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Extended to November 15, 2016

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. Department of the Treasury Internal Revenue Service Information about Form 000 and its instructions is at your In goulform 000

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Open to Public

A F	or the	2015 calendar year, or tax year beginning	and	ending	<u>go:///o/ooo.</u>				
Во	heck if	C Name of organization			D Employer	identific	ation number		
_ a	pplicable ⊐Addrea								
<u> </u>	_change	MINNESOTA SECTION PGA	FOUNDATION						
<u> </u>	_change						310679		
<u> </u>	_return Final	Number and street (or P.O. box if mail is not deli	• 1	Room/suite	E Telephone				
L	return/ termin	12800 BUNKER PRAIRIE RO					754-0820		
	ated Amend	City or town, state or province, country, and			G Gross receipts		565,281.		
<u> </u>	Jreturn	COON KAPIDS, MM 33446			H(a) is this a	•			
	Application pending	a	TOPPELLE		for subo				
		same as C above   mpt status. X 501(c)(3)	4047(a)(4)		H(b) Are all subc				
_		mpt status. X 501(c)(3) 501(c) ( )* e: ► N/A		or 527	1		list. (see instructions)		
			sociation Other	I Voor	H(c) Group ex		State of legal domicile; MN		
	rt I	Summary	Sociation Cirici	_   L Teal	or iormation. I.	<u> </u>	State of legal domicile, PILY		
_		Briefly describe the organization's mission or most	significant activities: See S	Schedu	le 0				
& Governance	-		g						
rna	2	Check this box   if the organization discor	tinued its operations or dispos	sed of more	than 25% of it	s net as:	sets		
o Ve	3	Number of voting members of the governing body				. з	13		
Ö	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	13		
Se -	5	Total number of individuals employed in calendar y	ear 2015 (Part V, line 2a)			5	0		
Σŧ	6	Total number of volunteers (estimate if necessary)				6	13		
Activities	7 a 1	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0.		
_	· b	Net unrelated business taxable income from Form	990-T, line 34	<del></del> .	···	.   7b	0.		
				-	Prior Year		Current Year		
9		Contributions and grants (Part VIII, line 1h)				332.	27,214.		
Revenue		Program service revenue (Part VIII, line 2g)			463,		493,706.		
æ		investment income (Part VIII, column (A), lines 3, 4,			_1/,	015.	15,415.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		· · [-	504,		0. 536,335.		
		Total revenue · add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (/		·		350.	37,000.		
		Benefits paid to or for members (Part IX, column (A		• -	40,	0.	37,000.		
ເກ		•	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.		
ē		Total fundraising expenses (Part IX, column (D), line		0.					
ũ		Other expenses (Part IX, column (A), lines 11a.11d,			488,	345.	545,385.		
	18	Total expenses. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		528,	695.	582,385.		
	19	Revenue less expenses. Subtract line 18 from line			<24,	110.	<46,050.		
Net Assets or Fund Balances			SEP 1 5 2016	♀ Be	ginning of Curre		End of Year		
aget	20	Total assets (Part X, line 16)			1,203,	430.	1,157,251.		
₩ 1		Total liabilities (Part X, line 26)	L_OGDEN, UT			0.	25,485.		
		Net assets or fund balances Subtract line 21 from	line 20		1,203,	<u>430.</u>	1,131,766.		
_	ırt II	Signature Block					. Important and belief it in		
		ities of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other, than office					knowledge and belief, it is		
uue,	COLLEC	L, and complete. Declaration of preparer (United trials office	I) IS DASCU OII AII IIIIUITIIAIIUII OI WI	iicii preparei	I Q	ำปด	<del></del>		
Cia:		Signature of officer		<del>-</del>	Date Date	11.0	<del></del>		
Sig:		JON TOLLETTE, EXECUTIVE	E DIRECTOR						
пе	6	Type or print name and title	B DIRECTOR		-		·		
_		Print/Type preparer's name	Preparer's signature	Ţ	Date	Check	PTIN		
Paid	i	Time Abe Brahama, a vienne	· · · · · · · · · · · · · · · · · · ·			if self-employe	<u> </u>		
	arer	Firm's name			Firm's	EIN 🛌			
	Only	Firm's address							
					Phone	по			
May	the IF	S discuss this return with the preparer shown abo	ve? (see instructions)				Yes No		

Form 990 (2015)

	990 (2015) MINNESOTA SECTION PGA FOUNDATION 41-18106/9 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
`	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on
-	
	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?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 517,642. Including grants of \$ 37,000.) (Revenue \$ 447,710.
74	THE MINNESOTA FOUNDATION SUPPORTED JR GOLF THROUGH THE OPERATION OF
	SEVERAL JR TOUR GOLF EVENTS. THE FOUNDATION ALSO MADE CONTRIBUTIONS TO
	SUPPORT THE PROGRAMS OF VARIOUS 501(C)(3) ORGANIZATIONS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
<del></del>	Otto and an analysis (December in Cabadilla O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 517,642.
	Form <b>000</b> (0015

532002 12-16-15

	•		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	X	
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			
·	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	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			Х
7		_6		<u> </u>
′	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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		i	7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			}
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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
ь	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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		х
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	_ <del>'</del> _		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		19		X
	complete Schedule G, Part III		990	

Form 990 (2015) MINNESOTA SECTION PGA FOUNDATION
Part IV Checklist of Required Schedules (continued)

	,		Yes	No
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		_ <del></del>
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	1		
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26_	<u></u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ļ		(
	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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			3,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del> </del>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		
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	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	<del></del>	X
30	Did the organization receive more than \$25,000 in norreasin contributions in the response to the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
•	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"	_	
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	<b>_</b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}		1
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_	<del> </del>	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36_	<del>  -</del>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>                                     </del>	X
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	x	
	Note. Air Form 330 mais are required to complete Scriedule O			/2015\

Form 990 (2015) MINNESOTA SECTION PGA FOUNDATION
Part 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	Ţ		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> a	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	- 1	- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
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		i	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
þ	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	ł	37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			X
_	any contributions that were not tax deductible as charitable contributions?	6a		
b	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
'a	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Ì	
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Gross income from members or shareholders		Ì	
a	Gross income from other sources (Do not net amounts due or paid to other sources against	i		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

532005 12-16-15

Form 990 (2015) MINNESOTA SECTION PGA FOUNDATION Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 13 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. **b** Enter the number of voting members included in line 1a, above, who are independent 13 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ... X X 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? .... .. ... X 6 .. . . . . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 86 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? X 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 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 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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 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 taxable entity during the year? X .... .. .. . . . . . .. b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN 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. Another's website Own 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 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.

Form **990** (2015)

MINNESOTA SECTION CONTROLLER - 561-624-8400

300 AVENUE OF CHAMPIONS RM#205, PALM BEACH GARDENS,

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

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

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

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

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			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
The trib	hours per	box	not c , unle	ss pe	rson	ıs bot	han	compensation	compensation	amount of	
	week (list any	_	ceran	dad	irecto	or/trus	itee)	from the	from related organizations	other compensation	
	hours for related organizations	Individual trustee or director	al trustee		)yee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related	
	below line)	Individual	Institutional trustee	Officer	Key employee	Highest co	Former			organizations	
(1) LORI MONEY	1.00										
DIRECTOR		X				<u> </u>		0.	0.	0	
(2) JENNIFER O'CONNOR	1.00	Į						,			
NORTHERN MN DIRECTOR		X			<u> </u>	<u> </u>		0.	0.	0	
(3) CHRIS SAUER	1.00				ĺ			_		_	
DIRECTOR		X				<u> </u>		0.	0.	0	
(4) TIM HUFFAMN	1.00	١					Ì		_		
SOUTHERN MN DIRECTOR		X	_	ļ	<u> </u>	<u> </u>	<u> </u>	0.	0.	0	
(5) GREG MCCULLOUGH	1.00	<b>∤</b>								•	
DIRECTOR	1 00	X			ļ			0.	0.	0	
(6) JAY MEYERHOFF	1.00	₹.				ł				0	
DIRECTOR	1 00	X		-	-		$\vdash$	0.	0.	0	
(7) MARK FOLEY	1.00	X						0.	0.	0	
SECRETARY	1.00	Δ	$\vdash$	-		├	$\vdash$			0	
(8) GREG SNOW	1.00	x				ļ		0.	0.	0	
DIRECTOR	1.00						$\vdash$	<u> </u>	<u> </u>		
(9) C.J. MEYER	1.00	x						0.	0.	0	
DIRECTOR (10) JEFF DRIMEL	2.00	1	-								
DISTRICT 8 DIRECTOR	2.00	x				}		0.	0.	0	
(11) PETER KURVERS	4.00	-	_			$\vdash$	-				
HONORARY PRESIDENT	1,00	1		X				0.	0.	0	
(12) STEVE FESSLER	4.00										
PRESIDENT		1	Ì '	x	1	Ì		0.	ο.	0	
(13) JOEL BURGER	4.00			-		$\vdash$					
VICE PRESIDENT		1		X				0.	0.	0	
(14) JON TOLLETTE	5.00				Γ	Ī					
EXECUTIVE DIRECTOR		_		Х	_	-		0.	100,243.	11,712	
		<u> </u>	-								
					L						
		-									
E22002 12 18 15										Form <b>990</b> (2015	

Form 990 (2015)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	an	d Hi	ghe	st C	ompensated Employe	es (continued)				
· al	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director wood op)	not c	Pos heck ss pe	ition more rson i		one h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from t organiza and rela organiza		of tion o on ed
											Ī			
					-		-	_						
			-		-	_	<del> </del>	-						
			1_			_								
											Ì			
						<del>                                     </del>								
			<u> </u>	<u> </u>		_	L							
			i											
										<u> </u>	-		<del></del>	
				ļ	<u> </u>	_	ļ	_						
1b	Sub-total		1			<u> </u>		<b></b>	0.	100,2	43.	1:	1,7:	12.
	Total from continuation sheets to Part V								0.	100,2	0.	1.	Ĺ,7:	<u>0.</u>
<u>a</u>	Total (add lines 1b and 1c)	not limited to th		liste	ed al	bove	e) wh	no re					<u>, / .</u>	<u> </u>
	compensation from the organization													0
•	Did the ergenization let any ferror officer	director or to		a ka					highest compensated a		٦		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		ө, ке	•	•			nignest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the si	ım of reportab	le co	•	ensa	ation	and	doth	her compensation from	the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-							• }	4		X
	rendered to the organization? If "Yes," com					_		<u>.</u>		· · · · · · · · · · · · · · · · · · ·		5		Х
Sec	tion B. Independent Contractors						_							
1	Complete this table for your five highest co the organization. Report compensation for	•	-							· ·	pensa	ation fr	om	
	(A)		<del>o</del> ai ·	01101	<u></u>	VILI 1	01 11		(B)			(C	)	
	Name and business	address	N	<u>INC</u>	<u> </u>			4	Description of s	ervices	C	ompen	sation	<u> </u>
						•	•							
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (	_	ot li	mrte	d to		_	stec	above) who received n	nore than				
	\$100,000 of compensation from the organ	zation					0					Form \$	90 12	20151
													. – – 1 <del>2</del>	,

Form 990 (2015) MINNESO
Part VIII Statement of Revenue

		. Check if Schedule O cont	ains a response	or note to any line	n this Part VIII .	<u></u> . <u></u> .	<u></u>	
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	. 1a					
		Membership dues						
اغت		Fundraising events			i			
# h		Related organizations						
ĕ. E		Government grants (contribut						
Si Si		All other contributions, gifts, gran						
풀힐	•	similar amounts not included abo		27,214.				
급히	_	Noncash contributions included in lines		21,21.4.				
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			27,214.			
<u> </u>		TORRITAGE INTO TATE		Business Code	<u> </u>			<del></del>
	2 a	TOURNAMENT REVE		900099	447,710.	447,710.		1
Ş		SPONSORSHIP REV		900099	45,996.			45,996.
Program Service Revenue	c			300033	13/3301		-	10/2500
<u> </u>	d							<del> </del>
ğæ	e							
٦ <u> </u>	f	All other program service reve	anue			· · · · · · · · · · · · · · · · · · ·		<del> </del>
		Total. Add lines 2a-2f		<u> </u>	493,706.			
$\neg$	3	Investment income (including		<del></del>	<u> </u>			<del> </del>
	•	other similar amounts)			16,794.			16,794.
	4	Income from investment of ta			10,134.			10,754.
	5	Royalties		· -				<del>                                     </del>
- 1	9	rioyanies	(i) Real	(ii) Personal				<del>                                     </del>
	6 a	Gross rents	to near	(i) i disonai				
		Less: rental expenses						
ŀ		Rental income or (loss)		·-··				
		Net rental income or (loss)						-
		Gross amount from sales of	(i) Securities	(ii) Other			-	<del></del>
	7 4	assets other than inventory	27,567.					
	<b>.</b>	Less: cost or other basis	27,307.					
	D	and sales expenses	28,946.					
- 1	_	Gain or (loss)	∠1 370					
		Net gain or (loss)			<1,379.			<1,379.
		Gross income from fundraisin			<u> </u>			<u> </u>
9	6 a		•	<b>\</b>		}		1
Ž		including \$						
&		contributions reported on line	•					
Other Reven		Part IV, line 18						
ᅗᅵ		Less: direct expenses						1
		Net income or (loss) from fund	_	<b>_</b>		<del></del>		<del> </del>
	y a	Gross income from gaming ad				]		
			a					
}		Less: direct expenses				)		Ì
		Net income or (loss) from gan		····	<del></del> -			<del> </del>
- 1	τυ a	Gross sales of inventory, less						
		and allowances		1 1		,		
1		Less. cost of goods sold						
ŀ	<u>c</u>	Net income or (loss) from sale			<del></del>			<del></del>
ŀ	44 -	Miscellaneous Revenu		Business Code				
Į	11 a							<del> </del>
	b		<del></del>	<del>                                     </del>				+
1	C			<del>                                     </del>		<del> </del>	<del>.</del> .	+
1		All other revenue			··	<del> </del> <del>- </del>		<del></del>
- 1		Total. Add lines 11a-11d			F26 225	445 510		<u> </u>
	12	Total revenue. See instructions.	<u> </u>	<u>P</u> _i	536,335.	447,710.	0	. 61,411. Form <b>990</b> (2015)

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	<u></u> (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	37,000.	37,000.		
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	Oth				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	The state of the s	-			<del></del>
_	Other employee benefits				
0	Payroll taxes				<del></del>
1	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting	12 005	12 005		<del> </del>
d	Lobbying	13,205.	13,205.		
e	Professional fundraising services. See Part IV, line 17	F 216	F 21.6		
f	Investment management fees	5,316.	5,316.		
g	Other. (If line 11g amount exceeds 10% of line 25,	04 544	45.056	45 055	
	column (A) amount, list line 11g expenses on Sch 0.)	94,511.	47,256.	47,255.	
2	Advertising and promotion		11 252	44 050	
3	Office expenses	22,720.	11,360.	11,360.	
4	Information technology				
5	Royalties				
6	Occupancy	1,000.	1,000.		
7	Travel	24,514.	18,386.	6,128.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	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 0.)	222 212	222 212		
a	TOURNAMENT OPERATIONS	333,313.	333,313.	- +	
Ь	GIFTS	32,468.	32,468.		
C	FOOD & BEVERAGE	17,358.	17,358.		<del></del>
d	PRINTING & PUBLISHING	800.	800.		
	All other expenses	180.	180.		
5_	Total functional expenses. Add lines 1 through 24e	582,385.	517,642.	64,743.	
6	Joint costs. Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X	<u></u>	·· ·	<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	73,196.	1	82,000
2	Savings and temporary cash investments	1,099,571.	2	1,075,251
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		_5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
č   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	·	9	
10a				
"-	basis. Complete Part VI of Schedule D 10a			
ь			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	<del></del>
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	30,663.	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,203,430.	16	1,157,251
17	Accounts payable and accrued expenses	1/203/4304	17	<u> </u>
18	Grants payable		18	
19		-	19	100
20	Deferred revenue		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
ا	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
24	·	<del></del>	-24	<del></del>
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
	School de D	0.		25,385
		0.		25,485
<u>26</u> _	Total liabilities. Add lines 17 through 25		26	23,463
_	Organizations that follow SFAS 117 (ASC 958), check here			
5	complete lines 27 through 29, and lines 33 and 34.	1,153,883.	~ l	1,106,325
27	Unrestricted net assets	49,547.	27	25,441
28	Temporarily restricted net assets	43,347.	28	23,441
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
9   00	and complete lines 30 through 34.		20	
30	Capital stock or trust principal, or current funds		30	·
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1 202 422	32	1 101 866
2 33	Total net assets or fund balances	1,203,430.	33	1,131,766
34	Total liabilities and net assets/fund balances	<u>1,203,430.</u>	_34	1,157,251 Form <b>990</b> (2015

	1990 (2015) MINNESOTA SECTION PGA FOUNDATION	41-183	L0679	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	<u> </u>	<u></u>	<b>.</b>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>536</u>	7,3	<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	582	, 3	85.
3	Revenue less expenses. Subtract line 2 from line 1	3	<46	, 0	50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,203	, 4	30.
5	Net unrealized gains (losses) on investments	5	<25	, 6	<u> 14.</u> :
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	1,131	. , 7	66.
Pa	rt 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.			i
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	l on a			
	separate basis, consolidated basis, or both:				i
	Separate basis Consolidated basis Both consolidated and separate basis				i
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis			İ	ı
C	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 Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle 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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (	2015)

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

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		MINN	ESOTA_SECT	TON PGA FOUN	DATTO	N	4	T-T8T00 <u>/</u> 3					
Pa	ırt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	ıs part.) Se	e instructions.						
Πhe	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					I)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative		•			ii).						
4	$\Box$	A medical research organization						the hospital's name.					
•		city, and state:		,									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ed in					
5				logo or anivoloity owner	a or opera	tou by a g	overnmental unit decemb						
		section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170/b)(1)(A)(v)											
0	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
1		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	•										
8	<b> </b>	A community trust describe		· · · · · · · · · · · · · · · · · · ·				_					
9		An organization that normal											
		activities related to its exem	-	•			· ·	-					
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975					
		See section 509(a)(2). (Cor											
10	$\square$	An organization organized a											
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or					
		more publicly supported or	ganızations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2)	See <b>section 509(a)(3).</b> C	heck the box in					
		lines 11a through 11d that o	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.						
а	· L		· ·	-									
		the supported organization			a majority	of the dire	ctors or trustees of the s	upporting					
	_	organization. You must c	omplete Part IV, Se	ections A and B.									
b	, L		anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving					
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported					
	,	organization(s). You mus	t complete Part IV,	Sections A and C.									
C	:	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,					
		ts supported organization	n(s) (see instructions	s). You must complete f	Part IV, Se	ections A,	D, and E.						
d	ı	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally into	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attenti	veness					
	_	requirement (see instructi	ons) You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	inization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.							
f	Ente	er the number of supported o	organizations										
g	Prov	vide the following information	about the supporte	ed organization(s)									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization n your	- 1	(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	governing	document?	support (see	other support (see					
					Yes	No	instructions)	instructions)					
							_						
							-						
								-					
_	_				ļ	<b>,</b>							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				Ì	ì	
	or expended on its behalf				ì		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					ļ	
	supported organization) included				Ï	}	
	on line 1 that exceeds 2% of the				ļ		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 ,						
8	Gross income from interest,	1				ļ	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business					İ	
	activities, whether or not the					1	
	business is regularly carned on .						
10	Other income. Do not include gain						
	or loss from the sale of capital					]	
	assets (Explain in Part VI.)	· · · · · · · · · · · · · · · · · · ·					
11	<b>Total support.</b> Add lines 7 through 10						L
12	Gross receipts from related activities,	etc (see instructi	ons)			12	<del></del>
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
50.	organization, check this box and store ction C. Computation of Publication	here	roontago	<u> </u>	<del> </del>	<u>, </u>	<u> ▶                         </u>
	<del></del>	<del>-</del>				T	
	Public support percentage for 2015 (	,	•	column (f))		14	
	Public support percentage from 2014	•			14 - 22 1/20/	15	<u>%</u>
108	33 1/3% support test - 2015. If the content have The organization qualifies	=			14 IS 33 1/376 OF I	nore, check this bo	ox and
	stop here. The organization qualifies 33 1/3% support test - 2014. If the c		•				. PL
L	and stop here. The organization qual	_		_4			NIS 00X
17-	10% -facts-and-circumstances tes	•	•			 and line 1/1 is 10%	
17 a	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•	•	it villow the organ	IIZALIUII
	10% -facts-and-circumstances tes					 17a and line 15 ic	
IQ.	more, and if the organization meets to	_	•			•	
	organization meets the "facts-and-cire		•		•		<b>_</b>
12	Private foundation. If the organization		•	•			ıs
10	rate jourgement, it the organization	SIG HOL OHOUR A	50X 011 III 0 10, 10	<u>a, 100, 178, 01 [7]</u>		edule A (Form 990	
					- Cili		<u>,</u> , 10

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

. (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		]				
	ınclude any "unusual grants ")	71,879.	86,801.	75,783.	24,332.	27,214.	286,009.
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		415,515.	420.740.	463,238.	493.706.	1,793,199.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	zation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5	71,879.	502,316.	496,523.	487,570.	520,920.	2,079,208,
	Amounts included on lines 1, 2, and	717075	302,310.	470,523.	20173101	320,320.	2,073,200.
, ,	3 received from disqualified persons	55,918.	74,965.	35,000.		35,000.	200,883.
Ŀ	Amounts included on lines 2 and 3 received	33,310.	74,505.	33,000.	-	33,000.	200,005.
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	55,918.	74,965.	35,000.		35,000.	200,883.
	Public support. (Subtract line 7c from line 6)		74,303.	33,000.			1 878 325
	ction B. Total Support						1,070,343.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	71,879.	502,316.	496,523.		520,920.	2,079,208
	Gross income from interest,	71/0/5	302/3201	150/3231	101/3701	320,320.	2,075,200,
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	7,859.	10,507.	14,914.	17,015.	15,415.	65,710.
ŀ	Unrelated business taxable income	7,033.	20,307.	14,511.	17,0130	13/1130	001,120
_	(less section 511 taxes) from businesses						•
	acquired after June 30, 1975						
,	Add lines 10a and 10b	7,859.	10,507.	14,914.	17,015.	15,415.	65,710.
	Net income from unrelated business	7,055	10,307.	14/014.	17,013.		03/1100
	activities not included in line 10b,	ļ		İ	1		
	whether or not the business is regularly carried on						
12	Other income. Do not include gain					<del> </del>	
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)	79,738.	512,823.	511,437.	504,585.	536,335.	2 144 019
	Total support. (Add lines 9, 10c, 11, and 12)						2,144,918,
14	First five years. If the Form 990 is for	r the organization s	nist, second, triir	a, rounin, or min ta	ex year as a section	n 50 i (c)(3) organiz	ation,
50	check this box and stop here	ic Support Per	rcentage	<del></del>		<del></del>	
_				(5)		45	87.57 %
	Public support percentage for 2015 (		•	column (t))		15	
_	Public support percentage from 2014			<u></u>	<u></u>	16	<u>83.72 %</u>
	ction D. Computation of Inves			10 sales (0)		47	3 06 %
17	•	•		ie 13, column (t))		17	3.06 %
18	Investment income percentage from					18	3.09 %
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						<b>►\X</b>
ì	33 1/3% support tests - 2014. If the	-					
	line 18 is not more than 33 1/3%, che		-				
	Private foundation. If the organization	n did not check a	DOX OR line 14, 19	a, or 190, check th			
5320	23 09-23-15				Scho	equie A (Form 990	or 990-EZ) 2015

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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 desprte being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

Yes No 2 3a 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 MINNESOTA SECTION I			<u>41-1810679 Page 6</u>
Part V Type III Non-Functionally Integrated 509(a)(3) Su			
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on I	Nov. 20, 1970. <b>See inst</b> i	ructions. All
other Type III non-functionally integrated supporting organizations	must complete 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	s)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 ar	mount,		
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	- 1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-fi	unctionally-integrate	d Type III supporting or	ganization (see
instructions).	, <u>-</u>	· · · · ·	•

Schedule A (Form 990 or 990-EZ) 2015

Sche Par	dule A (Form 990 or 990-EZ) 2015 MINNESOTA SEC tV Type III Non-Functionally Integrated 509	CTION PGA FOUND	ATION 4	1-1810679 Page 7
Sect	ion D - Distributions	(L)(O) Cupporting Org	armadiono (continuos)	Current Year
1	Amounts paid to supported organizations to accomplish exi	empt numoege	<del></del>	Current rear
٠,٠	Amounts paid to perform activity that directly furthers exem		<del></del>	-
-	organizations, in excess of income from activity	br barboses or supported		
3	Administrative expenses paid to accomplish exempt purpos	ess of supported organization		<u> </u>
4	Amounts paid to acquire exempt-use assets	ses of supported organization		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	<del></del>		
7	Total annual distributions. Add lines 1 through 6			<del> </del>
8		<u> </u>		
•	Distributions to attentive supported organizations to which to	the organization is responsive	9	
9	(provide details in Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6	·		
10	Line 8 amount divided by Line 9 amount		T	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
•	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if	-		
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
J	and 4b from line 1 (if amount greater than zero, see			
<del></del>	Instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
_	and 4c.		- · · · · · · · · · · · · · · · · · · ·	
8	Breakdown of line 7	·		
<u>a</u>				
b	F 6 6040			
	Excess from 2013			
d	Excess from 2014	<u> </u>		

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions: Complete Part III	<del></del>		
Name of organization			Em	ployer identification number
MINNESO	TA SECTION PGA F	OUNDATION		<u>41-1810679</u>
Part I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527	organization.
Provide a description of the organiz Political expenditures Volunteer hours	•	. •		\$
	janization is exempt und			
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
2 Enter the amount of any excise tax	· -		5	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes Mo
4a Was a correction made?	· · · · · · · · · · · · · · · · · · ·			Yes No
b if "Yes," describe in Part IV.  Part I-C Complete if the org	renization is exempt une	dor costion FO1/o	\ aveant section 50	1(a)(3)
	<u> </u>	<del></del>	<del>``</del>	
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ		. •		<b>c</b>
exempt function activities 2  3 Total exempt function expenditures	Add lines 1 and 2. Enter here			Ψ
				<b>\$</b>
4 Did the filing organization file Form				Yes No.
5 Enter the names, addresses and er				
made payments. For each organiza	, ,	•	•	
contributions received that were pr				
political action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
``	, ,		filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly delivered to a separate
•			-	political organization.
				If none, enter -0-
	<del> </del>	<del> </del>	+	<del> </del>
		<del>                                     </del>	<del> </del>	<del> </del>

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990-EZ) 2015	MINNE	SOTA S	SECTION PGA	FOUNDATION	41-1	810679 Page 2
Part II-A Complete if the org	ganizatio	on is exe	mpt under secti	on 501(c)(3) and file	ed Form 5768 (e	lection under
——————————————————————————————————————	tion belon		illustration of the state of th	in Part IV each affiliated		
expenses, and sha				in Part IV each amiliated (	group members nam	e, address, Ein,
. —			nd "limited control" p	rovisions apply		
Limi	ts on Lobi	oying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uonen nub	lio opinion	(arana reeta lebburga)			
b Total lobbying expenditures to infli			· -		13,205.	
c Total lobbying expenditures (add li					13,205.	
d Other exempt purpose expenditures				· · · · · · · · ·	569,180.	
e Total exempt purpose expenditure		 e 1c and 1			582,385.	<del></del>
f Lobbying nontaxable amount. Enter				oth columns	112,358.	
If the amount on line 1e, column (a) of					112,330.	
Not over \$500,000	או נטן וע.		bying nontaxable are the amount on line 10			
Over \$500,000 but not over \$1,000	0.000					
Over \$1,000,000 but not over \$1,500			00 plus 15% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			00 plus 5% of the exc			
Over \$17,000,000	,000,000	\$1,000.		ess 0ver \$1,500,000.		
<u> </u>		Ψ1,000,	000			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)	<del>-</del>		28,090.	
h Subtract line 1g from line 1a. If zer		•		· · · · · ·	0.	
i Subtract line 1f from line 1c. If zero	•	•		··· · · ·	0.	
j If there is an amount other than ze	-	-	line 1i did the organi	···· ∟ zation file Form 4720		
reporting section 4911 tax for this			o ii, ele tilo olgeni	221011 110 1 01111 47 20	Γ	Yes No
		4-Year Av	eraging Period Unde	r section 501(h)	· · · · · · · · · · · · · · · · · · ·	163110
(Some organizations the	hat made a	a section 5		t have to complete all o	f the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2a Lobbying nontaxable amount					112,358.	112,358.
b Lobbying ceiling amount						
(150% of line 2a, column(e))				<u> </u>		168,537.
c Total lobbying expenditures					13,205.	13,205.
d Grassroots nontaxable amount					28,090.	28,090.
e Grassroots ceiling amount					20,000	20,050.
(150% of line 2d, column (e))		•				42,135.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990 EZ) 2015 MINNESOTA SECTION PGA FOUNDATION 41-18106 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a) (		(b	(b)	
f the lobbying activity.	Yes	No	,	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		ļ			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					_
e Publications, or published or broadcast statements?					_
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	(5), o	r sec	ction	
	-		Т	Yes	No
4 More authoroptically all (2004) or mare) dues resourced manded within his manner.		Г	1		
1 Were substantially all (90% or more) dues received nondeductible by members?					
Del the appropriate and the best below the best below to the second seco		·			
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section			2 3 r sec		io
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	n 501(c)		2 3 r sec Part		e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."  Dues, assessments and similar amounts from members	n 501(c) "No," Ol		2 3 r sec		e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	n 501(c) "No," Ol		2 3 r sec Part		e 3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	n 501(c) "No," Ol	R (b) I	2 3 r sec Part		e 3, is
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#### SCHEDULE D

Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 **Open to Public** 

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. Inspection Name of the organization **Employer identification number** MINNESOTA SECTION PGA FOUNDATION 41-1810679 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ....... Aggregate value of contributions to (during year) 2 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 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" on 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 Total number of conservation easements 2a Total acreage restricted by conservation easements ..... 2b Number of conservation easements on a certified historic structure included in (a) ... Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ... .. . . . . . . . . Number 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? No ..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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. 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 on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2015

		A SECTION					<u>-181067</u>		age 2
Par	t III   Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, or Ot	her Similar A	ssets(cont	inued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that are a	significant use o	of its collection	on item	S
	(check all that apply).	1							
a	Public exhibition	C	<b>.</b> 🗀 ı	Loan or exc	hange programs				
þ	Scholarly research	•	, 🔲	Other					
C	Preservation for future generations								
4	Provide a description of the organization's coll	lections and expla	in how th	ey further t	he organization's e	xempt purpose ii	n Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or other sim	ılar assets			
	to be sold to raise funds rather than to be mail	ntained as part of	the orga	nization's co	ollection?	<u></u>	Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 9, d	r	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other interme	diary for	contribution	ns or other assets r	ot included		_	_
	on Form 990, Part X?						. L Yes		J No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing t	able.					
							Amou	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
e						<u>1e</u>			
f	Ending balance					<u>If</u>	<del></del>		
	Did the organization include an amount on For						. L Yes	<u> </u>	_ No
	If "Yes," explain the arrangement in Part XIII. C						<u> </u>		┸
Par	t V Endowment Funds. Complete if								<del></del>
	<del></del>	(a) Current year	<b>(b)</b> P	nor year	(c) Two years back	(d) Three years	back (e) For	ır years	back
1a	Beginning of year balance								
b	Contributions	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del> </del> -			
C	Net investment earnings, gains, and losses		<del> </del>		<del> </del>	<del> </del>			
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del> </del>	<del> </del>			
e	Other expenditures for facilities		İ						
_	and programs		-		<del></del>		-		
T	Administrative expenses		<del> </del>			<del> </del>	<del></del>		
g	End of year balance	nt user and balan	0 1	lump /					
2	Provide the estimated percentage of the curre	=	•	g, column (a	ajj neio as.				
a	Board designated or quasi-endowment  Permanent endowment	%	%						
Ь	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c should	%							
2-	Are there endowment funds not in the possess	•	otion the	t are hold a	and administered fo	r the ergenization	<b>.</b>		
38	_	sion of the organiz	auon ma	it ale neid a	ind administered to	i iile Olganizatioi		Yes	No
	by. (i) unrelated organizations						3a(i)	-	.40
	(II) malestand annual masterna						20/11		
ь	If "Yes" on line 3a(ii), are the related organizati	 ons listed as requi			·		3b	_	
4	Describe in Part XIII the intended uses of the o					• ••	<u></u>		<b>——</b>
	t VI Land, Buildings, and Equipme			<del>-</del>			<del>_</del>		
	Complete if the organization answered		0, Part IV	/, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o				Accumulated	(d) Bo	ok valu	<u>—</u> е
		basis (investi	ment)	basis	(other)	depreciation	<u></u>		
1a	Land								
b	Buildings								
C	Leasehold improvements					· <del></del>			
d	Equipment								
е_	Other	1							
		15 000 0		(0)	10 1			-	Λ

Schedule D (Form 990) 2015

MENDINGONA	CECHTON	DOB	ECHIDAMICAL
MINNESUTA	SECTION	PGA	FOUNDATION

Schedule D (Form 990) 20	15 MINNESOTA SI	ECTION PGA	FOUNDATION	41-	1810679 F	Page 3
Part VII Investmen	ts - Other Securities.					
Complete if the	ne organization answered "Yes" o	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security o	r Category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market val	ne
(1) Financial derivatives						
(2) Closely-held equity inte	erests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>		<del></del>				
<u>(F)</u>						
(G)						
(H)						
	m 990, Part X, col. (B) line 12.)					-
	ts - Program Related.					
	ne organization answered "Yes" of investment	on Form 990, Part IV (b) Book value	, line 11c. See Form 990,	Part X, line 13 aluation: Cost or end-	of year market yel	
	On or investment	(b) BOOK VAILE	(c) Matriod of A	aluation. Cost of end-	or-year market var	
(1)		· <u> </u>				
(2)						
(3)			-			
<u>(4)</u>				<del></del>	<u> </u>	
<u>(5)</u>				<del></del>		
<u>(6)</u> <u>(7)</u>						
(8)		<del></del>		<del></del>		
(9)						
	m 990, Part X, col. (B) line 13.)	<u> </u>				
Part IX Other Ass						
Complete if the	ne organization answered "Yes" o	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15		
	(a) [	Description			(b) Book valu	е
(1)						
(2)						
(3)						
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	ual Form 990, Part X, col. (B) line	. 15.)	<del> </del>	<u> </u>		
Part X Other Liab		5 000 B . III		600 D +V ( 05		
	ne organization answered "Yes" ( (a) Description of liability	on Form 990, Part IV	, line 11e or 11f. See Form (b) Book value	n 990, Part X, line 25.		
<u></u>			(b) BOOK Value			
(1) Federal income tax			25 205			
(2) DUE TO AF	FILIATES		25,385.			
(3)						
<u>(4)</u>						
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(8)		<del></del>				
(9)	usal Form 000 Post V col /P) less	25.)	25,385.			
rotal. (Column (b) must eq	ual Form 990, Part X, col. (B) line		43,303.		<del></del>	

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

Schedule D (Form 990) 2015

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Públic Inspection OMB No 1545-0047

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

			Information about Schedule   (Form 850) and its instructions is at www./s.dov/toms90		SINSTUCTIONS IS A		3	
Name	Name of the organization MINNESOTA SECTION	NOTWORK	PGA FOINDATION	NOT				Employer identification number
Part	General Inform	and Assistance	1					1
1 D	Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	non
ซ	criteria used to award the grants or assistance?	istance?		: : : : : : : : : : : : : : : : : : : :			;	X Yes No
2	힗	ocedures for moni	toring the use of grant	funds in the Unite				
Part II	Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations and Domesti	c Governments. C	Complete if the orga	anization answered "	I Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is neer	ded.			
<del>ب</del>	1 (a) Name and address of organization or government	(P) 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
	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	listed in the line 1 table				•
	Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					•
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule i (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PROVIDE DOCUMENTATION OF CURRENT GRADES AND ENROLLMENT AT A UNIVERSITY VIA Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THE MINNESOTA SECTION PGA FOUNDATION REQUIRES THAT SCHOLARSHIP WINNERS CLASS SCHEDULES BEFORE ANY PAYMENT IS SUBMITTED TO THE UNIVERSITY BOOK (d) Amount of non-cash assistance 36,000 33 (c) Amount of cash grant (b) Number of recipients 37 (a) Type of grant or assistance VELSPAR COLLEGE SCHOLARSHIP AWARDS Part I, Line 2: 532102 10-28-15

Page 2

41-1810679

MINNESOTA SECTION PGA FOUNDATION

Schedule | (Form 990) (2015)

Part III

#### **SCHEDULE O** (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.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

MINNESOTA SECTION PGA FOUNDATION

Employer identification number 41-1810679

Form 990, Part I, Line 1, Description of Organization Mission:
TO SUPPORT JUNIOR GOLFERS AND PROVIDE FINANCIAL ASSISTANCE FOR WORTHY
RECIPIENTS TO ATTEND COLLEGE. THE MINNESOTA FOUNDATION UPHOLDS THE CORE
VALUES: INTEGRITY, HONESTY, RESPECT, SELF-ASSURANCE, COURTESY, AND
PERSEVERANCE. THE MINNESOTA FOUNDATION AWARDS JUNIORS 18 OR YOUNGER
THAT HONOR THESE VALUES.
Form 990, Part III, Line 1, Description of Organization Mission:
TO SUPPORT JUNIOR GOLFERS AND PROVIDE FINANCIAL ASSISTANCE FOR WORTHY
RECIPIENTS TO ATTEND COLLEGE. THE MINNESOTA FOUNDATION UPHOLDS THE CORE
VALUES: INTEGRITY, HONESTY, RESPECT, SELF-ASSURANCE, COURTESY, AND
PERSEVERANCE. THE MINNESOTA FOUNDATION AWARDS JUNIORS 18 OR YOUNGER
THAT HONOR THESE VALUES.
Form 990, Part VI, Section A, line 8b:
THE FOUNDATION HAS NO COMMITTEES.
Form 990, Part VI, Section B, line 11:
THE EXECUTIVE DIRECTOR OF THE MINNESOTA SECTION PGA FOUNDATION REVIEWS THE
COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING.
Form 990, Part VI, Section B, Line 15:
990 PAGE 6, PART VI, QUESTION 15: ALL PERSONS ARE VOLUNTEERS OF THE
FOUNDATION AND ARE NOT PAID EMPLOYEES.

Form 990, Part VI, Section C, Line 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MINNESOTA SECTION PGA FOUNDATION	Employer identification number 41-1810679
THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND OTHER G	OVERNING DOCUMENTS
AVAILABLE AT THE PUBLIC'S REQUEST BY CONTACTING THE MINNE	SOTA FOUNDATION
OFFICE.	
Form 990, Part IX, Line 11g, Other Fees:	
OTHER PROFESSIONAL SERVICES:	
Program service expenses	47,256.
Management and general expenses	47,255.
Fundraising expenses	0.
Total expenses	94,511.
Total Other Fees on Form 990, Part IX, line 11g, Col A	94,511.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

2015

OMB No 1545-0047

Employer identification number Open to Public Inspection

41-1810679

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

MINNESOTA SECTION PGA FOUNDATION Name of the organization

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

Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
						,	
		9					
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.	rtions Complete if the organization a	nswered "Yes" on Form 990.	Part IV, line 34 be	cause it had one	or more related tax-өхө	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) siled iy?
				501(c)(3))		Yes	Š
Professional Golfers Association, MN Section - 41-1389218, 12800 Bunker Prairie Road, Coon Rapids, MN 55448-1445	Golf Tournaments	Minnesota	501(c)(6)	N/A	N/A		×
						_	

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

41-1810679

Page 2

Schedule R (Form 990) 2015 MINNESOTA SECTION PGA FOUNDATION

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. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispraportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) General or Percentage managing ownership
							3			
		·							-	
									_	
									_	
					-					

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 Part IV

organizations treated as a corporation or trust during the tax year.	uring the tax year.								
(a)	(q)	(0)	(p)	(0)	ε	1	ε	ε	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (Ccorp, Scorp, entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage 512(b)(13) ownership controlled entity?	Sectio 512(b)( controll entity	5 2 2 3 3 5 5 6 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7
		country)	:	OI II II B		- 1		Yes No	g
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	ı								
	<del>                                      </del>							-	

Schedule R (Form 990) 2015

532162 08-08-15

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			ON SOX	2
	ins with one or more re	slated organizations listed		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	rty		1a X	×
b Gift, grant, or capital contribution to related organization(s)	•		X 10 11 X	×
c. Gift. grant. or capital contribution from related organization(s)			X st	×
		•		,
d Loans of loan guarantees to or related organization(s)		: .	V 10	4
e Loans or loan guarantees by related organization(s)	:	:	X 19 1 X	×
				•
6 Philipping from related organization(e)			***	Þ
I DIVIDENCE HORRI LEIGHED OF GALLICATION (S)	:		1	4
g Sale of assets to related organization(s)			X   19   X	×
h Purchase of assets from related organization(s)			4 ×	×
		:		>
LANCIALING OF BASSES WITH TOTAL OF BRITISHINGS	:		1	4
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>	•	•		×
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	X	×
1 Performance of services or membership or fundraising solicitations for related ord	related organization(s)		X	×
Osformono of continuous or momentum or fundamental	genization(s)	:		>
M Performance of services of membership of mindratship solicitations by related organization(s)	Jamizanon(s)		+	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	: : : : : : : : : : : : : : : : : : : :	<b>X</b>	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10   X   Ot	
		· ·	╀	
				<b>&gt;</b>
p Heimbursement paid to related organization(s) for expenses	:		d :: : : : : : : : : : : : : : : : : :	4
q Reimbursement paid by related organization(s) for expenses.	:		X pt	×
r Other transfer of cash or property to related organization(s)			<b>×</b>	×
		:		>
מיוסן וומוסום כן ספטו כן לוססטול אינט ממוויק מיוסטול אינט ממוויק מיוסטול אינט מיוטטול אינט מיוטטיל אינט מיוטטול אינט מיוטטול אינט מיוטטיל אינט מיוטטיל אינט מיוטטיל אינט מיוטטיל אינט מיוטטיל אינט מיוטטיל אינט מיוטטיל אינט מיוטט				4
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b)	(c)	(b)	
	type (a-s)			
	;	000		
(1) Froiessional Goliers Assoc, MN Section	z	120,000.FMV	·FMV	
(2) Professional Golfers Assoc, MN Section	0	152,000.	Expense Paid	
(3)				
(4)				
Ę				
9				
532163 08-08-15	38		Schedule B (Form 990) 2015	015
77-70-80	)		1	<u>;</u>

41-1810679 Page 4

Schedule R (Form 990) 2015 MINNESOTA SECTION PGA FOUNDATION

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

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

.) ntage rship						
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No						
General or managing partner?						
250 -1-0 -1-0 -1-0 -1-0 -1-0 -1-0 -1-0 -1		 				
(i) le V-UE nedule m 1069						
am Coc of Sol			į			
Disproportional density Nes No						
(g) Share of end-of-year assets						
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(f) Share of total income						
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Areall Areall Sol(c)(3)						
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(d) lominan ated, un ted from	į					
(d) Predominant income related, unrelated, excluded from tax under sections 512-514)						
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(c) gal domic ate or fore country)						
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/ity						
(b) Primary activity						
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(a) address of entr						
(a) Name, address, and EIN of entity						
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Schedule R (Form 990) 2015