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CANNED NOV 15 2016

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Department of the Treasury

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.

2015 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990. A For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Southern Texas Prof. Golfers Association Address change Foundation Name change Doing business as 76-0466150 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 21604 Cypresswood Drive (832)442-2404 1,771,686. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return Spring, TX _ 77373 H(a) is this a group return Applica-F Name and address of principal officer Mike Ray for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status. X 501(c)(3) (insert no.) 4947(a)(1) or if "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1994 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities See Schedule O Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 25 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** Contributions and grants (Part-VIII, /line 1/h) 381,073. 268,312. Program service revenue (Part VIII, line, 2g), 681,716 460,613. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56. 6<u>1.</u> 10 0. 11 647. Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,746,633. 2,062,845. 12 13 Grants and similar amounts paid (Part IX, Column (A), lines 1-3) 96,702 108,198. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) ,845,110 1,542,043. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 941,812 ,650,241. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 121,033. 96,392. Beginning of Current Year End of Year 521,233. 657,701. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 84,155 121,295. Net assets or fund balances Subtract line 21 from line 20 437,078. <u>536,406</u> Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign Mike Ray, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Use Only Firm's address Phone no.



May the IRS discuss this return with the preparer shown above? (see instructions)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		į	[
	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, 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,	İ		
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		i	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	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	•			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	 -
e -	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			77
	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			17
_	Schedule D, Parts XI and XII	12a		X
D	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	401		₹.
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	143		X
		14a	-	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		21
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-,-		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

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			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		
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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			İ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		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).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			w
04	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
32	Schedule N, Part II	20		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
U	Part V. line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	332		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	~~		
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
_	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form		2015)
			,	•

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Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 32 b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Х 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? 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6**b Organizations that may receive deductible contributions under section 170(c). X 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 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? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Form 990 (2015)

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

	Check if Schedule O contains a response or note to any line in this Part VI		_ · ·				\mathbf{x}
Sec	tion A. Governing Body and Management						
		•				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		16		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?		_		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			_	
	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	-		5		X
6	Did the organization have members or stockholders?		•		6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?	•			7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	lders. or				
_	persons other than the governing body?		,		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	: following:				
а	The governing body?	- ,	,		8a	x	
ь	Each committee with authority to act on behalf of the governing body?		•	F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the	<u> </u>			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		_X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	. affiliates.	F			
_	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	befor	e filing the form		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		J				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			F			
_	in Schedule O how this was done	•			12c	x	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	Ì		i	
а	The organization's CEO, Executive Director, or top management official			╽.	15a	х	
b	Other officers or key employees of the organization		•		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a				
	taxable entity during the year?				16a	i	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-		i		
	exempt status with respect to such arrangements?			.	16b	į	
Sec	tion C. Disclosure						-
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s or	ıly) av	aılab	le	
-	for public inspection. Indicate how you made these available. Check all that apply		. ,,-,	.,			
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			and f	inand	cial	
	statements available to the public during the tax year	_, _,					
20	State the name, address, and telephone number of the person who possesses the organization's body	oks an	d records: ▶				
	S. Texas PGA Section Controller - 561-624-8400						
	300 Avenue of Champions #205, Palm Beach Gardens,	FL	33410	_			

Foundation

76-0466150 Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A) Name and Title	(B) Average hours per		not c	Pos heck	more	l than is bot		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			recto	Highest compensated cmployee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVE ALTEMUS	5.00									
HONORARY PRESIDENT		X			<u> </u>	_	L	0.	0.	0.
(2) MARK STEINBAUER	3.00									
PRESIDENTIAL APPOINTEE		X				L		0.	0.	0.
(3) DALE MORGAN	3.00							i		
PRESIDENTIAL APPOINTEE		X			_	<u> </u>	<u> </u>	0.	0.	0.
(4) TODD GRASSI	3.00					Ì	'		'	
AT-LARGE ELECTED BY MEMBER		X	<u> </u>			╙		0.	0.	0.
(5) JAMES BROWN	3.00					!				
AT-LARGE ELECTED BY MEMBER		X		L.,	_	<u> </u>		0.	0.	0.
(6) BRANDON DIXON	3.00	}					l	_	_	
WESTERN CHAPTER PRESIDENT		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(7) GREG GARNER	3.00							_	_	
WESTERN CHAPTER VICE-PRESIDENT		X			_	┞		0.	0.	0.
(8) SCOTT CORY	3.00		ļ		ļ			_	_	
EASTERN CHAPTER PRESIDENT		X	_		<u> </u>	↓		0.	0.	0.
(9) DARRELL FUSTON	3.00							_	_	_
EASTERN CHAPTER VICE-PRESIDENT	 	X	_		ļ	╙		0.	0.	0.
(10) JEREMIAH CABRERA	3.00									
SOUTHERN CHAPTER PRESIDENT		X			-	<u> </u>	_	0.	0.	<u> </u>
(11) MIKE FERNUIK	3.00									_
SOUTHERN CHAPTER VICE-PRESIDENT		X	-	_	_	_		0.	0.	0.
(12) JASON BLACK	3.00						ĺ			_
INDEPENDENT DIRECTOR	1 2 00	X	-	<u> </u>	-	₩	-	0.	0.	0.
(13) MATT FLORY	3.00	١							•	
INDEPENDENT DIRECTOR	10.00	X		<u> </u>	├	┾	_	0.	0.	0.
(14) JEFF STRONG	10.00	1		,,	Ì	1		1		_
PRESIDENT		-		X	├-	-	-	0.	0.	0.
(15) BRAD LARDON	5.00	ł		.				0.		•
VICE PRESIDENT	E 00	\vdash	\vdash	X	\vdash	+-	╁		0.	0.
(16) DOUG DESIVE	5.00	1		x				0.	0.	^
SECRETARY	36.00	 -	├-	^	\vdash	+-	\vdash		<u> </u>	0.
(17) MIKE RAY	30.00	1		x	•			0.	189 164	36,143.
EXECUTIVE DIRECTOR				12		1			<u> </u>	Form 990 (2015)

Form **990** (2015)

532007 12-16-15

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average ours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	-
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi		fr org and	pensa om th anizat d relat anizati	e ion ed
						 	_							
			_			_					-			
			-											
					<u> </u>					189,1	6.4	2	<i>c</i> 1	42
C	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A			-	••			0.	189,1	0.		6,1 6,1	0.
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	no r						0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	уее	, or	highest compensated e	mployee on	F	3	Yes	No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		4	х	
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	-				-		elat	ed organization or indivi	dual for services	S	_5_		x
1	Complete this table for your five highest co the organization. Report compensation for										npensa	ation f	rom	
	(A) Name and business	address	N	INC	E		_		(B) Description of s	ervices	C	(C ompe		n
					<u> </u>									
						·								
2	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	stec	d above) who received m	nore than			····	
	\$100,000 of compensation from the organ	ization >					0	_			L	Form 9	990 (2	2015)

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII .	<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	3	Federated campaigns	1a					<u> </u>
E			Membership dues	1b					
ا في ت			Fundraising events	1c	7,500.				
# F			Related organizations	1d	<u> </u>		ļ		
S,E			Government grants (contribut						
Sig.			All other contributions, gifts, gran	· —					
	-		similar amounts not included abo	l l	260,812.				
ĒQ			Noncash contributions included in lines	-					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		•	268,312.			
	-	-			Business Code				
9	2 8	а	JUNIOR TOURNAME	ENT REVE			1,360,363.		
ا کے			SPONSORSHIP REV		900099	100,250.			100,250.
Program Service Revenue		c		•					
E 9		d						-	
P. C.		_ B							
ا ية	1	f	All other program service reve	enue					
			Total, Add lines 2a-2f		•	1,460,613.			
	3		Investment income (including	dividends, inter					
			other similar amounts)		•	61.			61.
	4		Income from investment of ta	x-exempt bond (oroceeds				
i	5		Royalties		•				,
			•	(ı) Real	(II) Personal				
	6 :	а	Gross rents			1			
	1	ь	Less: rental expenses]			
			Rental income or (loss)						
			Net rental income or (loss)		•				
	7 :	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
	1	ь	Less: cost or other basis			1			
			and sales expenses						
		С	Gain or (loss)]			
- 1			Net gain or (loss)						
9	8		Gross income from fundraisin						
ě			including \$						
Other Reve			contributions reported on line	•	42 700				
Je.			Part IV, line 18		42,700. 25,053.				
ᅙ			Less: direct expenses		25,055.	17,647.			17 647
			Net income or (loss) from fund			17,047.			17,647.
	9 :	а	Gross income from gaming a						
			Part IV, line 19	a		†			
			Less direct expenses	b		1			
			Net income or (loss) from gan						
	10	а	Gross sales of inventory, less						
			and allowances	. а		-			
			Less: cost of goods sold		·				
		<u>c</u>	Net income or (loss) from sale						
		_	Miscellaneous Revenu		Business Code	7			
	11 :								
		b				 	<u> </u>		
		C	All other revenue						
		d	Total. Add lines 11a-11d		<u> </u>		 		
	12	E	Total revenue See instructions.			1.746.633	1,360,363.	0	. 117,958.
	14		TOTAL LEAGURE CON MORROLOGIS.		·		<u>,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u>-,////// </u>

Foundation

Part IX | Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 40,948 40,948 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 67,250 67,250 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 105,555. 105,555 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 33,830. 16,915. 16,915. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 77,015. 77,015. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 21 Payments to affiliates 2,176. 1,088. 1,088. Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MANAGEMENT FEE 737,906. 516,534 221,372. TOURNAMENT OPERATIONS <u>493,825.</u> 493,825. TOURNAMENT PRIZES 34,202. 34,202. 32,730. 32,730. d PRINTING & PUBLISHING 24,804. 195 24,609 e All other expenses 1,650,241. 239,570. Total functional expenses. Add lines 1 through 24e 1,410,671. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in the	nis Part X	·		
	· ·			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	L	<u>250,232.</u>	1	279,705
	2	Savings and temporary cash investments	L	61,048.	2	<u>58,354</u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	Ĺ		4	
	5	Loans and other receivables from current and former officers, di	rectors,			
		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), at				
		employers and sponsoring organizations of section 501(c)(9) volu				
2		employees' beneficiary organizations (see instr) Complete Part I	l of Sch L		6	
¥33413	7	Notes and loans receivable, net			7	
ζ.	8	Inventories for sale or use	. L		8	
	9	Prepaid expenses and deferred charges		6,657.	9	6,657
	10a	Land, buildings, and equipment cost or other				
	ļ	basis. Complete Part VI of Schedule D . 10a	22,248.			
	b	Less accumulated depreciation	16,658.	<u>7,765.</u>	10c	5,590
	11	Investments · publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11	L		12	
	13	Investments - program-related See Part IV, line 11	. L		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		<u>195,531.</u>	15	307,395
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		521,233.	16	657,701
	17	Accounts payable and accrued expenses	<u> </u>		17	
	18	Grants payable .		·	18	
	19	Deferred revenue		84,155.	19	121,295
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedu	ule D		21	
ß	22	Loans and other payables to current and former officers, directo	rs, trustees,			
		key employees, highest compensated employees, and disqualific	ed persons.			
		Complete Part II of Schedule L			22	
,	23	Secured mortgages and notes payable to unrelated third parties	· _		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related	third			
		parties, and other liabilities not included on lines 17-24) Comple	te Part X of			
	İ	Schedule D	<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25		84,155.	26	<u>121,295</u>
		Organizations that follow SFAS 117 (ASC 958), check here	X and			
Net Assets of Fund Balances	}	complete lines 27 through 29, and lines 33 and 34.		200 405		405.004
	27	Unrestricted net assets	· }	382,125.	27	486,224
	28	Temporarily restricted net assets		54,953.	28	50,182
2	29	Permanently restricted net assets	— +		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check	here 🕨 📖			
5	Ì	and complete lines 30 through 34.	İ			
מנו	30	Capital stock or trust principal, or current funds	-		30	
í T	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
e	32	Retained earnings, endowment, accumulated income, or other for	unds	425 050	32	-
~	33	Total net assets or fund balances	}-	437,078.	33	536,406
	34	Total liabilities and net assets/fund balances		521,233.	34	657,701. Form 990 (2015

Southern Texas Prof. Golfers Association Form 990 (2015) 76-0466150 Page 12 Foundation Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1,746,633. 1 2 Total expenses (must equal Part IX, column (A), line 25) ,650,241. 2 Revenue less expenses Subtract line 2 from line 1 96,392. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 437,078. 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 2,936. Prior period adjustments 8

9

10

536,406.

Form 990 (2015)

Other changes in net assets or fund balances (explain in Schedule O)

Part XII Financial Statements and Reporting

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 ____ Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Both consolidated and separate basis Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

9

10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Southern Texas Prof. Golfers Association Employee

Employer identification number

		<u> </u>	dation					0-0400130
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part.) Se	e instructions	
The ·	organ	ization is not a private found	ation because it is. (For lines 1 through 11, c	heck only	one box)		
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ))		
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170)(b)(1)(A)(ii	ii).	
4	一	A medical research organiz					•	the hospital's name
•		city, and state		,				ino mospital o mamo,
5	$\overline{}$	An organization operated for	or the henefit of a co	llege or university owner	d or operat	ted by a d	Overnmental unit describ	ed in
3		section 170(b)(1)(A)(iv). (C		nogo or anivorsity owner	or opera	tou by a g	overnmental unit describ	190 111
_		· · · · · · ·	•			-0/L\/4\/A\		
6	片	A federal, state, or local go						
7	لــــا	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)					
8	닏	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)			
9	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975
	_	See section 509(a)(2). (Cor	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).	
11		An organization organized a	and operated exclus	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3) , C	check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and com	nplete lines	s 11e, 11f, and 11g	
а		Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority (of the dire	ctors or trustees of the s	upporting
		organization You must o	omplete Part IV, Se	ections A and B.	-			
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	vina
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s) You mus			,			•
c		Type III functionally inte	· · · · · · · · · · · · · · · · · · ·		in connec	tion with, a	and functionally integrate	ed with.
_		its supported organizatio	•					,
d		Type III non-functionally		· · · · · · · · · · · · · · · · · · ·		-	-	zation(s)
_	_	that is not functionally int	· · · · · · · · · · · · · · · · · · ·					, ,
		requirement (see instruct	-		•		•	
e		Check this box if the orga	•	•	-			
Ŭ		functionally integrated, or					, po ., . , po, . , po	
	Ente	er the number of supported of		,,a.,g.a.aa aappon	ng organi	Lation		
		vide the following information		ed organization(s)			•	
		i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
								
				-				
-								
						 		
F-4-						Į I		

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 Foundation 76-0466150 Page 2

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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")									
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to		1		1					
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included		Ì	1						
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support			-						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4		_							
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources		<u> </u>							
9	Net income from unrelated business									
	activities, whether or not the		1							
	business is regularly carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc (see instructi	ons)			12				
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stor	here			<u> </u>	<u>:</u>				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			Y				
	Public support percentage for 2015 (•	column (f))	•	14				
15	Public support percentage from 2014	Schedule A, Part	II, line 14		-	15	%			
16a	33 1/3% support test - 2015. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and			
	stop here. The organization qualifies		_				. ▶∟_			
b	33 1/3% support test - 2014. If the c	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	• •	· · · · · · · ·				▶ ـ			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances tes	_				-				
	more, and if the organization meets the				-					
	organization meets the "facts-and-circ					•	▶Щ			
18	Private foundation. If the organization	<u>in did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17						
					Sche	edule A (Form 990	or 990-EZ) 2015			

532022

Schedule A (Form 990 or 990 EZ) 2015 Foundation

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

76-0466150 Page 3

(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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014(e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 211,013. 217,781. 269,473. 381,073. 257,374 1,336,714. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 809,727. 887,073. organization's tax-exempt purpose 1,018,708 1,329,771 1,360,363 5,405,642, 3 Gross receipts from activities that are not an unrelated trade or bus-83,792. 71,118. 145,948. 351,945. 142.950. iness under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 1,091,858 1,188,646 1,434,129 2.062.789 1.760 687 7,538,109. 7a Amounts included on lines 1, 2, and 3 received from disgualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the <u>12,014</u> 39,901 43,120 66,560 57,393 218,988. amount on line 13 for the year 12,014 39,901 43,120 66,560 .393 218,988. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) 7.319.121 Section B. Total Support (a) 2011 (b) 2012 (c) 2013(d) 2014 Calendar year (or fiscal year beginning in) (e) 2015 (f) Total 9 Amounts from line 6 1,091,858 1,188,646 1 434 129 2,062,789 1,760,687 7,538,109. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,393. 1,335 45 56 61 3,890. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,393. 1,335. 45. 56. 61 3,890. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 19,920 19,920. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 1,094,251, 1,209,901. 13 Total support (Add lines 9, 10c, 11, and 12) 1,434,174, 2,062,845 7,561,919. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 96.79 15 % 16 Public support percentage from 2014 Schedule A, Part III, line 15 16 97.16 % Section D. Computation of Investment Income Percentage .05 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 .09 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

532023 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 Foundation

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

and D, and complete Part V)

	Sections A, D, a	nd E If you	checked 1	11d of Part I,	complete \$	Sections A			
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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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?
- 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.
- 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)
- 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.)

Г		Yes	No
Ì	1		
	2		
	3a		
	3b		
	3c_		
ŀ	4a		
	4b		
ŀ	4c		
İ			
	5a		
ŀ	5b		<u>_</u>
-	5c		
	į		
	6		
	7		
	8		
}	9a		 -
	9b		
	9c		
	10a		
	10b		
rm 99	00 or 99	0-EZ)	2015

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Schedule A (For

Sche	dule A (Form 990 or 990 EZ) 2015 Foundation	76-046615	0 P	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			}
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	<u>-</u>		
		<u> </u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		Ì	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	l	L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).			<u> </u>
Sec	tíon D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	•		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soc	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee ins			
1	The organization satisfied the Activities Test Complete line 2 below	ructions):		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	tv (eno inetrictione	١	
2	Activities Test Answer (a) and (b) below.	ty (See Instructions	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		168	<u>No</u>
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		ŀ	
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	J	

	dule A (Form 990 or 990 EZ) 2015 Foundation			<u>76-0466150 Page€</u>
<u>P</u> a	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	_ 6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
—-е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)]
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		-	
	see instructions)	4		<u> </u>
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		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting ord	ganization (see
-	instructions)			,

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Foundation 76-0466150 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015 b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4 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 and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7 b c Excess from 2013 d Excess from 2014 Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pa		anization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or el		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic stru	 ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	
_	year ▶	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-	>	,	g. ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year
	▶ \$, ,	3 - 7
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	•	· ·
	conservation easements.		
Pa	t 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 (AS	C 958), not to report in its revenue statement :	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items.		-
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
-	the following amounts required to be reported under SFAS 11	_	• •
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 900. Part V	· · · · · · · · · · · · · · · · · · ·	▶ \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

	dule D (Form 990) 2015 Foundat:							<u> 76-04</u>			<u>age 2</u>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Other	Simila	r Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	is, checl	k any of the	following that	are a sigi	nificant u	se of its	collection	ı ıtem	is
	(check all that apply).										
а	Public exhibition	c		Loan or exc	hange progra	ms					
ь	Scholarly research	E		Other	5 , 5						
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	nev further t	he organizatio	nn's avam	nt nurno	se in Par	YIII		
5	During the year, did the organization solicit or							JC III I ZII			
3	to be sold to raise funds rather than to be ma		-		*	n Sirillar a	33013		٦٧		7
Po	t IV Escrow and Custodial Arrang					V" F	000	<u></u>	Yes		_ No_
rai	reported an amount on Form 990, Par		ete ii trie	organizatio	in answered	Tes on F	om 990	, Part IV,	line 9, or		
											
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	is or other ass	sets not in	cluded	_	٦	_	7
	on Form 990, Part X?							<u> </u>	Yes		No
b	if "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year	-					1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or ci	ustodial accoi	unt liability	/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided on	Part XIII					j
Pai											
L	· · · · · · · · · · · · · · · · · · ·	(a) Current year		rior year	(c) Two years			ars back	(e) Four	vears	hark
1a	Beginning of year balance	(a) carrorate	\2,	nor your	(b) in a your	o buon (C	<u>, 111100 j</u>	are each	10) 1 001	<u> </u>	Duon
la L	0-1-1-1-1-1										
-	· · · · · · · · · · · · · · · · · · ·										
С	Net investment earnings, gains, and losses	_			-	-+				—	
d	Grants or scholarships									—	
е	Other expenditures for facilities										
	and programs				-						
f	Administrative expenses					 - -					
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıster	red for the	organiza	ation	_		
	by								[-	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		-					•	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?		- •			3b		
4	Describe in Part XIII the intended uses of the	•			-						
	t VI Land, Buildings, and Equipm			101100							
	Complete if the organization answered		n Part I	/ line 11a 9	See Form 900	Part Y lir	ne 10				
		(a) Cost or o			or other				(d) Dool		
	Description of property	basis (investi			(other)		umulated eciation	'	(d) Book	value)
		Dasis (investi	непц	Dasis	(Carier)	Gebie	- CIALIUIT	+-		—	
1a	Land	_						-+-			
b	Buildings							$-\!\!\!\!\!+\!\!\!\!\!-$			
C	Leasehold improvements				0.40						
d	Equipment			2	2,248.		16,65	8.		5,59	<u> 90.</u>
	Other			<u> </u>				-			
Total	LAdd lines 1a through 1e. (Column (d) must ei	gual Form 990 Parl	X colur	nn (R) line 1	(Oc.)				C	5 50	a۸

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

(7) (8)

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

l Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		ao por riotarri.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	L-8-34L	
3	Subtract line 2e from line 1		3
Δ	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
¢	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C			
·	Add lines 4a and 4b		4c
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information.		5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	; Part IV, lines 1b and 2b,	5
5 Pa ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
5 Pa i Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public

Schedule G (Form 990 or 990-EZ) 2015

Name of the organization Southern Texas Prof. Golfers Association **Employer identification number** Foundation 76-0466150 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col (i) Y<u>es</u> No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

532081 09-14-15

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

	edu irt	e G (Form 990 or 990 EZ) 2015 Foundat I Fundraising Events. Complete if the		I "Vos" on Form 990. Pa	76-	-0466150 Page 2
		of fundraising event contributions and gi				
			(a) Event #1 EASTERN PRO-AM ST	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through col (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .	50,200.			50,200.
	2	Less Contributions	7,500.			7,500.
	3	Gross income (line 1 minus line 2)	42,700.			42,700.
	4	Cash prizes	5,675.			5,675.
	5	Noncash prizes	3,500.			3,500.
Direct Expenses	6	Rent/facility costs	0.			
Irect E	7	Food and beverages .	12.			12.
_	8	Entertainment	0.			
	9	Other direct expenses	15,866.			15,866.
	10	Direct expense summary. Add lines 4 throug			. •	25,053.
P	11 11	Net income summary Subtract line 10 from III Gaming. Complete if the organization		990 Part IV line 19 or	reported more than	17,647.
		\$15,000 on Form 990-EZ, line 6a		. 555, 1 411 11, 1115 15, 51	roportos moro mar.	
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(2, 590	bingo/progressive bingo		col (a) through col (c))
æ		Green royanya				
_	 ' -	Gross revenue				
nses	2	Cash prizes .				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5_	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)			
	8	Net gaming income summary Subtract line	7 from line 1, column (d)	<u> </u>		
a	ls t	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain	activities in each of these		·	Yes No
		ore any of the organization's gaming licenses r Yes," explain:		_	year?	Yes No
5320		9-14-15			Schedule G (For	rm 990 or 990-EZ) 2015

•	Southern Texas Prof. Golfers Association			
		<u>-0466</u>	<u> 515(</u>) Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	Ll No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	_	1	
	to administer charitable gaming?		Yes	L No
	Indicate the percentage of gaming activity conducted in	1	ı	
	The organization's facility	13a	$\overline{}$	%
	An outside facility	13b	<u>.L</u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
•	s If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Gaming manager compensation > 3			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
	notain the state gamming hostiles. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
-	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	, lines 9	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)			
				
	<u></u>			
	083 09-14-15 Schedule G (Fo		OF 000	
5320	183 09-14-15 Schedule G (FC	···· 620	J. 25U	-LEJ ZU 10

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990

Open to Public OMB No 1545-0047 2015

Inspection

76-0466150

2

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Southern Texas Prof. Golfers Association General Information on Grants and Assistance criteria used to award the grants or assistance? Foundation Name of the organization Part I

X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	onal space is need	þe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARMON FAMILY FOUNDATION 1806 NANTUCKET DRIVE HOUSTON, TX 77057	76-0398243		6,484,	0	ВООК		TO PROMOTE THE GROWTH OF
TEXAS CHILDREN'S HOSPITAL 6621 FANNIN ST HOUSTON, TX 77030	74-1100555		8,235,	0	ВООК		TO HELP WITH EXPENSES OF SICK CHILDREN.
BOOT RANCH HALL FOUNDATION 104 S ELK ST, STE 2 <u>FREDERICKSBRG</u> TX 78624	46-2464388		5,697,	0	BOOK		TO HELP FUND

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

34

Schedule | (Form 990) (2015) Foundation

Part III

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.

Page 2

76-0466150

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 000 500 3,000 20,000 (c) Amount of cash grant (b) Number of recipients COLLEGE SCHOLARSHIP - HARDY LOUDERMILK SCHOLARSHIP COLLEGE SCHOLARSHIP - TOMMY AYCOCK SCHOLARSHIP COLLEGE SCHOLARSHIP - BILL SITTON SCHOLARSHIP COLLEGE SCHOLARSHIP - D HARMON SCHOLARSHIP COLLEGE SCHOLARSHIP - HANNON SCHOLARSHIP (a) Type of grant or assistance

Part I, Line 2:

CHECKS ARE MAILED DIRECTLY TO THE UNIVERSITY WHERE THE SCHOLARSHIPS WILL BE

USED. UNIVERSITIES ARE THEN GIVEN INSTRUCTIONS TO SPLIT PAYMENTS OF THE

SCHOLARSHIPS ACROSS MULTIPLE TERMS TO ENSURE THE MONEY IS USED OVER THE

COURSE OF THE FULL ACADEMIC YEAR

532102 10-28-15

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Golfers	!
Prof.	i
Texas	u
Southern	Foundatio
	- 1

Schedule I (Form 990) Schedule I (Form 990) Poundation Poundation Poundation	FIOL: GO	GOLLEIS ASSO	ASSOCIACION Schedule I (Form 990), Part III		76-0466150 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIP - G TERMEER SCHOLARSHIP	8	600 St.	c		
COLLEGE SCHOLARSHIP - R LYONS SCHOLARSHIP	1		0		
COLLEGE SCHOLARSHIP - WARREN SMITH SCHOLARSHIP	1,	2 000	0		
COLLEGE SCHOLARSHIP - STAFANI	8	18,750	o		
COLLEGE SCHOLARSHIP - STUDENT ATHLETE FOUNDATION	1,1	1,000.	0		
COLLEGE SCHOLARSHIP - HILL COUNTRY MGA SCHOOL	1.	1,500	0		
	1	1,000,	0		
					Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

Schedule J (Form 990) 2015

4-	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	ا مر		Yes	No
ы	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	,0,			•
	First-class or charter travel Housing allowance or residence for personal	Luco			1
	X Travel for companions Payments for business use of personal resid	I.			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ence			
	Discretionary spending account Personal services (e.g., maid, chauffeur, cher				
	Personal services (e.g., maid, chauneur, che	"			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	F			_
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	х	
		·	-		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	n's			ĺ
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization		ĺ		
	establish compensation of the CEO/Executive Director, but explain in Part III				l
	Compensation committee X Written employment contract				l
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation com	ımıttee			l
			İ		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization.	İ	i		
а	Receive a severance payment or change of control payment?		4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	[4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	· · · [4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	Γ			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of.				
а	The organization?	լ	5a		<u>X</u>
b	Any related organization?	Ĺ	5b		_X_
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
	contingent on the net earnings of:	[Į	
а	The organization?	L	6a		<u>X</u>
b	Any related organization?	L	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	į			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		ļ		
	not described on lines 5 and 6? If "Yes," describe in Part III	Ĺ	7		<u>X</u> _
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			T	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	. L	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53 4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	990)	2015

Foundation

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 76-0466150

Page 2

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(a)-(a)(a)	in column (B) reported as deferred on prior Form 990
(1) MIKE RAY	Ξ	0	0	0	0	0	0	
EXECUTIVE DIRECTOR	⊞	189,164.	0	0	14,000.	22,143.	225,307.	0
	Ξ							
	⊞							
	ε							
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Schedule J (Form 990) 2015

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

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

Name of the organization

Southern Texas Prof. Golfers Association Foundation

Employer identification number 76-0466150

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

Form 990, Part I, Line 1, Description of Organization Mission:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
Form 990, Part III, Line 1, Description of Organization Mission:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
Form 990, Part III, Line 4a, Program Service Accomplishments:
YOUTH THAT HAVE DEMONSTRATED A HIGH LEVEL OF ACHIEVEMENT IN HIGH SCHOOL
AND COLLEGE, AND HAVE DEMONSTRATED A FINANCIAL NEED. SINCE 1999, THE
SOUTHERN TEXAS PGA FOUNDATION HAS AWARDED MORE THAN 275 SCHOLARSHIPS
VALUED AT OVER \$700,000.

08571101 791870 S.TEXASFOUND 2015.04030 Southern Texas Prof. Golfer S_TEXA01

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

THE EXECUTIVE DIRECTOR OF THE SOUTHERN TEXAS PGA SECTION REVIEWS THE

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

532211 09-02-15

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

Schedule O (Form 990 or 9	90·EZ) (2015)	Page 2
Name of the organization	Southern Texas Prof. Golfers Association Foundation	Employer identification number 76-0466150
RETURN IS SEN	T TO THE BOARD OF DIRECTORS PRIOR TO FILING	FOR FINAL
APPROVAL.		
Form 990, Par	t VI, Section B, Line 12c:	
BOARD MEMBERS	ARE REQUIRED TO SIGN A FORM ANNUALLY DISCLO	SING ANY POTENTIAL
CONFLICTS OF	INTEREST.	
Form 990, Par	t VI, Section B, Line 15a:	
THE ORGANIZAT	ION HAS NO EMPLOYEES. THE EXECUTIVE DIRECTOR	IS COMPENSATED BY
A RELATED 501	(C)(6) TAX-EXEMPT ORGANIZATION, THE PROFESSI	ONAL GOLFERS
ASSOCIATION O	F AMERICA SOUTHERN TEXAS SECTION. THE ORGAN	IIZATION REIMBURSES
A PORTION OF	WAGES PAID TO THE EXECUTIVE DIRECTOR BY THE	RELATED ENTITY.
THE PROCESS F	OR DETERMINING THE COMPENSATION OF THE ORGAN	IZATION'S
EXECUTIVE DIR	ECTOR BY THE RELATED ORGANIZATION INCLUDES R	EVIEW AND APPROVAL
BY THE BOARD,	COMPARISON TO A COMPENSATION STUDY, AND DOC	UMENTATION IN A
WRITTEN EMPLO	YMENT CONTRACT APPROVED BY THE BOARD.	
Form 990, Par	t VI, Section C, Line 19:	
THE ORGANIZAT	ION MAKES ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS
AVAILABLE TO	THE PUBLIC BY CONTACTING OUR OFFICE AND REQU	ESTING THAT IT BE
MADE AVAILABL	E TO THEM.	

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.

Open to Public Inspection 2015

OMB No 1545-0047

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

Employer identification number 76-0466150

Southern Texas Prof. Golfers Association Foundation Name of the organization

Part	Identification of Disregarded Entities Complete if the organizati		on answered "Yes" on Form 990, Part IV, line 33					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) End-of-year assets		(f) Direct controlling entity	
			;					
Part	Identification of Related Tax-Exempt Organizations Complete organizations during the tax year		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bed	cause it had one c	r more related tax-exer	npt	:
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	2(b)(13) led
					501(c)(3))		Yes	8
PROFES	PROFESSIONAL GOLFERS ASSOC OF AMERICA SOUTHERN TEXAS SECTION - 74-1595548, 21604							
CYPRES	CYPRESSWOOD DRIVE, SPRING, TX 77373	GOLF TOURNAMENTS	Texas	501(C)(6)	N/A	N/A		×

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

532161 09-08-15 LHA

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Schedule R (Form 990) 2015

Southern Texas Prof. Golfers Association Foundation

Schedule R (Form 990) 2015

76-0466150 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

Page 2

(a)	(q)	9	Ð		\vdash	E	(6)		£	()	9	8
Name, address, and EIN of related organization	Primary activity	country)	Direct controlling entity	Predomir (related, excluded fr sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentag managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	janizations Taxable a	as a Corpo	ration or Trust Cor ear	mplete if th	e organization	answered "Yes	" on Form 9	190, Part IN	/, line 34	because it had or	ne or mor	e related
(a) Name, address, and EIN of related organization	Z c	Рите	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)		(f) Share of total income	<u> </u>	(g) Share of Perend-of-year ow	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		:										
						_						
532162 09-08-15				43					1	Schedule	R (Form	Schedule R (Form 990) 201

Southern Texas Prof. Golfers Association Foundation Schedule R (Form 990) 2015

Page 3

76-0466150

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

) 2015)66 LL	₹ (For	Schedule R (Form 990) 2015		44	532163 09-08-15
						(9)
						(5)
						(4)
						(3)
			FMV	83,840.FMV	Qι	PROFESSIONAL GOLFERS ASSOC OF AMERICA (2) SOUTHERN TEXAS SECTION
			FMV	653,999.FMV	0	ASSOC OF
		olved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			relationships and transaction thresholds	this line, including covered	who must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
<×		- 			İ	Citier transfer of cash or property from related organization(s) Cither transfer of cash or property from related organization(s)
	∢ ×	우 \$				p Reimbursement paid to related organization(s) for expenses
	₩	9				
_	×	۶			(s) uoii	Sharno of facilities, equipment, mailing lists, or other assets with relati
×	<u> </u>	: <u>E</u>			anization(s)	n enformance of services or membership of fundraising solucitations by related organization(s)
×		₹			anization(e)	
×		*				k Lease of facilities, equipment, or other assets from related organization(s)
×		F				i Lease of facilities, equipment, or other assets to related organization(s)
×	_	F				
×		두				
×	_	5				o Sale of assets to related organization(s)
×		*				f Dividends from related organization(s)
×		ə				e Loans or loan guarantees by related organization(s)
×	_	₽				d Loans or loan guarantees to or for related organization(s)
×	4	읟				c Gift, grant, or capital contribution from related organization(s)
×		9				b Gift, grant, or capital contribution to related organization(s)
×		19)	>	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			ın Parts II-IV?	related organızations listec	is with one or more	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
2	res					Note. Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule

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Foundation

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2015

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 revenué) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	A)		Contain investment partitionings.		9	(3)	3	8	5	1
Name, address, and EIN	Primary activity	nicile	Predominant income partie	Are all Street	Share of	(9) Share of	Olsproper-	Code V-UBI	U) General or F	(N) Percentage
of entity		(state or foreign country)	(related, unrelated, 501) excluded from tax under 000 sections 512-514) Yes		total income	end-of-year assets	allocations?	allocations of Schedule K-1 partner? ownership	managing partner?	ownership
					-					
					-					
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									+	
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							-			
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