKEY	1.00				$\vdash$	_	_			
DIRECTOR		x						0.	0.	0.
(6) GREG MEYER	1.00									
DIRECTOR		$ \mathbf{x} $		ŀ				0.	0.	0.
(7) DON OSSEY	1.00					Г				
DIRECTOR		X					ļ	0.	0.	0.
(8) TOM MALETIS	10.00									-
PRESIDENT		X		X				0.	0.	0.
(9) RICK MEYER	1.00									
CHAIR OF THE BOARD	ļ	Х		Х				0.	0.	0.
(10) DOUG HAMILTON	1.00	1				l			_	
VICE PRESIDENT		X		Х		<u> </u>		0.	0.	0.
(11) RAY GRUBBS	1.00						ļ			_
SECRETARY-TREASURER	40.00	X		X	_	<u> </u>	_	0.	0.	0.
(12) ROB NEAL	40.00						ĺ	100 044		4 7 6 4 5
EXECUTIVE DIRECTOR	<del> </del>	_		Х	_	<u> </u>	_	196,944.	0.	17,642.
		Į I								
	<del> </del>	_		<u> </u>	├-	├	ļ			
	<del> </del>	├		_	$\vdash$	$\vdash$	$\vdash$		<del> </del>	
		1								
	†	-	-		$\vdash$	┢┈	<del> </del>	<del></del>	<del> </del>	
		1			1		1			
				<u> </u>	<u> </u>	<del>                                     </del>	$\vdash$			
			L							

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st C					_	
(A) (B)					C) ation			(D)	(E)			(F)	
Name and title	Average hours per	(do	not c	heck	more	than	one	Reportable	Reportable				
	week		cer ar					compensation	compensation from related		an	nount o other	ΟT
	(list any	ctor						the	organizations		com	pensa	tion
	hours for	or dire	a.			ed Fed		organization	(W-2/1099-MIS	SC)	fr	rom the	е
	related organizations	Individual trustee or director	Institutional trustee		, s	Suad		(W-2/1099-MISC)			_	janizat	
	below	dal t	tonat		n ploye	st con	ا					d relat anızatı	
	line)	N Pu	Institu	Officer	Кеу етрюуее	Highest compensated employee	former			ŀ	0.9.		00
												•	_
		L	<u> </u>		L								
	ļ	<u> </u>	<u> </u>	ļ.,	<u> </u>	_							
		1								1			
	<del> </del>	⊢	<u> </u>	-	-	_	-						
		ł	ŀ				-						
		⊢	┝╌		₩	┢╌	-						
	<u> </u>	ł											
-	-	┢			┢╌	<del>                                     </del>							
		1											
											-		
								_			-		
		<u>L</u>	L_				_						
	ļ	1	ł										
41.01.11	<u> </u>	L_	L		<u>L</u>	<u></u>	Ļ_	106 044				7 6	42
1b Sub-total								196,944.		0.		7,6	
c Total from continuation sheets to Part V	II, Section A							196,944.		0.	1	7,6	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r	not limited to th	2000	licte	ad a	have	ابد (د	20.5		000 of reported			7,0	44.
compensation from the organization	iot iii iiitea to ti	1036	i ii Ste	cu a	DOV	C) WI	10 1	eceived more than \$100	,000 or reportab	лө			1
			-									Yes	No
3 Did the organization list any former officer.	, director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											з		Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services	à			
rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	pers	son			<del></del>	_	5	L	X
Section B. Independent Contractors  1 Complete this table for your five highest co									<b>**</b>				
Complete this table for your five highest complete the organization. Report compensation for										npens	ation	trom	
(A)	ine calendar y	cai	enui	iig v	VILII	UI W	111111	(B)	year			C)	
Name and business	address							Description of s	services	C		ensatio	n
LPGA, 100 INTERNATIONAL	GOLF DR	IV.	Ε,					PLAYERS PURS	Ε,			_	
DAYTONA BEACH, FL 32124							_	TOURNAMENT F	EES	1	,09	2,1	40.
COLUMBIA EDGEWATER COUNT	COURSE RENTA	L,											
2220 N.E. MARINE DRIVE,	PORTLANI	<u>D,</u>	OI	R :	97	21:	1	CATERING		<u> </u>	33	2,9	01.
							긕	·		<b> </b>			
										<del>                                     </del>			
2 Total number of independent contractors (	including but r	ot li	mıte	d to	tho	se la	stec	d above) who received n	nore than				_
\$100,000 of compensation from the organ					_ :	2							

INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts Federated campaigns 1a 1b Membership dues Fundraising events 10 1d d Related organizations Contributions, and Other Simi 1e e Government grants (contributions) f All other contributions, gifts, grants, and 10,000. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 10,000 h Total. Add lines 1a-1f Business Code SPONSORSHIP REVENUES 711210 2,830,280.2,830,280 Program Service Revenue 26,718. 26,718. 12,223. TICKET SALES 711210 12,223 900099 CONCESSIONS 10,454. 900099 10,454 d PARKING SALES REGISTRATION FEES 711210 8,920. 8,920. f All other program service revenue 2,888,595 Total. Add lines 2a-2f Investment income (including dividends, interest, and 27,688 27,688. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis 277 and sales expenses -277. c Gain or (loss) -277 -277. 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 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 11 a MISCELLANEOUS 90. 90. b All other revenue 90. Total. Add lines 11a-11d 2,926,096.2,888,595. Total revenue. See instructions. 27,501.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	<del> </del>
	Check if Schedule O contains a respon		this Part IX (B)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	240,428.	240,428.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	229,642.	172,231.	57,411.	
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	200,522.	184,261.	16,261.	
8	Pension plan accruals and contributions (include	2 2 2 2	2 222		
	section 401(k) and 403(b) employer contributions)	9,860.	8,822. 21,643.	1,038.	
9	Other employee benefits	25,283.	21,643.	3,640.	
10	Payroll taxes	31,784.	26,494.	5,290.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	11 026		11 026	
C	<u> </u>	11,936.		11,936.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u> </u>			
g	Other (If line 11g amount exceeds 10% of line 25,	8,000.	8,000.		
	column (A) amount, list line 11g expenses on Sch O.)	238,455.	238,455.		<del></del>
12	Advertising and promotion	98,119.	84,989.	13,130.	·-·-
13	Office expenses	9,378.	5,101.	4,277.	
14	Information technology	5,570.	3,101.	4,2//	<del>.</del>
15	Royalties	22,370.	15,659.	6,711.	
16 17	Occupancy	21,168.	17,938.	3,230.	
	Travel	21,100.	17,550.	3,230.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	]			
19	Conferences, conventions, and meetings	28,049.	24,740.	3,309.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,154.	4,123.	1,031.	
23	Insurance	62,921.	35,068.	27,853.	
24	Other expenses. Itemize expenses not covered			. ,	
•	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	מממה במתחת במתחת	1,332,940.	1,332,940.		
b	TV BROADCAST EXPENSE	477,750.	477,750.		
c	COURSE & EQUIP. RENTAL	359,966.	356,437.	3,529.	
d	FOOD & ENTERTAINMENT	230,474.	229,808.	666.	
е	All other expenses	321,698.	316,325.	5,373.	<del></del>
25	Total functional expenses. Add lines 1 through 24e	3,965,897.	3,801,212.	164,685.	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)				
	0 11-07-14				Form 990 (2014)

Part		Balance Sheet Check if Schedule O contains a response or note	to any line in this Part Y			<del></del>
—-		Check it Schedule O contains a response of flote	to any line in this Part A	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		24,202.	1	17,455
	2	Savings and temporary cash investments	·	155,021.	2	267,526
	3	Pledges and grants receivable, net	Ì		3	<del> </del>
	4	Accounts receivable, net	Ì	98,264.	4	28,487
	5	Loans and other receivables from current and for	mer officers, directors.			· · · · · · · · · · · · · · · · · · ·
		trustees, key employees, and highest compensa-	· ·			!
		Part II of Schedule L		•	5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	· ·			
		employers and sponsoring organizations of sections				
2		employees' beneficiary organizations (see instr).	, , , ,	No. 18. mercus Pours to	6	
	7	Notes and loans receivable, net	· ·		7	
ť	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	4,124.	9	4,290	
-	10a	Land, buildings, and equipment: cost or other	ı			
		basis Complete Part VI of Schedule D	10a 82,012.			
	b	Less: accumulated depreciation	10ь 62,430.	21,205.	10c	19,582
-	11	Investments - publicly traded securities	1,471,757.	11	19,582 434,705	
-	12	Investments - other securities See Part IV, line 1		12	<u> </u>	
.	13	Investments - program-related See Part IV, line 1		13		
-	14	Intangible assets		14		
-	15	Other assets. See Part IV, line 11	Ī		15	
-	16	Total assets. Add lines 1 through 15 (must equa	! line 34)	1,774,573.	16	772,045
	17	Accounts payable and accrued expenses		3,884.	17	56,257
-	18	Grants payable	229,500.	18	201,000	
-	19	Deferred revenue		19		
:	20	Tax-exempt bond liabilities	Ì		20	
1:	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
: ا ه	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employees	s, and disqualified persons			•
		Complete Part II of Schedule L			22	***
·   :	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
-   :	24	Unsecured notes and loans payable to unrelated	third parties		24	
- 1:	25	Other liabilities (including federal income tax, pay	ables to related third			
-		parties, and other liabilities not included on lines	17-24) Complete Part X of			
- 1		Schedule D			25	
<u> </u>	26	Total liabilities. Add lines 17 through 25		233,384.	26	257,257
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			
g i		complete lines 27 through 29, and lines 33 and	134.			
<b>}</b>   2	27	Unrestricted net assets		1,541,189.	27	514,788
ğ   2	28	Temporarily restricted net assets			28	
2   2	29	Permanently restricted net assets			29	
1		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🗔			
5		and complete lines 30 through 34.			l	
}  :	30	Capital stock or trust principal, or current funds			30	
3   :	31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
Net Assets of Fulld balances	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
²   :	33	Total net assets or fund balances		1,541,189.	33	514,788
١:	34	Total liabilities and net assets/fund balances		1,774,573.	34	772,045

	1990 (2014) TOURNAMENT GOLF FOUNDATION, INC.	93-	T02/32	Pag	<sub>je</sub> 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
			•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,926	0.9	96.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,965	, 8	<u>97.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,039						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,541						
5	Net unrealized gains (losses) on investments	5	13	,4	00.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Pnor period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule 0)	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	514	.,7	88.				
Part XII Financial Statements and Reporting									
Check if Schedule O contains a response or note to any line in this Part XII									
				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	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		- 1					
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
ь	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 separate	e basıs,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			1					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		$\mathbf{x}$					
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	nt	Ì					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form 9	<b>990</b> (	2014)				

#### **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TOURNAMENT GOLF FOUNDATION, INC.

Employer identification number

	TOUR	NAMENT GOL	F FOUNDATION	, INC			9:	3-1057953			
Part I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	ıs part ) Se	e instructions	3				
The organ	nization is not a private found										
1 🗀	A church, convention of chi	,	•	•	•	)(A)(i).					
2 🗀	A school described in secti				- ( - // .	,					
3 🗔	A hospital or a cooperative		•	ection 170	/h//1//A//ii	iì					
4 🗂	A medical research organization					•	(ıii) Entert	he hosnital's name			
<b>~</b> —	city, and state	ation operated in co.	nononon with a nospital	GUSCHIDEC	11130000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	min). Criter t	ne nospitars name,			
5 🗀	An organization operated for	or the benefit of a col	llege or university owner	d or operat	tod by a ge		ant decemb	od in			
<b>у</b>	section 170(b)(1)(A)(iv). (C		nege of diliversity owner	o opera	ted by a go	overnmental (	init describ	eu III			
<u>.</u> —	, , , , , , ,		antalat decembed in		70/L\/4\/A\	()					
6 <u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
′ 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•	section 170(b)(1)(A)(vi). (Co	•	4VAV64V (0 1 - 4 - D -								
8 😾	A community trust describe										
9 [X]	An organization that normal										
	activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment			
	income and unrelated busir		(less section 511 tax) from	om busine	sses acqu	ired by the or	ganization	after June 30, 1975			
	See <b>section 509(a)(2).</b> (Cor	mplete Part III)									
10	An organization organized a	and operated exclusi	ively to test for public sa	ifety. See :	section 50	9(a)(4).					
11 📖	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to ca	arry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2)	See <b>section</b> (	5 <b>09(a)(3).</b> C	heck the box in			
_	_lines 11a through 11d that						•				
a∟	☐ Type I. A supporting orga										
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting			
	organization You must c	omplete Part IV, Se	ections A and B.								
ь∟		anızatıon supervised	or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ving			
	control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	ige the sup	ported			
	organization(s) You mus	t complete Part IV,	Sections A and C.								
c 🗆	$\Box$ Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
	its supported organization	n(s) (see instructions	You must complete I	Part IV, Se	ections A,	D, and E.					
a 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)			
	that is not functionally int	egrated The organiz	ation generally must sa	tisfy a dist	ribution re	quirement an	d an attenti	veness			
	requirement (see instruct	-		•		•					
e [	Check this box if the orga	· ·		-			II. Type III				
	functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, . , , ,				
f Ent	er the number of supported of		,,								
	vide the following information	_	ed organization(s)			•					
	(I) Name of supported	(ii) EIN	(iii) Type of organization	(ıv) is the o		(v) Amount of	monetary	(vi) Amount of			
	organization		(described on lines 1-9	listed i	in your document?	support	(see	other support (see			
			above or IRC section (see instructions))	Yes	No	Instruct	ions)	Instructions)			
			(GGC WISH GCTIONS))								
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T-4-1											

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			_			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					-	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			*			
	column (f)						
6	Public support. Subtract line 5 from line 4			-	1		
	ction B. Total Support	I <del></del>	· · · · · · · · · · · · · · · · · · ·	I	<u> </u>		<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4			(-/	1		(1)
8	Gross income from interest,				1		
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				-		· -
·	activities, whether or not the				1		
	business is regularly carned on		l		1		
10	Other income Do not include gain					†	
	or loss from the sale of capital			1			
	assets (Explain in Part VI.)		]				
11	Total support. Add lines 7 through 10					<del>                                     </del>	
	Gross receipts from related activities.	etc (see instructi	ions)		1	12	L
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	tay year as a sectio		
-	organization, check this box and stop	-	,,	_,	,	55 ((5)(5)	
Se	ction C. Computation of Pub		rcentage	-			
14	Public support percentage for 2014 (	line 6, column (f) c	livided by line 11,	column (f))		14	<del></del>
15	Public support percentage from 2013	3 Schedule A, Parl	: II, line 14			15	%
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies						$\blacktriangleright$
1	33 1/3% support test - 2013. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	6 or more, check to	his box
	and stop here. The organization qua						▶□
17:	a 10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	▶□
1	10% -facts-and-circumstances tes	_	-		•	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						<b>▶</b> ☐
_18	Private foundation. If the organization						ns 声
_							

### Schedule A (Form 990 or 990-EZ) 2014 TOURNAMENT GOLF FOUNDATION, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed by	elow, please comp	lete Part II )				
Section A. Public Support		43.55	, , <u> </u>	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	1 000	14 005	2 100	1 000	10 000	20 252
ınclude any "unusual grants ")	1,000.	14,065.	2,188.	1,000.	10,000.	28,253.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,621,614.	5,705,378.	5,607,766.	2,310,300.	2,888,595.	22,133,653.
3 Gross receipts from activities that						
are not an unrelated trade or bus-			j			
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	5,622,614.	5,719,443.	5,609,954.	2,311,300.	2,898,595.	22,161,906.
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	2,001,794.	1,814,858.	1,891,494.	1,589,436.	2,222,396.	9,519,978.
c Add lines 7a and 7b	2,001,794.	1,814,858.	1,891,494.	1,589,436.	2,222,396.	9,519,978.
8 Public support (Subtract line 7c from line 6.) Section B. Total Support		·				12,641,928.
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	5,622,614.	5,719,443.	5,609,954.	2,311,300.	2,898,595.	22,161,906.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,254.	54,741.	70,659.	54,142.	27,688.	253,484.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						!
c Add lines 10a and 10b	46,254.	54,741.	70,659.	54,142.	27,688.	253,484.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital					90.	90.
assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)	5,668,868.	5,774,184.	5,680,613.	2,365,442.	2,926,373.	22,415,480.
14 First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	
check this box and stop here		,,	, , , , -,	,	- (-)(-) - 34	▶□
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2014 (			olumn (f))		15	56.40 %
16 Public support percentage from 2013	, ,,	•	· · · · · · · · · · · · · · · · · ·		16	60.20 %
Section D. Computation of Inve			<del></del>	<del></del>	<del></del>	
17 Investment income percentage for 20			e 13, column (fl)		17	1.13 %
18 Investment income percentage from		**	,		18	.96 %
19a 33 1/3% support tests - 2014. If the			on line 14, and line	15 is more than 3		
more than 33 1/3%, check this box a						<b>▶</b> X
b 33 1/3% support tests - 2013. If the	•	•	•			-
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	is box and see in	structions	▶□

#### 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)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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 numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3b		
3c		
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10a	<u> </u>	ļ
404		
10b 90 or 99		

Sche	dule A (Form 990 or 990-EZ) 2014 TOURNAMENT GOLF FOUNDAT	ION,	INC.	93-1057953 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 <b>S</b> ee in	structions. All
	other Type III non-functionally integrated supporting organizations must con-	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			- COSS/
•	instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		<del> </del>	
·	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		<u> </u>
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 pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion 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		

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

Schedule A (Form 990 or 990-EZ) 2014

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2014 TOURNAMENT GOLF FOUNDATION, INC. 93-1057953 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014. а b C d e 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) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4 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) Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7: 8 а b C

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Schedule A (Form 99 Part VI   Suppl	00 or 990	EZ) 2014	otion D	MENT	GOLF F	'OUNDA'	LION	, INC.		93-1057	953 Page
	mplete th	nis part for a	nv additiona	vide the al inform	explanations lation (See in	required by structions)	y Part II,	line 10; Part	II, line 17a or	17b, and Part I	II, line 12
-											
CHEDULE A	, PAI	RT III	LINE	12,	EXPLAN	IATION	FOR	OTHER	INCOME	<u>.                                    </u>	<del> </del>
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#### 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

Name of the organization **Employer identification number** TOURNAMENT GOLF FOUNDATION, INC. 93-1057953 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **2**b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2dNumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		ENT GOLF FO								Page 2
Par	organizations maintaining o									
	Using the organization's acquisition, accession (check all that apply)						ficant us	e of its o	collection	rtems
a	Public exhibition	d			ange progran	ns				
b	Scholarly research	е	L Oth	er						
C	Preservation for future generations	. 0 4							V/111	
	Provide a description of the organization's co		<del>-</del>		_	-		e in Pari	XIII.	
5	During the year, did the organization solicit o					sımılar as	sets	Г	1.,	<b>—</b>
l How	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par			ite if the or	ganization	n answered "Y	es" to For	m 990, i	art IV, I	ne 9, or	
	reported an amount on Form 990, Pai				<u>.</u>	<del>.</del> .			<del></del>	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cor	ntribution	s or other ass	ets not inc	luded		1	ш.
_	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tabl	le <sup>.</sup>			г			<del></del>
							<del>                                     </del>		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e	<del></del> ·		
f	Ending balance						1f			<del></del>
	Did the organization include an amount on F					-	?	L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete						<del></del>			<del></del>
		(a) Current year	(b) Pnor	ryear	(c) Two years	back (d)	Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				<u></u>					<del></del>
е	Other expenditures for facilities									
	and programs	·			<u>.                                    </u>					
f	Administrative expenses									
9	End of year balance				_ <del></del>					
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, d	column (a	)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
3а	Are there endowment funds not in the posse	ession of the organiz	ation that a	ire held a	nd administer	ed for the	organıza	ition	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	•							3b	
4	Describe in Part XIII the intended uses of the		wment fun	ds				<u>.                                      </u>		
Pa	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, III	ne 11a S	ee Form 990,	Part X, line	e 10			
	Description of property	(a) Cost or o	1	(b) Cost	or other	( <b>c</b> ) Accı	umulated	1	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									<del>-</del> <del>-</del> -
b	Buildings									
С	Leasehold improvements				6,254.		1,08			,172.
	Equipment			6	5,758.	5	1,34	8.	14	1,410.
	Other									
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	X, column	(B), line 1	0c)				19	7,582.

Schedule D (Form 990) 2014

Dawl VI   Danamailiation of Davames may Acadited	FOUNDATION, INC.	93-105/953 Page 4
Part XI Reconciliation of Revenue per Audited I	inancial Statements With Revenue per	Return.
Complete if the organization answered "Yes" to Form	990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited financia	I statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, li	ne 12	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of pnor year grants	2c	
d Other (Describe in Part XIII.)	2d	_}
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not or	line 1:	
a Investment expenses not included on Form 990, Part VIII, III	ne 7b   <b>4a</b>	
b Other (Describe in Part XIII.)	4b	7
c Add lines 4a and 4b		7 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 99	00, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited		
Complete if the organization answered "Yes" to Forn	•	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, Iir		<del>   </del>
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	<b></b>
d Other (Describe in Part XIII )	_2d	<b>-   ::  </b>
e Add lines 2a through 2d	•	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on	1 1	
a Investment expenses not included on Form 990, Part VIII, II	· · · · · · · · · · · · · · · · · · ·	<b>→</b>
b Other (Describe in Part XIII )	4b	<b>⊣</b> · · <b>·</b> ·
c Add lines 4a and 4b		4c
5 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; Par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this		
•		
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Information about Schedule I (Form 990) and its instructions is at www.irs.nov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC. TOURNAMENT GOLF FOUNDATION, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

OMB No 1545-0047 2014

Open to Public

Inspection

Employer identification number 93-1057953 X Yes 1 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 General Information on Grants and Assistance critena used to award the grants or assistance?

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Partil

2 |

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	n be duplicated if addit	ional space is need	led			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF PORTLAND P.O. BOX 820127 PORTLAND, OR 97282	93-0474800	501(C)(3)	.000,09	0			SENERAL SUPPORT
TRILLIUM FAMILY SERVICES 3415 S.E. POWELL BOULEVARD PORTLAND, OR 97202	93-1254344	501(C)(3)	41,000.	0.			GENERAL SUPPORT
THE CHILDREN'S COURSE 19825 RIVER ROAD GLADSTONE, OR 97027	93-1212530	501(C)(3)	26,000.	0.			SENERAL SUPPORT
EASTER SEALS OREGON 5757 S.W. MACADAM AVENUE PORTLAND, OR 97201	93-0386885	501(C)(3)	19,000.	.0			SENERAL SUPPORT
SUNSHINE DIVISION 687 N. THOMPSON STREET PORTLAND, OR 97227	93-0429354	501(C)(3)	17,000.	.0		6	GENERAL SUPPORT
ELON ELLIS SCHOLARSHIP FUND 1 BRIAR RAOD GOLF, IL 60029	36-2865967	501(C)(3)	14,000.	0		0	GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	nd government org	ganizations listed in the	e line 1 table				11.
LHA For Paperwork Reduction Act Notice, see the Instructions	see the Instructi	ons for Form 990.		Š		 	Schedule I (Form 990) (2014)

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Schedu	le I (Form 990)	TOURNAMENT	GOLF	FOUNDATION	, INC.	
Part II	Continuation	of Grants and Other Ass	sistance t	to Governments and Or	ganizations in the United States (Schedule I (Form 990), Part II.)	

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON JUNIOR GOLF FUND INC. 2840 HAZLENUT DRIVE WOODBURN, OR 97071	94-3091689	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF PORTLAND ATHLETIC DEPARTMENT - 5000 N. WILLAMETTE BOULEVARD - PORTLAND, OR 97203	93-0401259	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 3131 N.VANCOUVER PORTLAND, OR 97227	53-0196605	501(C)(3)	9,507.	.0			GENERAL SUPPORT
FRIENDLY HOUSE 2617 NW SAVIER PORTLAND, OR 97210	93-0524232	501(C)(3)	6,356.	0			GENERAL SUPPORT
RETURNING VETERANS PROJECT 833 SE MAIN ST. MAILBOX 122 PORTLAND, OR 97214	20-4034255	<b>501(C)(3)</b>	5,406.	0.			GENERAL SUPPORT
							Schedule I (Form 990)

Page 2

Schedule I (Form 990) (2014) TOURNAMENT GOLF FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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
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, line	e 2, Part III, column	(b), and any other ac	iditional information.	
THE FOUNDATION AWARDS GRANTS TO SE	SELECTED PU	JBLIC CHAR	PUBLIC CHARITIES IN THE UNITED	HE UNITED	
ES PRIMARILY TO SUPPORT THEI	GENERAL (	SENERAL OPERATING PURPOSES.	PURPOSES.		

#### **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.

► Complete if the organization answered Test of Form 990.

► Attach to Form 990.

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TOURNAMENT GOLF FOUNDATION,

93-1057953

12	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		ĺ	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				İ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
2	Indicate which if any of the fallowing the films disconsisting used to establish the componential of the exceptation's			
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		•	<b>!</b> .
	X Compensation committee Written employment contract			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	X Approval by the board or compensation committee	ŀ		
	Team / Office organizations	İ		
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:		1	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			,
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of	_		<b>.</b>
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.			
ь	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ļ
_	contingent on the net earnings of	6a		x
	The organization?	6b		X
b	Any related organization?	60		<u> </u>
7	If "Yes" to line 6a or 6b, describe in Part III.			
′	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	~	X
8	not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<del></del>		<del>  ^</del>
3	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	⊢ <b>°</b>		<del>                                     </del>
3	Regulations section 53.4958-6(c)?	9		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 TOURNAMENT GOLF FOUNDATION, INC. 93-1057953

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

For each individual whose compensation must be reported 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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred in prior Form 990
(1) ROB NEAL	E	196,944.	0	0.	8,480.	9,162.	214,586.	0
EXECUTIVE DIRECTOR	<u> </u>	0	0	0	0	0.	0.	0
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#### **SCHEDULE 0**

(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.

Open to Public Inspection

OMB No 1545-0047

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

Name of the organization

TOURNAMENT GOLF FOUNDATION, INC. Employer identification number 93-1057953

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION IS A NONPROFIT FUNDRAISING ORGANIZATION, ESTABLISHED TO
FOSTER NATIONAL AND INTERNATIONAL SPORTS COMPETITION, DONATING THE NET
PROCEEDS OF ITS EVENTS TO OTHER FOUNDATIONS AND CHARITIES. THE
FOUNDATION IS THE MANAGING ORGANIZER AND IS RESPONSIBLE FOR THE ANNUAL
SAFEWAY CLASSIC GOLF TOURNAMENT IN PORTLAND, OREGON.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENTERTAINING TO THE AREA AT LARGE.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS BEEN ESTABLISHED AS A NONPROFIT, PUBLIC BENEFIT,
MEMBERSHIP ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS MEET ANNUALLY TO ELECT THE MEMBERS OF THE GOVERNING BODY AND TO
CONSIDER AND ACT UPON OTHER MATTERS COMING BEFORE THE MEMBERSHIP. ALL
MEMBERS HAVE THE SAME RIGHTS AND OBLIGATIONS IN ALL MATTERS.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS DISTRIBUTED TO MEMBERS OF THE BOARD FOR REVIEW PRIOR TO
FILING.
<del></del>
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS RECEIVE A RELATED PARTY QUESTIONNAIRE ANNUALLY.

Schedule G (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization TOURNAMENT GOLF FOUNDATION, INC.	Employer identification number 93-1057953
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTO	R IS DETERMINED
ANNUALLY BY THE MEMBERS OF THE BOARD. IN DETERMINING THE	EXECUTIVE
DIRECTOR'S COMPENSATION, THE BOARD OBTAINED COMPARABLE CO	MPENSATION DATA,
BOTH THROUGH THE REVIEW OF THE 990'S AND DISCUSSIONS WITH	PERSONNEL
ASSOCIATED WITH SIMILAR ORGANIZATIONS THROUGHOUT THE COUN	ITRY.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	ON REQUEST.
	·