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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

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

Open to Public Inspection

Ar	OT UIE	2015 calendar year, or tax year beginning	and	enaing	_	
Bo	heck if	C Name of organization			D Employer iden	tification number
	Addre	UTAH PGA JUNIOR GOLF FO	OUNDATION			
	Name	Doing business as			1 87-	-0676350
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone num	
	Final	580 WEST 3300 SOUTH	,			-566-1005
	termin	City or town, state or province, country, and	ZIP or foreign postal code	·	G Gross receipts \$	421,638.
Г	Ameno		115		H(a) Is this a grou	
F	Applic				for subordina	
	pendi	SAME AS C ABOVE	IN DENEZIA		H(b) Are all subordinat	· · — —
	'AV AV	The state of the s		or 527	1 ` 1	h a list. (see instructions)
			(Illsert 110.) 4947(a)(1)	01 321	1 '	·
	Vebsit		sociation Other	I. Voor	H(c) Group exemp	
	irt I	Summary	SOCIALIUII UIIICI P	IL Year	or formation; 2002	M State of legal domicile; UT
		Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	JLE O	
Activities & Governance			<u></u>			
řī	2	Check this box 🕨 🔲 if the organization discor	itinued its operations or dispo	sed of more	than 25% of its ne	t assets.
8	3	Number of voting members of the governing body	(Part VI, line 1a)		L	з 10
ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		· · · · · · · · · · · · · · · · · · ·	4 10
S &	5	Fotal number of individuals employed in calendar y	ear 2015 (Part V, line 2a)			5 0
ήţ		Fotal number of volunteers (estimate if necessary)			· · · · · · · · · · · · · · · · · · ·	6 10
ŧ	7 a	Total unrelated business revenue from Part VIII, co				7a 0.
•		Net unrelated business taxable income from Form				7ь О.
			EN ASI		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	PRECEIVE	701	27,081	
Revenue		Program service revenue (Part VIII, line 2g)	1000	10 191	374,476	
		nvestment income (Part VIII, column (A), lines 3, 4,	and 7dial LOV @ 7 20	13\\$ <u>7</u>	10,456	
Ē		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	• المادة والمحتمال). 0.
		Fotal revenue - add lines 8 through 11 (must equal		בונייי	412,013	
	1	Grants and similar amounts paid (Part IX, column (5,200	
	l	Benefits paid to or for members (Part IX, column (A	- I	··		0.
	1	Salaries, other compensation, employee benefits (F		· · ·		0.
98	l	Professional fundraising fees (Part IX, column (A), li	. , , , ,			0.
Expenses	i	Fotal fundraising expenses (Part IX, column (D), line		. i.		
М	l	Other expenses (Part IX, column (A), lines 11a-11d,	· · · ————		390,040	401,864.
		Total expenses. Add lines 13-17 (must equal Part I)			395,240	
		Revenue less expenses. Subtract line 18 from line		· ·	16,773	
-8	10	Tevende less expenses. Subtract line 10 nom line	12		ginning of Current Ye	
Fund Balances	20	Fotal assets (Part X, line 16)		100	335,854	
æ	21	Fotal liabilities (Part X, line 26)			68,388	
弱	22	Net assets or fund balances. Subtract line 21 from			267,466	
<u>H</u>	rt II	Signature Block	IIII	1	207,400	230,303.
		ties of perjury declare that thave examined this return,	including accompanying cohodule	ne and etatom	ents and to the hest o	f my knowledge and helief it is
		and complete Declaration of reparent office than office				i illy kilowieuge allu bellei, it is
uue,	COITE	, and complete Declaration of prepared organization conce	I) IS DASED OIL AIL INIOITHALIOH OF W	ilicii preparei	nas any knowledge.	10-110
P:	_	Signature of officer			Date	W 1/P
Sigi			E DIRECTOR			
Her	е	Type or print name and title	E DIRECTOR		· · · · · · · · · · · · · · · · · · ·	
	-		B	11	Date Check	PTIN
		Print/Type preparer's name	Preparer's signature		It	<u> </u>
Paid			· · .			nployed
•	arer	Firm's name			Firm's EIN	>
USE	Only	Firm's address				
					Phone no.	
Mav	the II	IS discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

	990 (2015) UTAH PGA JUNIOR GOLF FOUNDATION 87-0676350 Page till Statement of Program Service Accomplishments
a	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	SEE SCHEDULE O
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
— a	(Code) (Expenses \$ 340, 108. Including grants of \$ 15,000.) (Revenue \$ 139, 424.
	THE FOUNDATION SCHEDULED, CONDUCTED, PROMOTED, AND ADMINISTERED A FULL
	CALENDAR OF GOLF TOURNAMENTS AND EVENTS FOR THE JUNIOR CONNECTION GOLF
	LEAGUE, UTAH HIGH SCHOOL GOLF EVENTS AND ACTIVITIES, NATIONAL JUNIOR
	CHAMPIONSHIPS AND QUALIFYING EVENTS, PARENT/JUNIOR PROGRAMS, AND PLAY GOLF OF AMERICA EVENTS.
	GOLF OF AMERICA EVENTS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	THE FOUNDATION ORGANIZES COUPONS DONATED FROM LOCAL GOLF COURSES AND
	PACKAGES THESE FOR SALE TO PROMOTE THE GAME OF GOLF. PROFITS FROM THE GOLF PASS SUPPORT JUNIOR GOLF PROGRAMS OF THE FOUNDATION.
	GODI TADO BOTTONI GONION GODI TROGRAMO OF THE POUNDATION.
;	(Code) (Expenses \$
	Other program services (Describe in Schedule O)
d	
d	(Expenses \$ Including grants of \$) (Revenue \$) Total program service expenses ► 340,108.

Part IV Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 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 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D. Part III 8 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX X 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 18 X 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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
ь	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
~~	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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		-^ -
·	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 ^
-	contributions? H "Vos." complete Schodulo M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			 ^
•	If "Yes," complete Schedule N, Part I	31	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
· -	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

Form 990 (2015)

UTAH PGA JUNIOR GOLF FOUNDATION 87-0676350 Form 990 (2015) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 9 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 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? 2h 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 3a b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O **3b** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X **7**f 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? h 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. 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? 9Ъ Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 1Ωa Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 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

Form **990** (2015)

X

13a

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

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

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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	<u> </u>			<u> X</u>			
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 year1a	10						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	10	į					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
2			2		X			
_	officer, director, trustee, or key employee?	···· ·	-					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision.				v			
	of officers, directors, or trustees, or key employees to a management company or other person?	· · · · ·	3		<u>X</u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_5_		<u> </u>			
6	Did the organization have members or stockholders?		6		<u> </u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		j					
	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		l					
	persons other than the governing body?	[7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1					
а	The governing body?		8a	X				
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
		-		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		X			
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
_	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		10b	Х				
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 ia	41				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X				
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	}	12b	X				
b		· ·	120					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-	v				
40	In Schedule O how this was done	}	12c	<u> </u>	77			
13	Did the organization have a written whistleblower policy?		13		X			
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 approval by independent	rt						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			~~				
	The organization's CEO, Executive Director, or top management official		15a	X				
Ь	Other officers or key employees of the organization		15b	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1					
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ						
	exempt status with respect to such arrangements?	<u></u>	16b		l			
<u>Sec</u>	tion C. Disclosure	· · · · · · · · · · · · · · · · · · ·						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	(3)s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicv. and	finan	cial				
	statements available to the public during the tax year.	, w.u						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•						
	UTAH SECTION CONTROLLER - 561-624-8400							
	300 AVE OF CHAMPIONS #205, PALM BCH GARDENS, FL 33418							
	SOU MAD OF CHARM TOND #203, FAUN DON GARDENS, FU 33410		Form	000	/201E\			

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

Charleston box if mish a standard constitution may be a second or second or

X

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck i	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is bot	han	compensation	compensation	amount of
	week	officer and a direc			recto	ector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	5						organization	(W-2/1099-MISC)	from the
	related	eg e	trust		92	De De		(W-2/1099-MISC)		organization
	organizations below	ea t	<u> </u>		płoy	25				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) COLBY COWAN	1.00									_
HONORARY PRESIDENT		X		Ш				0.	0.	0
(2) LARRY OLSON	1.00									
DIRECTOR		X						0.	0.	0
(3) ROBERT MCARTHUR	1.00		ļ							1
DIRECTOR		X				L.		0.	0.	0
(4) KENT MCCOMB	1.00									
DIRECTOR		X				_		0.	0.	0
(5) JEFF BEAUDRY	1.00								_	
DIRECTOR		Х	<u> </u>					0.	0.	0
(6) CHRIS STOVER	1.00							_	_	_
PRESIDENT			<u> </u>	Х				0.	0.	0
(7) RYAN KARTCHNER	1.00								_	_
VICE PRESIDENT			ļ	X				0.	0.	0
(8) SCOTT WHITTAKER	10.00									
EXECUTIVE DIRECTOR		ļ.,,	ļ	X		_		0.	73,336.	12,051
(9) DEVIN DEHLIN	20.00	{	l							
FOUNDATION DIRECTOR		-	<u> </u>	X				0.	18,254.	4,830
(10) DUSTIN VOLK	1.00	-								
SECRETARY			<u> </u>	X				0.	0.	0
	<u> </u>	{	ļ		,					1
				\vdash						
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Form **990** (2015)

rai	Section A. Officers, Directors, Trus		ploy	rees			ghe	st C					
	(A)	(B)			() Pos	C) itior	,		(D)	(E)	ŀ	(F	
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		Estim	
		week					is bot or/trus		compensation	compensation from related	'	amou oth	
		(list any	Ę						the	organizations	cc		sation
		hours for	Individual trustee or director	_			20			(W-2/1099-MISC		from	
		related	age .	ruste		_	Bana		(W-2/1099-MISC)	!		_	zation
		organizations below	를	institutional trustee		Key employee	Highest compensated employes						lated
		line)	를	age.	Officer	E A	age of a	Ē	ļ		Or	rganız	ations
		-	┝▀	=	P	Ť	Ξ-6	-	 		_		
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		1	<u> </u>	L_	L	<u>. </u>		<u> </u>					
1b	Sub-total		-						0.	91,59		<u>16,</u>	881.
	Total from continuation sheets to Part V								0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.	91,59		<u> 16,</u>	881.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wi	no re	eceived more than \$100	0,000 of reportable			•
	compensation from the organization											Ye	0 s No
	Did the against an list and former officer	disastas as ta		- les				1	hishast componented o				3 110
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			-	•	•	oyee	-	•		З		\mathbf{x}
4	For any individual listed on line 1a, is the si						n and			the organization	· -	┪	+*
-	and related organizations greater than \$15								for such individual	-	4		X
5	Did any person listed on line 1a receive or									idual for services	·		
-	rendered to the organization? If "Yes," con					-					5	- [l x
Sec	tion B. Independent Contractors											•	
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of comp	ensatio	n fron	n
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	<u>nthir</u>	the organization's tax	year.			
	(A)							Ì	(B)	Ì		(C)	
	Name and business	address	N	<u>IMC</u>	<u> </u>			4	Description of s	services	Comp	pensa	tion
													
								\dashv					
								- }					
													
								\dashv					
	Total number of independent contractors (including but r	not li	mite	d to	the	se li	sted	l ahove) who received a	nore than	.		
•	\$100,000 of compensation from the organ				0		0						
	T Siege of exhibensement from the digate		_								For	m 99	0 (2015)
53200 12-16	3 15										, 01	,,, 00	O (2010)

					OR GOLF	FOUNDATION		87-0676	350 Page 9
Pa	πv	/111	→						
			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 1d 1sons) 1e 1s, and 1f	28,395.	28,395.			
Program Service Revenue		b c d e f	GOLF PASS REVEN JR TOURNAMENT R REGISTRATION RE SPONSORSHIP REV All other program service reve Total, Add lines 2a-2f	EVENUE VENUE VENUE		244,016. 112,379. 21,045. 6,000.			6,000.
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	▶	9,803.			9,803.	
	7	b c d a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	8	d a b	Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses						
)	9	a b c a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities. See a a bing activities areturns a b					
	11		Net income or (loss) from sale Miscellaneous Revenu	е	Business Code				

421,638.

e Total. Add lines 11a-11d

12 Total revenue. See instructions.

377,440.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22				
3	Grants and other assistance to foreign			<u>-</u>	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			· · · · · · · · · · · · · · · · · · ·	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	<u>-</u>			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	<u>-</u>			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,308.		2,308.	
12	Advertising and promotion	8,480.	8,480.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,578.	6,578.		······································
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<u></u>		
23	Insurance				·····
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	REIMBURSEMENT FEES	206,801.	132,353.	74,448.	
b	TOURNAMENT OPERATIONS	103,158.	103,158.		
C	FOOD & BEVERAGE	41,306.	41,306.		
d	PRINTING & PUBLISHING	19,592.	19,592.		
е	All other expenses	13,641.	13,641.		
25	Total functional expenses. Add lines 1 through 24e	416,864.	340,108.	76,756.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	i			
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X	(A)	T 1	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	39,590.	1	60,259
	Savings and temporary cash investments	230,979.	2	225,117
	Pledges and grants receivable, net		3	
	Accounts receivable, net		4	
	Loans and other receivables from current and former officers, directors.			
-	trustees, key employees, and highest compensated employees. Complete			
i	Part II of Schedule L		5	
1	Loans and other receivables from other disqualified persons (as defined under			
1 -	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary	'	1	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
n I	Notes and loans receivable, net		7	
8 7			8	
	Inventories for sale or use	11 010		10,151
I -	Prepaid expenses and deferred charges	11,010.	8 -	10,131
	Land, buildings, and equipment: cost or other		1	
ľ	basis. Complete Part VI of Schedule D	-		
	Less: accumulated depreciation		10c	
	Investments - publicly traded securities		11	
	Investments - other securities See Part IV, line 11		12	
	Investments - program-related. See Part IV, line 11		13	<u> </u>
	Intangible assets		14	45.056
	Other assets. See Part IV, line 11			47,953
	Total assets. Add lines 1 through 15 (must equal line 34)			343,480
	Accounts payable and accrued expenses	251.	17	<u>251</u>
	Grants payable		18	
	Deferred revenue		19	84,860
	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
¹ 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		1	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	68,388.	26	85,111
	Organizations that follow SFAS 117 (ASC 958), check here			
g	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	267,466.	27	258,369
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.		ļļ	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	267,466.		258,369
1	Total liabilities and net assets/fund balances			343,480
		000,004	. • •	Form 990 (201

	990 (2015) UTAH PGA JUNIOR GOLF FOUNDATION	87-067	<u> </u>	Pag	_{1e} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	421	, 6	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	416	, 8	64.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	<u>,7</u>	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	267	, 4	66.
5	Net unrealized gains (losses) on investments	5	<13	, 8	71.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	258	, 3	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>. </u>	
				'es	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2 a			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		34	- 1	

532012 12-16-15 Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

	UTAH	<u> PGA JUNIO</u>	R GOLF FOUND	<u>ATION</u>			<u>7-0676350</u>					
Part I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.						
he orga	nization is not a private found	dation because it is: ((For lines 1 through 11, o	heck only	one box.)							
1 🗀	A church, convention of ch	urches, or association	on of churches described	ın sectio	n 170(b)(1)(A)(i).						
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
з 🗀	A hospital or a cooperative					i).						
4	A medical research organiz					•	the hospital's name,					
	city, and state:	•					•					
5	, ··	or the benefit of a co	ollege or university owner	or operat	ed by a go	overnmental unit describ	ped in					
-	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
, <u> </u>												
	•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8 <u></u>	A community trust describe		(1)(A)(vi) (Complete Par	+ II V								
9 X	1				oontributu	na mambamba fasa s	and arona rossinta from					
8 LA.	- •	•	•	•			•					
	activities related to its exer	•	•			• •	-					
	income and unrelated busi		(less section 511 tax) Tr	om busine	sses acqu	ired by the organization	arter June 30, 1975.					
	See section 509(a)(2). (Co	•	1 b. 4 . 4 4 b. 11	f-4 . O								
10	An organization organized	•	•	-								
1	An organization organized											
	more publicly supported or	-					Dreck the box in					
	lines 11a through 11d that											
a L	Type I. A supporting org	•	•	•								
	the supported organizati	• • • • • • • • • • • • • • • • • • • •		a majority o	of the direc	ctors or trustees of the s	supporting					
	organization You must o	•										
Ь	Type II. A supporting org	•				•	-					
	control or management of			ame perso	ons that co	entrol or manage the sup	ported					
_	organization(s). You mus	•										
c L	Type III functionally into						ed with,					
г	ts supported organization		•	-	-	· ·						
d L	Type III non-functionall	y i ntegrated. A supp	porting organization oper	ated in co	nnection v	with its supported organi	zation(s)					
	that is not functionally in	•		-		•	iveness					
_	requirement (see instruct	•	•									
e L	Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
	functionally integrated, o	r Type III non-function	onally integrated support	ing organiz	zation.							
f En	ter the number of supported	organizations										
g Pr	ovide the following informatio			Visa Is Abs a			T 6.73 A					
	(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9	listed i	rganization n your	(v) Amount of monetary support (see	(vi) Amount of other support (see					
	Organization		above (see instructions))		document?	instructions)	instructions)					
				Yes	No							
	· · -											
		<u> </u>										
]								
		<u> </u>				·	<u> </u>					
otal				1								

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

	(Complete only if you checked fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization			
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		132	<u> </u>		157	
·	membership fees received. (Do not	ļ					Ì
	include any "unusual grants.")		}				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				ĺ
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u></u>		ļ <u>.</u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions			ļ		ļ	
	by each person (other than a				l .		
	governmental unit or publicly						
	supported organization) included					1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		ļ				
	column (f)				<u> </u>		
	Public support. Subtract line 5 from line 4	<u> </u>			L	L	
_	ction B. Total Support		T		· · · · · · · · · · · · · · · · · · ·		1
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 4				 		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·					
9	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.)					1	
11	Total support. Add lines 7 through 10			-	 		**
12	Gross receipts from related activities,	etc. (see instructi	ons)	<u></u>	<u> </u>	12	<u> </u>
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop		<u> </u>	<u>,,, </u>	<u></u>	<u></u>	>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2015 (I					14	%
15	Public support percentage from 2014					15	
1 6 a	33 1/3% support test - 2015. If the c				14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies						لـا⊲
t	33 1/3% support test - 2014. If the o						nis box
	and stop here. The organization qual	, ,					▶□
178	1 10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			•	•	_	
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test	-				-	
	more, and if the organization meets the organization meets the "facts-and-circ		•		•		
	ordering ineers me recreating cut	variaterios (831.	THE OIGHNIZATION	quaimos as a publ	ucià anhhoirea aið	ainzauvii	

Schedule A (Form 990 or 990-EZ) 2015

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				-		
	include any "unusual grants.")	71,260.	<u>48,486.</u>	35,204.	27,081.	28,395.	210,426.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	289,229.	326,869.	337,330.	369,476.	377,440.	1,700,344,
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513	6,500.	5,000.		5,000.	6,000.	22,500.
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	366,989.	380,355.	372,534.	401,557.	411,835.	1,933,270,
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	19,100.	20,200.	10,000.	10,000.	18,500.	77,800.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	19,100.	20,200.	10,000.	10,000.	18,500.	77,800.
8	Public support. (Subtract line 7c from line 6)						1.855.470.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	366,989.	380,355.	372,534.	401,557.	411,835.	1,933,270.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,821.	2,404.	6,151.	10,456.	9,803.	32,635.
	Unrelated business taxable income	3,621.	2,404.	0,131.	10,430.	3,003.	32,033.
C	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	3,821.	2,404.	6,151.	10,456.	9,803.	32,635.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	, , , , ,					<u> </u>
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	370,810.	382,759.	378,685.	412,013.	421,638.	1,965,905,
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ration,
_	check this box and stop here	<u> </u>	 	·· ·· · · · · · · · · · · · · · · · ·			
	ction C. Computation of Publ					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2015 (olumn (f))		15	94.38 %
	Public support percentage from 2014				 	16	<u>94.30 %</u>
	ction D. Computation of Inves					<u> </u>	1 66
	Investment income percentage for 20	· · · ·				17	1.66 %
18	Investment income percentage from	•				18	1.48 %
198	33 1/3% support tests - 2015. If the						I / is not ►X
	more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the	=	-				
	line 18 is not more than 33 1/3%, che	-			•	•	
20	Private foundation. If the organization		-			-	
	23 09-23-15	C.C C. IOON U					0 or 990-EZ) 2015

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 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)
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
1		
	į	
2	 	
3a		
1		
3b		
3c		
<u>4a</u>		
4b		
4c		,
	}	
5a		
<u>5b</u>		
5c		
•		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	~	
990 or 99	50-EZ)	2015

Schedule A (Form 990 or 990 EZ) 2015 UTAH PGA JUNIOR GOLF FO			37-0676350 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	·
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970. See instr	uctions. Ali
other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	_	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	_	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functions		d T 101	

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Sche Pa	dule A (Form 990 or 990-EZ) 2015 UTAH PGA JUNI tV Type III Non-Functionally Integrated 509			7-0676350 Page 7
	on D - Distributions	(a)(a) Supporting Orga	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt numnees		Ourent real
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ie	
4	Amounts paid to acquire exempt-use assets	es of supported organization	10	· · · · · · · · · · · · · · · · · · ·
	Qualified set-aside amounts (prior IRS approval required)			
5				
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6		· · · · · · · · · · · · · · · · · · ·	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6	<u>_</u>		
10	Line 8 amount divided by Line 9 amount			4
		(i)	(ii) Underdistributions	(iii) Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years pnor to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			<u></u>
<u>a</u>				
<u>b</u>				
<u> </u>				
	From 2013		-	
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$	<u>.</u>		
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	·		
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a			<u>.</u>	
b				
c	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015	UTAH	PGA	JUNIOR	GOLF	FOUND	ATION		<u>87-0676350</u>	Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	I Inform , lines 1, i tion D, lii	nation. 2, 3b, 3c, nes 2 and	Provide 4b, 4c, 3; Part	the explanation of the explanation of the state of the explanation of	ons require 9c, 11a, 1 lines 1c, 2	ed by Part II 1b, and 11d 2a, 2b, 3a ar	, line 10; Part ; Part IV, Sect nd 3b; Part V,	tion B, lines 1 a line 1; Part V, t	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	1 C.
	Section D, lines 5, (See instructions.)	6, and 8	; and Par	t V, Sec	tion E, lines 2,	, 5, and 6.	Also comple	ete this part fo	r any addition	al information.	
								<u> </u>			
											
											
								<u> </u>			
	· · · · · · · · · · · · · · · · · · ·							··			
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SCHEDULE D

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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HOTPACINION SOLD SOLUTION ACTION

Employer identification number 87-0676350

Pai	t I Organizations Maintaining Donor Advise		or Accounts Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		or resocution complete if the
	Organization and rotal for any office of the contract of the c	(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	writing that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
			· — —
Pa			
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e	· — ' · <i>"</i>	ically important land area
	Protection of natural habitat	Preservation of a certific	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	Estad in the National Posister		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	• •	· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.	(A 4 11: 4 : 1 T	
Pa	TIII Organizations Maintaining Collections o	•	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	•	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			▶ \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
<u>_b</u>	Assets included in Form 990, Part X		• \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015

532051 11-02-15

		A JUNIOR C						<u>7-0676</u>			ige 2
Par	t III Organizations Maintaining C	ollections of A	Art, His	storical Tr	easures,	or Othe	er Similar	Assets _{(c}	ontinu	ed)	
3	Using the organization's acquisition, accession	on, and other recor	rds, ched	ck any of the	following the	at are a s	ignificant us	e of its colle	ection i	items	š
	(check all that apply):		_								
а	Public exhibition		d 🖳		hange progr						
b	Scholarly research		е 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ain how t	they further t	the organizat	ion's exe	mpt purpos	e in Part XIII	.		
5	During the year, did the organization solicit or	receive donations	of art, h	nistorical trea	asures, or oth	er sımila	r assets				
	to be sold to raise funds rather than to be ma										No
Par	t IV Escrow and Custodial Arrang		lete if th	e organizatio	on answered	"Yes" on	Form 990,	Part IV, line	9, or		
	reported an amount on Form 990, Par	t X, line 21.									
	Is the organization an agent, trustee, custodia		-								
	on Form 990, Part X?							🗀 Ye	es		No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the f	ollowing	table:							
								Arr	ount		
C	Beginning balance						1c				
d	Additions during the year						1d				
	For a state of the						1e				
	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21. for	escrow or c		ount liabi			25		No
	If "Yes," explain the arrangement in Part XIII.						•	—		\Box	İ
Par											
		(a) Current year		Prior year			(d) Three yea	rs back (e)	Four v	ears t	back
1a	Beginning of year balance	(2)	13/		10, , , ,		10)	Just		04.0.	<u> </u>
	Contributions		1		1						
	Net investment earnings, gains, and losses	-									
	Grants or scholarships										—
	Other expenditures for facilities				1	· ·					
•	. '							i			
			 		 	-	·				
	Administrative expenses		+								
-	End of year balance		-1		<u> </u>	i					—
	Provide the estimated percentage of the curre	-		ig, column (a	a)) neid as:						
	Board designated or quasi-endowment		%								
_	Permanent endowment	%									
	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organi	zation th	at are held a	and administe	ered for t	he organizat	tion	г		
	by:							_	Y	'es	<u>No</u>
	(i) unrelated organizations							3	<u>a(i)</u>	_	
	(ii) related organizations							<u> 3</u>	a(ii)		
	If "Yes" on line 3a(ii), are the related organizate	•						🚨	3b		
	Describe in Part XIII the intended uses of the		lowment	funds.							
Par											
	Complete if the organization answered					0, Part X,	line 10.				
	Description of property	(a) Cost or		1 ''	t or other		ccumulated	(d)	Book v	value	;
		basis (invest	tment)	basis	(other)	de	preciation				
1a	Land			<u> </u>	:						
b	Buildings			<u> </u>							
C	Leasehold improvements			<u> </u>							
	Equipment										
	Other .										
F-4-1	Add lines 1a through 1a (Column (d) must or		4 V 00/1	ms /D) /iss :	10-1						_

Schedule D (Form 990) 2015

532053 09-21-15

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

Schedule D (Form 990) 2015

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Inspection

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

	a TOO GOTTER	NOTE A STATE OF THE	NO.				Employer identification number 87-0676350	umber 350
Part General Information on Grants and Assistance	and Assistance	2	NO					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	iistance, and the selec	[· [
criteria used to award the grants or assistance?	stance?	:	: :		: : : : :		. Yes	% X
S	ocedures for mont	oring the use of grant	funds in the United	d States.				
Part II 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	Domestic Organi:	zations and Domesti	c Governments. C	complete if the orga	anization answered ")	res" on Form 990, Part	t IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	tional space is need	ded.	35 15-44-14			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section f 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	_
ROCKY MOUNTAIN SECTION PGA FOUNDATION - 1303 SOUTH FIVE MILE ROAD - BOISE ID 83709	82-0520724		10,000.	0			PROGRAM SUPPORT	
								;
					,			
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations listed in th	isted in the line 1 table	:		:	▲	0
	is listed in the line	1 table		*************	****		•	
۔ ا	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2015)	(2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (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 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 532102 10-28-15

Page 2

87-0676350

(Form 990) (2015) UTAH PGA JUNIOR GOLF FOUNDATION

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.

Schedule | (Form 990) (2015)
Part III Grants and Other

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

UTAH PGA JUNIOR GOLF FOUNDATION

Employer identification number 87-0676350

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO FOSTER REGIONAL, NATIONAL, AND INTERNATIONAL JUNIOR GOLF
COMPETITION. IN ADDITION, WE FOCUS ON INTRODUCTORY AND RECREATIONAL IN
SCHOOL AND JUNIOR GOLF PROGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO FOSTER REGIONAL, NATIONAL, AND INTERNATIONAL JUNIOR GOLF
COMPETITION. IN ADDITION, WE FOCUS ON INTRODUCTORY AND RECREATIONAL IN
SCHOOL AND JUNIOR GOLF PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING. THE
GOVERNING BODY, INCLUDING THE EXECUTIVE DIRECTOR, REVIEWS THE 990 BEFORE
THE EXECUTIVE DIRECTOR SIGNS AND FILES IT.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ATTEND A PRESENTATION ON THE POLICY TO GAIN AN UNDERSTANDING
OF POTENTIAL CONFLICTS OF INTEREST. THE EXECUTIVE DIRECTOR MONITORS ANY
PERCEIVED AND ACTUAL CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR AND TOURNAMENT DIRECTOR'S COMPENSATION, PAID BY A
RELATED ORGANIZATION, THE UTAH SECTION OF THE PGA OF AMERICA, IS REVIEWED
AND DETERMINED BY THE SECTION'S ADMIN & FINANCE COMMITTEE. THE COMMITTEE
UTILIZES A SURVEY OF COMPARABLE COMPENSATION AND DOCUMENTS DECISIONS
CONCERNING THE COMPENSATION AGREEMENT. THE FOUNDATION MERELY REIMBURSES A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 990-92-15

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization UTAH PGA JUNIOR GOLF FOUNDATION	Employer identification number 87-0676350
PORTION OF THIS COMPENSATION PAID TO THE EXECUTIVE DIRECT	OR & THE
TOURNAMENT DIRECTOR BY THE UTAH SECTION OF THE PGA OF AME	ERICA. THE
OFFICERS OF THE ORGANIZATION ARE NOT COMPENSATED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THROUGH FORMAL
WRITTEN REQUEST.	
FORM 990, PART VII, SECTION A, LINE 9	
DEVIN DEHLIN'S COMPENSATION REPORTED ON LINE NINE RELATES	ONLY TO THE
THREE MONTHS HE WAS COMPENSATED BY A RELATED ORGANIZATION	N AS AN
EXECUTIVE DIRECTOR. DEVIN DEHLIN WAS COMPENSATED FOR THE	FIRST NINE
MONTHS OF THE YEAR AS A TOURNAMENT DIRECTOR WHICH IS NOT	REQUIRED TO BE
DISCLOSED ON THE 990.	

532212 09-02-15

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. UTAH PGA JUNIOR GOLF FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2015 Open to Public Inspection

OMB No 1545-0047

Employer identification number 87 – 0676350

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

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EiN (if applicable) of disregarded entity Part II

(a)	(q)	(3)	(b)	(e)		(9) Section 512	(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section s(Public charity status (if section	Direct controlling entity	controlled entity?	, ed
1				501(c)(3))		Yes	S N
UTAH SECTION OF THE PGA OF AMERICA -							
87-0388714, 580 WEST 3300 SOUTH SALT LAKE							;
CITY UT 84115	GOLF TOURNAMENTS	UТАН	501(C)(6)	N/A	N/A		×
				, 			

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

532161 00-08-15 LHA

Schedule R (Form 990) 2015

Page 2 87-0676350

Schedule R (Form 990) 2015 UTAH PGA JUNIOR GOLF FOUNDATION

Part

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.

General or Percentage managing ownership 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. 3 Yes No 8 Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Pnmary activity <u>e</u> Name, address, and EIN of related organization Part IV

	1)	5X13)	controlled entity?	N					_				
		512(contre ent	Yes									_
	(F)	Percentage	ownership										
			end-of-year										
	(μ)									-			
	(e)	Type of entity	(C corp, S corp,	0. 1100)	-								
	(p)	(d) Direct controlling 7 (C											
	(0)	Legal domicite	(state or foreign	country)									
ing the tax year.	(b) Primary activity						i						
organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN	of related organization										

Schedule R (Form 990) 2015

34

Schedule R (Form 990) 2015 UTAH PGA JUNIOR GOLF FOUNDATION

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

olimbordon olde go VI an III II obed oi bossil di calibration de anni obsidenza de constante de				Yes	ş
NOTE. COMPINE III II III II II III II III II III I	or once the second	ing transportations with one or more related organizations listed in Darte II.W?	in Darte II.IV.		ľ
During tile tax year, did tile organization engage in any or the following		area organizations instead		ç	×
a Heceipt of (1) interest, (11) annumes, (111) royames, or (111) rem mom a conmoleu entity	· · · · · · · · · · · · · · · · · · ·			9	
b Gift, grant, or capital contribution to related organization(s)		: : : : : : : : : : : : : : : : : : : :		4	×
Gift areast or central contribution from related organization(s)				5	×
Court Reput Company Court of the Court of th		: : : : : :		7	>
d Loans or loan guarantees to or for related organization(s)	: : :	: : : : : : : : : : : : : : : : : : : :		P	4
				9	×
	: : : : : : : : : : : : : : : : : : : :	:	:::::::::::::::::::::::::::::::::::::::		
				_	;
f Dividends from related organization(s)			:::::::::::::::::::::::::::::::::::::::	#	×
				Ę	×
Sale of assets to related organization(s)					;
h Purchase of assets from related organization(s)	:	:		=	4
1 Exchange of assets with related organization(s)				=	×
		,		Ŧ	×
J Lease of facilities, equipment, or other assets to related organization(s)	:	: : : : :			4
					;
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	: : : : : : : : : : : : : : : : : : : :	¥	×
	anization(s)			-	×
refloimance of selvices of members in the contraction of the contracti	(6) (7)	:		3	×
The remaining of services of membership of tunoraising solicitations by related organizations.	allization(s)	: . :		+	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	:::::::::::::::::::::::::::::::::::::::	: : : : : : : : : : : : : : : : : : : :	¥	1
				×	
o sharing of paid employees with related organization(s)	:	:		2	
				-	
n Reimbursement paid to related organization(s) for expenses	:	:		To X	
Constitution and (a) existent in a particular and the second control of the second contr				-	×
d Reimbursement paid by related organization(s) for expenses		:		7	
					;
 r Other transfer of cash or property to related organization(s) 	:	:	: : : : : : : : : : : : : : : : : : : :	-	4
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.		
	3	(0)	5		
(а) Name of related organization	Transaction	Amount involved	Method of determining amount involved	volved	
	type (a-s)				
אטדומחייי מט אטנ מיים מט יינים מיינים יינים d	170 113	SAURM			
(1) UTAH SECTION OF THE FGA OF AMERICA				i	
(2)					
į					
(3)				1	
5					
(b)					
8					
632183 09-08-15	35		Schedule	Schedule R (Form 990) 2015	2015
21-02-07 77- 77-				,	

Schedule R (Form 990) 2015 UTAH PGA JUNIOR GOLF FOUNDATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. bisproper Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No end-of-year Share of assets 9 (f) Share of total income Predominant income parties ser (related, unrelated, excluded from tax under ons sections 512-514) (state or foreign Legal domicile country) Primary activity <u>e</u> Name, address, and EIN of entity

Schedule R (Form 990) 2015

Schedule Riform 990/2015 UTAH PGA JUNIOR GOLF FOUNDATION 87-0676350 Page 6 Provide additional information for responses to questions on Schedule Rifees instructions).	Schedule F	? (Form 990) 2015	<u> </u>	<u>PGA</u>	<u>JUNIOR</u>	GOLF	FOUNDATION_	<u> </u>	Page 5
Provide additional information for responses to questions on Schedule R [see instructions].	Part VII	Supplementa	I Information						
		Provide additiona	I information for res	ponses	s to questions	on Schedi	ule R (see instructions).		
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