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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	<u> </u>	e 2010 Calendar year, or tax year beginning	ain ain	u enuing				
В	Check if applicab	C Name of organization			D Employer identifi	cation number		
	Addre	TOURNAMENT GOLF FOUNDA	TION, INC.					
	Name	Doing business as			7 93-1	057953		
$\overline{}$	Initial		ivered to street address)	Room/suite				
F	Final	6775 C W 111TH AVENTIE		100)626-2711		
_	returr termii			<u> </u>	G Gross receipts \$	3,419,579.		
	ated Amer	City or town, state or province, country, and BEAVERTON, OR 97008-5			H(a) Is this a group re			
一	Ireturr Appli				for subordinates			
<u> </u>	ltion pend	SAME AS C ABOVE	21(1 1401111		H(b) Are all subordinates in	· — —		
	T	empt status X 501(c)(3) 501(c) ()	(upport no.) 4047/o)/1	\or E0	- ' <i>'</i>			
		te: NWW.PORTLANDCLASSIC.CO) or 52	┥ '	list (see instructions)		
			sociation Other	I. Vee	H(c) Group exemption	A State of legal domicile: OR		
	art i	Summary	SOCIATION UTILES	L Yea	or formation. 1990 N	A State of legal domicile. OR		
			significant activities SEE	SCHED	II.F O			
Activities & Governance	1	Briefly describe the organization's mission or most	significant activities 322	BCILED	<u>опв</u> о			
nar		Check this box If the organization disco						
ver	2	_	ntinued its operations or disp	osea ot moi	re than 25% of its net as	ssets I a		
Ĝ	3	Number of voting members of the governing body	•		3	9		
∘ ŏ	4	Number of independent voting members of the go)	4	12		
ţį	5	Total number of individuals employed in calendary	/ear 2016 (Part V, line 2a)		5	1050		
Ž	6	Total number of volunteers (estimate if necessary)			6	0.		
Ac	1	Total unrelated business revenue from Part VIII, co			7 <u>a</u>	0.		
	<u>b</u>	Net unrelated business taxable income from Form	990-T, line 34		7ь			
Revenue	١_			<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	~	_	0.	0.		
	9	Program service revenue (Part VIII, line 2g)	The state of the s	_	3,470,845.	3,418,590.		
Re	1	Investment income (Part VIII, column (A), lines 3, 4	T)	William To	1,711.	291.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		2,125.	698.			
	12	Total revenue - add lines 8 through 11 (must equal	H . 20 VVI D 11 2 2	77 (3,419,579.		
	13	Grants and similar amounts paid (Part IX, column (k i/	2017 🖹	52,894.	107,400.		
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)	1		0.		
Ses	15	Salaries, other compensation, employee benefits (- 11 M		534,935.	600,927.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), I		- L	0.	0.		
χ̈	b	Total fundraising expenses (Part IX, column (D), lin	· ———	<u> </u>		<u> </u>		
ш	17/	Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>	3,204,266.	3,257,370.		
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)	_	3,792,095.	3,965,697.		
	19	Revenue less expenses Subtract line 18 from line	12		-317,414.	-546,118.		
ets or				\ B	eginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		_	335,585.	263,616.		
Net Asse	21	Total liabilities (Part X, line 26)			135,815.	609,964.		
		Net assets or fund balances Subtract line 21 from	line 20		199,770.	-346,348.		
		Signature Block						
		alties of perjury, I declare that I have examined this return,				y knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (office than office	er) is based on all information of v	which prepare	er has any knowledge.			
		089709			11/8/17			
Sig	n	Signature of officel	_		Date /			
He	re	ROBERT NEAL, EXECUTIVE	DIRECTOR					
_		Type or print name and title						
		Print/Type preparer's name	Preparer's arguature	-	Date Check	PTIN		
Pai	d	YEE LEE MCGEE	110	75	1427// selemploy	P01294356		
Pre	parer	Firm's name GARY MCGEE & CO.	LLP		Firm's EIN			
Use	Only	Firm's address 808 S.W. THIRD A	VENUE, SUITE 70	00				
		PORTLAND, OR 972	04		Phone no. (5	03) 222-2515		
Ma	v the l	BS discuss this return with the preparer shown abo		-		Ves No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	_								
			-						
ld	d Other program services (Describe in Schedule O)								
	(Fynenses \$	including grants of \$) (Pavanua S	1					

3,820,041.

4e Total program service expenses

(Revenue \$

Form 990 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			 -
7	duning the tax year? If "Yes," complete Schedule C, Part II	4		х
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	1		
	as applicable		έs	/
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		47	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		┝┻
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
ч	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	110		 -
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ĺ .	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,]	1	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		<u> </u>	 •
4-	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		\	х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	 ^
10	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	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	 	
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-	┢┈	†
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ł	Х
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		Х
	· · · · · · · · · · · · · · · · · ·			

Form 990 (2016) TOURNAMENT GOLF FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		<u> </u>
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]]	7.	1
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			l
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K If "No", go to line 25a	24a 24b		-^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		1
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,")	
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1	 	
	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	1 000.04	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)	^	. Pin	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u></u> -	l —	
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34	├	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ł
26	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?	26		x
37	If "Yes," complete Schedule R, Part V, line 2	36	+-	+
31	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	۳	 	
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
			000	

	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	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 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			77
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
D	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)	·		X
5a	3	_5a	-	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	эс		
UA.	any contributions that were not tax deductible as charitable contributions?	6a		x
b		ua .		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		4	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	ا مشکد	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		*****	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	•	_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A		h-m - 40.2	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	West.		
a				. ·
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(a)(12) organizations. Enter			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A 11a			[
	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them)		(1.) ,	١,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120		1 1 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	* * * *	
-	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
þ	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?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Eorm	agn	(2016)

Form 990 (2016) TOURNAMENT GOLF FOUNDATION, INC. 93-1057953 Page
Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			<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 year 1a 9			
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		سائد	7 %
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		· ·	
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	8	8.5	3 73
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	**	 	ر * * * * * * * * * * * * * * * * * * *
а	The organization's CEO, Executive Director, or top management official	15a	X	127 -4
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ä	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ŀ	3	1 3 %
	taxable entity during the year?	16a	. SARON-ACO	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	§ 3	1	Ņ.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	22.	ĹĹ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•	•	
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
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)	avaılat	ote	
	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 policy, and	d fınar	icial	
	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 books and records			
	JEANNE DAHL - 503-626-2711	_		
	6775 S.W. 111TH AVENUE SUITTE 100 BRAVEDTON OF 97008			_

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

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

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

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

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

(A)	(B)	r any related organization compensate (B) (C) Average Position						(D)	(E)	(F)		
Name and Title	Average hours per week	box.	not cl unle:	heck i ss pe	more rson	than s bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JERRY CIOETA	1.00	,						•	_			
DIRECTOR (2) STU GERRISH	1.00	Х			_	<u> </u>		0.	0.	0		
DIRECTOR	1.00	х						0.	0.	0		
(3) BILL HURST	1.00	22			_	\vdash		•				
DIRECTOR		х						0.	0.	0		
(4) PAM HURST	1.00											
DIRECTOR		Х						0.	0.	0		
(5) MARY JO MCCLOSKEY DIRECTOR	1.00	x						0.	0.	0		
(6) DON OSSEY	1.00	^	-		├	┢			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
TOURNAMENT CHAIRMAN		x						0.	0.	0		
(7) TOM MALETIS	10.00											
PRESIDENT (8) GREG MEYER	1.00	X		Х	<u> </u>			0.	0.	0		
(8) GREG MEYER VICE PRESIDENT	1.00	х		х				0.	0.	0		
(9) RAY GRUBBS	1.00									_		
SECRETARY-TREASURER		Х		Х				0.	0.	0		
(10) ROB NEAL EXECUTIVE DIRECTOR	40.00	1		x				104 014	0.	10 100		
EXECUTIVE DIRECTOR				^	\vdash	_		194,914.	0.	19,190		
		-		-	┢							
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			—т		
(A)	(B))) Pos	C) ition			(D)	(E)	(F)		
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			
	week					or/trus		from	from related		oth	
	(list any	į						the	organization		comper	
	hours for	gig		1	ļ	pat		organization	(W-2/1099-MIS	SC)	from	the
	related	stee	ruster	l		pensa		(W-2/1099-MISC)			organi	
	organizations below	nal tru	onal 1	ſ	ployee	ee ee				1	and re organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богте				organiz	ations
	<u> </u>	=	<u> </u>	۴	- <u>×</u>	Ξē	Œ	 		-+		
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		<u> </u>										
1b Sub-total							<u> </u>	194,914.		0.	19,	190.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)							▶	194,914.		0.	19,	190.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wh	o r	eceived more than \$100	,000 of reportab	le		1
compensation from the organization											Ye	1 es No
2 Did the assessment of the second arms of the seco	4	4_								г		
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			е, ке	ey er	npic	oyee,	or	highest compensated e	mployee on	>	· • • • • • • • • • • • • • • • • • • •	X
4 For any individual listed on line 1a, is the si			mn	onci	-t	an.	ا ما	har componentian from	the erganization	-	3	
and related organizations greater than \$15									trie organization	1	4 3	<u> </u>
5 Did any person listed on line 1a receive or a	,								idual for services	. t		
rendered to the organization? If "Yes," com							J.Q.	organization of man			5	~~* *** X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	rs 1	that received more than	\$100,000 of con	npensa	ation from	n
the organization Report compensation for	the calendar y	<u>ear</u>	endı	ng v	vith	or w	ıthı	n the organization's tax	year			
(A)								(B)		_	(C)	
Name and business							_	Description of s		C	ompensa	ation
LPGA, 100 INTERNATIONAL	GOLF DR	ΙV	Ξ,				- 1	PLAYERS PURS	-		001	n.c.c
DAYTONA BEACH, FL 32124								TOURNAMENT FEES			,821	766.
COLUMBIA EDGEWATER COUNTRY CLUB 2220 N.E. MARINE DRIVE, PORTLAND, OR 97211								COURSE RENTA	4 ,		2 4 1	200
TAYLOR MADE GOLF COMPANY	FOKTLIAN	<u>, </u>	U	× .	9/	4 I .		CATERING			341	390.
P.O. BOX 56431, LOS ANGE	נוצט מא	0	<u>ገ</u> በ የ	7 4			- 1	GOLF APPAREL EQUIPMENT	<i>'</i>		1 / 0	244.
T.O. DOR JUEST, DOB ANGE.	LED, CA	٠ ر	00	, - <u>1</u>			긕	EÃO TEMBIAT			100	444.
										i		
					_		_					

\$100,000 of compensation from the organization

3

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D)
Revenue excluded from tax under sections
512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a SPONSORSHIP REVENUES 3,381,665.3,381,665. 14,055. 14,055. 711210 Program Service Revenue TICKET SALES 711210c CONCESSIONS 900099 10,586. 10,586. 8,364. d PARKING SALES 900099 8,364. 3,920. e REGISTRATION FEES 711210 3,920. All other program service revenue 3,418,590. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 291 291. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 11 a MISCELLANEOUS 698 698. d All other revenue <u>698.</u> e Total. Add lines 11a-11d Total revenue. See instructions. 419,579.3,418,590. 0.

Check of Schedule O Contains a response or note to any line in this Part IX Total expenses Program service Management and Production Program service Management and general expenses Program service Program s	_	on 501(c)(3) and 501(c)(4) organizations must con		ner organizations must co	omplete column (A)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10 for Part VIII, 1					opioto dolariii (ry	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 (2) Grants and other assistance to domestic individuals. See Part IV, line 22 (3) Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 (3) Benefits paid to or for members (4) Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 (4) Benefits paid to or for members (5) Compensation of current officers, directors, trustees, and key employees (5) Grants and key employees (5) Grants of dissipatified persons (as defined under section 4958(I)(1)) and persons discribed in section 4958(I)(3)(8) (7) Other salaries and wages (7) Person accounts of the persons (3) Grants of the persons of the per	Do . 7b,	not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	(D) Fundraising expenses
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Individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation to included above, to disqualified persons (as defined under section 4958(I)(1)) and persons discribed in section 4958(I)(1) and 4		and domestic governments. See Part IV, line 21	107,400.	107,400.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 4058(c) and 403(b) employer contributions) 9 Other employee benefits 132,645. 28,898. 3,747. 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Adventising and promotion 13,234. 13,234. 13,234. 13,234. 13,234. 13,234. 14 Information technology 15 Government management fees 16 Occupancy 12,004. 6,585. 5,419. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments of taxel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Insurance 16 Interest 24 Payments of time 24 Entline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25, column (A) included above, (List miscellaneous expenses in line 24e, Elline 24e amount excess 10% of line 25e, col	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4958(r)(11) and persons described in section 4958(r)(3)(8) 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 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 23 Adventsing and promotion 13 Office expenses 6 Occupancy 7 Travel 14 Information technology 15 Royattes 16 Occupancy 17 Travel 18 Payments to affikates 19 Payments to affikates 10 Payments of Ine 25, column (A) amount, list line 24e, Ell line 24e amount excess 10% of line 25, column (A) amount, list line 24e enginess on Scholu (b.) 11 Payments to affikates 12 Depreciation, depletion, and amortization 1 Insurance 13 Busurance 14 Information excesses not covered above, (List line 24e amount excesses for column (A) amount, list line 24e enginess on Scholu (b.) 18 Payments to affikates 19 Conferences, conventions, and meetings 10 Insurance 10 Payments to affikates 10 Payments to affikates 11 Payments to affikates 12 Payments to affikates 13 Payments to affikates 14 Payments to affikates 15 Payments to affikates 16 Payments to affikates 17 Payments to affikates 18 Payments to affikates 19 Payments to affikates 10 Payments to affikates 10 Paymen		individuals See Part IV, line 22				
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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(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 40(3) by employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 13 Legal 14 Lobbying 15 Investment management fees 16 Octupancy 17 Travel 18 Payments of fravel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Legan travel or entertainment expenses for any federal, state, or local public officials 16 Docupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Legan travel or entertainment expenses for any federal, state, or local public officials 12 Depreciation, depletion, and amortization 15 Insurance 16 Octupancy 17 Travel 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Legan travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Legan travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Legan travel or entertainment expenses for any federal, state, or local public officials 12 Depreciation, depletion, and amortization 13 Insurance 14 July 1 160 , 579 . 53 , 525 . 16 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
214,104. 160,579. 53,525.		· · · · · · · · · · · · · · · · · · ·				
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7 Other salanes and wages						
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a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 239, 201. 238, 951. 250. Advertising and promotion 239, 201. 238, 951. 250. B 9, 628. 83, 585. 6, 043. 11 Information technology 12, 004. 6, 585. 5, 419. Cocupancy 24, 948. 17, 463. 7, 485. Travel 20 Cocupancy 24, 948. 17, 463. 7, 485. Travel 21, 042. 20, 080. 962. B Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 2, 590. 1, 779. 811. Payments to affiliates Depreciation, depletion, and amortization Insurance 18, 187. 20, 211. Other expenses, Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	10		38,046.		5,359.	
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C Accounting 13,234. 13,234. 13,234.	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	b	Legal	-			<u> </u>
Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Column (A) amount, list line 11g expenses on Sch 0.) Column (A) amount, list line 11g expenses on Sch 0.) Column (A) amount, list line 11g expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Column (A) amount exceeds 10% of line 25, column		· ·	13,234.		13,234.	
Investment management fees Gother (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 62,485. 62,485.	ď	• =				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 239,201. 238,951. 250. 239,201. 238,951. 250. 239,201. 238,951. 250. 239,201. 238,951. 250. 239,201. 238,951. 250. 24,948. 83,585. 6,043. 25,9419. 24,948. 17,463. 7,485. 21,042. 20,080. 962. 24,948. 17,463. 7,485. 21,042. 20,080. 962. 24,948. 17,463. 7,485. 21,042. 20,080. 962. 25,990. 1,779. 811. 26,966. 1,147. 27,990. 1,779. 811. 28,113. 26,966. 1,147. 29,114. 20,114. 20,114. 20,114. 21,014. 21,014. 22,590. 1,779. 811. 23,114. 24,948. 17,463. 7,485. 21,042. 20,080. 962. 25,990. 1,779. 811. 26,966. 1,147. 27,990. 1,779. 811. 28,113. 26,966. 38,175. 20,211. 29,114. 20,114. 20,114. 20,114. 20,114. 21,014. 21,014. 21,014. 22,014. 23,114. 24,948. 24,	_	-		<u> </u>	1 (i i i i i i i i i i i i i i i i i i i	ļ
Column (A) amount, list line 11g expenses on Sch 0.) 62,485. 62,485.		_ ,			ļ	
Advertising and promotion 239,201. 238,951. 250.	9		62 485	62 495		
13 Office expenses 89,628	12	•			250	
14						_
15 Royalties 16 Occupancy 17 Travel 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 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)		·				
16 Occupancy 24,948. 17,463. 7,485. 17 Travel 21,042. 20,080. 962. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,113. 26,966. 1,147. 20 Interest 2,590. 1,779. 811. 21 Payments to affiliates 2,590. 1,779. 811. 22 Depreciation, depletion, and amortization insurance 4,962. 3,970. 992. 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. 58,386. 38,175. 20,211.						
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)	16	•	24,948.	17,463.	7,485.	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 28,113. 26,966. 1,147. 20 Interest 2,590. 1,779. 811. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 58,386. 38,175. 20,211. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)	17	•	21,042.		962.	
Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)	18	Payments of travel or entertainment expenses		-		
20 Interest 2,590. 1,779. 811. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 58,386. 38,175. 20,211. 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		for any federal, state, or local public officials				
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization 1	20	Interest	2,590.	1,779.	811.	
Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		· ·	4 000			ļ <u>-</u>
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				38,1/5.	20,211.	
amount, list line 24e expenses on ochequie o.)	24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	· · · · · · · · · · · · · · · · · · ·			
a LPGA PURSES & FEES 1,322,000. 1,322,000.	а	LPGA PURSES & FEES	1,322,000.	1,322,000.	·	<u> </u>
ь TV BROADCAST EXPENSE 511,766. 511,766.	b				 	
c COURSE & EQUIP. RENTAL 355,235. 355,235.	c					
d FOOD & ENTERTAINMENT 208,556. 208,283. 273.	d		208,556.		273.	
e All other expenses 303,220. 300,284. 2,936.	е	All other expenses	303,220.	300,284.		
25 Total functional expenses. Add lines 1 through 24e 3,965,697. 3,820,041. 145,656.		· —————				0.
26 Joint costs Complete this line only if the organization	26	Joint costs Complete this line only if the organization				
reported in column (B) joint costs from a combined		The state of the s				
educational campaign and fundraising solicitation.		. 📹				
Check here Introllowing SOP 98-2 (ASC 958-720)			L		L	Form 990 (2016

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,292.	1	46,150.
	2	Savings and temporary cash investments			5,085.	2	150,296.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	266,636.	4	51,659		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
	1	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing		1	
	ļ	employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			į
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	-
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,952.	9	5,853
	10a	Land, buildings, and equipment cost or other					
	İ	basis Complete Part VI of Schedule D	10a	80,313.		l	
	ь	Less accumulated depreciation	10b	70,655.	14,620.	10c	9,658
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	335,585.	16	263,616
	17	Accounts payable and accrued expenses			90,446.	17	67,983
	18	Grants payable	45,369.	18	41,953		
	19	Deferred revenue				19	500,028
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
es	22	Loans and other payables to current and former				<i>i</i>	
Ħ	1	key employees, highest compensated employee	s, and	disqualified persons			. Mr. 12
Liabilities		Complete Part II of Schedule L				22	ļ
_	23	Secured mortgages and notes payable to unrela		•	<u></u>	23	<u> </u>
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	_			l	
	ŀ	parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			135,815.	25	609,964
_	26	Total liabilities. Add lines 17 through 25	<u> </u>	k here X and		26	009,904
(0	}	Organizations that follow SFAS 117 (ASC 958		k nere ▶ 🕰 and		` ا	
Ö	27	complete lines 27 through 29, and lines 33 an Unrestricted net assets	a 34.		199,770.		-346,348
lan	l				133,170.	27	-340,340
Ba	28 29	Temporarily restricted net assets Permanently restricted net assets			 	28	
Ĕ	29	•	ده مدر	N abaati baar 🔊 🦳		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 930	o), check here			
ts o	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds			<u> </u>		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq		at fund	 	30	
tΆ	32				 	31	
Š	33	Retained earnings, endowment, accumulated in Total net assets or fund balances	come,	other lunas	199,770.	32	-346,348
	34				335,585.	33	263,616
	J4	Total liabilities and net assets/fund balances			1 333,365.	34	203,010

Form	1990 (2016) TOURNAMENT GOLF FOUNDATION, INC.	93.	<u>-105/95</u>	<u>э</u> Р	age 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
			,	4.0					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	19,	579.				
2	Total expenses (must equal Part IX, column (A), line 25)	_2			697.				
3	Revenue less expenses. Subtract line 2 from line 1	3			$\overline{118.}$ $\overline{770.}$				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
- TOS-	column (B))	10		46,	<u>348.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			- IV.	No				
	· · · · · · · · · · · · · · · · · · ·		_	Yes	NO				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> -</u> 2	a X	┿				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1				
	separate basis, consolidated basis, or both X Separate basis								
	·			1	X				
U	Were the organization's financial statements audited by an independent accountant?		<u> </u>	b 🛴	+				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both	e basis	٥,	1 3					
	Separate basis Consolidated basis Both consolidated and separate basis		, i	; 2,8	š				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audi							
U	review, or compilation of its financial statements and selection of an independent accountant?	e auui	· I	c X	1 4				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	adula (—	` 	- X				
3=	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		j	1 6					
Ja	Act and OMB Circular A-133?								
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired ai		a	X				
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Ju al		ь					
	e. desire, explain my in contentio o and describe any steps taken to undergo about adults				(2016)				
			1 0		- (=-0.0)				

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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

TOURNAMENT GOLF FOUNDATION, INC.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 93-1057953

Pa	art I	Reason for Public (Charity Status (/	All organizations must co	mplete the	s part) Se	e instructions	
The	organ	ization is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)		
1		A church, convention of chi	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ))		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	1).	
4		A medical research organiz	ation operated in coi	njunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state.						_
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)			_		
6		A federal, state, or local gov		nental unit described in :	section 17	'0(b)(1)(A)	(v).	
7		An organization that normal	-					public described in
		section 170(b)(1)(A)(vi). (Co	•	,	_		•	
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II)			
9		An agricultural research org				ed in conju	nction with a land-grant	college
		or university or a non-land-g	•			-	_	=
		university	,	,		, ,	,	
10	X	An organization that normal	Ilv receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	ind gross receipts from
		activities related to its exem	• • • •	•	•			- '
		income and unrelated busin	•	•				=
		See section 509(a)(2). (Cor		`		•	, -	
11		An organization organized a	•	ively to test for public sa	fety Sees	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns 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). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	12e, 12f, and 12g	
a	, \square	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
		organization You must o	omplete Part IV, Se	ections A and B.				
k	, <u> </u>	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization(s), by ha	ıvıng
		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						
(; [_	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s) You must complete	Part IV, Se	ections A,	D, and E.	
(ı 🗀	Type III non-functionally	y integrated. A supp	orting organization opei	rated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
•	• 🗆	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation		
1	f Ente	er the number of supported o	organizations					
	Pro	vide the following information	about the supporte	ed organization(s)				
		i) Name of supported	(ii) ElN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
							· 	
	_							
						l		
		· 						ļ
Tot	al		1	, "/				

Schedule A (Form 990 or 990-EZ) 2016 TOURNAMENT GOLF FOUNDATION, INC. 93-10579 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						· · · · · · · · · · · · · · · · · · ·
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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			Ti Ti	<u> </u>		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					ŧ	
6	Public support. Subtract line 5 from line 4		, ×				
	ction B. Total Support			<u> </u>	<u> </u>	<u> </u>	
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(2) 2012	(3) 2010	(0) 2014	(6) 2010	(0) 2010	(i) iotai
8	Gross income from interest.	-	<u> </u>	 -			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		İ				
9	Net income from unrelated business	-					
3	activities, whether or not the						
	•						
40	business is regularly carried on			 			
10	Other income Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI)	* *	33 3000			.xx 30 1930 W	
11		L"	1-8 (8)		* 4		
	Gross receipts from related activities		,			12	
13	First five years. If the Form 990 is fo		s first, second, th	iird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and stoction C. Computation of Pub		rcentage				
	Public support percentage for 2016			1 (6)			
				column (1))		14	<u>%</u>
	Public support percentage from 2019	•			44 - 00 4 /00/	15	<u> </u>
IUa	33 1/3% support test - 2016. If the				14 IS 33 1/3% OF F	nore, cneck this bo	x and
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
					ine 15 is 33 1/3%	or more, check th	is box
17-	and stop here. The organization qua		• •		40.40 40		
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t				•		. —
4-	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box a	and see instruction:	<u> </u>

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u> </u>	quality under the tests listed b	elow, please comp	nete Part II)				
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	2,188.	1,000.	10,000.	i		13,188.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,607,766.	2,310,300.	2,888,595.	3,470,845.	3,418,590.	17,696,096.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			-			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,609,954.	2,311,300.	2,898,595.	3,470,845.	3,418,590.	17,709,284.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons a Amounts included on lines 2 and 3 received					<u> </u>	0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,891,494.	1,589,436.	2,222,396.	2,728,530.	2,704,940.	11,136,796.
	Add lines 7a and 7b	1,891,494.	1,589,436.	2,222,396.	2,728,530.	2,704,940.	11,136,796.
8	Public support. (Subtract line 7c from line 6)	<u>, 7, 7 11 11 11 11 11 11 11 11 11 11 11 11 1</u>	<u>* </u>		<u> </u>	***	6,572,488.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	5,609,954.	2,311,300.	2,898,595.	3,470,845.	3,418,590.	17,709,284.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,659.	54,142.	27,688.	1,711.	291.	154,491.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						-
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	70,659.	54,142.	27,688.	1,711.	291.	154,491.
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5 590 513	2 365 442	90.	2,125.	698.	2,913.
	Total support. (Add lines 9, 10c, 11, and 12)	5,680,613.	2,365,442.	2,926,373.	3,474,681.	3,419,579.	17,866,688.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here	- C					
	ction C. Computation of Publ						36 70
	Public support percentage for 2016 (I		•	olumn (f))	İ	15	36.79 %
	Public support percentage from 2015					16	48.28 %
	ction D. Computation of Inves		_ _				
	Investment income percentage for 20		•	e 13, column (f))		17	.86 %
	Investment income percentage from 2	•	•			18	1.03 %
19a	a 33 1/3% support tests - 2016. If the	_		•		•	
ŧ	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	. —
	line 18 is not more than 33 1/3%, che		-	•		•	▶
	Private foundation If the organization	n aid not chack a '	nav an line 1/ 10/	a ar 10h chackth	ic hay and can inc	th ictions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	dule A (Form 990 or 990 EZ) 2016 TOURNAMENT GOLF FOUNDATION, INC. 93-10	15/35	J Pa	ige 5
Lei	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		ĺ
_	below, the governing body of a supported organization?	11a		
b	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.	110		
	tion B. Type I Supporting Organizations	1		
			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			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,	ŀ		ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		İ	1
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		İ	
	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 .
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	1 .	١	İ
	the supported organization(s)	1		
Sec	tion 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	1	20, 1	14
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2.22		
	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	1.3.0		¥.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1	38.3	13.
	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	al distribution of	Mar. A	in Batac
	significant voice in the organization's investment policies and in directing the use of the organization's	24,397	·2 ,	.83.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		X .	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	<u>) </u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		, ",	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		k	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	"	j). 🦸	
	how the organization was responsive to those supported organizations, and how the organization determined			WĨ
	that these activities constituted substantially all of its activities	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			*
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ź. S	Ŕζ
	reasons for the organization's position that its supported organization(s) would have engaged in these			<u> </u>
	activities but for the organization's involvement	2b	ļ	
3	Parent of Supported Organizations Answer (a) and (b) below.		'	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
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	<u></u>	<u></u>
63202	5 09-21-16 Schedule A (Form	990 or 9	90-EZ) 201

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All							
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or	- (
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year)	- 1						
a	Average monthly value of securities	1a						
ь	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other			<i>¥</i> .				
	factors (explain in detail in Part VI)			i his				
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						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2	(, %					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	† <u> </u>						
-	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functional	<u> </u>	ated Type III supporting orga	inization (see				
,	instructions)	,togi	and Type in outporting orga					

Schedule A (Form 990 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016 TOURNAMENT G	OT. E	7 E/	AT TAT	שארד	TON	т	MC			,	12 101	- 70 - 1	•
Pa	irt V Type III Non-Functionally Integrated 50	(S) (S)	(3) 8	ממוו	Ortin	TON	, I	NC.	no .		<u>`</u>	3-10:	7953	Page 7
Sec	tion D - Distributions	J (u)	(0) 0	app	OI (III	y Ort	jai III.	Zatio	115 (C	ontını	ıed)	-		
1	Amounts paid to supported organizations to accomplish ex	remn	t num							_		 	urrent Y	ear
2	Amounts paid to perform activity that directly furthers exer	nnt n	t boil	os of	CURR	ortod			_			├		
	organizations, in excess of income from activity	npt p	uipos	C3 UI	suppt	nteu								
3	Administrative expenses paid to accomplish exempt purpo	505 (of sum	norte	d orga							 		
4	Amounts paid to acquire exempt-use assets	303 0	Ji Sup	porte	u orga	IIZALIO	1115					 		
5	Qualified set-aside amounts (prior IRS approval required)				_	_								
6	Other distributions (describe in Part VI). See instructions	_						-	_			 		
7	Total annual distributions. Add lines 1 through 6	_	_						_			 		
8	Distributions to attentive supported organizations to which	the c	organiz	zation	1 IS res	nonsi	/e					╁		
	(provide details in Part VI). See instructions					ролы						i		
9	Distributable amount for 2016 from Section C, line 6									_				
10	Line 8 amount divided by Line 9 amount											 		
				(i)		T	-	(ii)				(iii)	
Sect	ion E - Distribution Allocations (see instructions)	E	Exces		tribut	ions				bution	s		stributal	
1	Distributable amount for 2016 from Section C, line 6	+-					 		16-20			Asin	ount for	ZU 16 ————
2	Underdistributions, if any, for years prior to 2016 (reason-	+				· · · · · · · · · · · · · · · · · · ·	+							
	able cause required- explain in Part VI) See instructions	1					ĺ							
3	Excess distributions carryover, if any, to 2016	-					+					<u> </u>		
a	1	1-	·		4,		┼							
b		-	· · · · · · · · · · · · · · · · · · ·		` -		┼	· ,						
	From 2013	+	:				╂			w 1	,			
d	From 2014	î.					 		,		<u> </u>		*	
е	From 2015	-	٠ <u>٠ </u>	¥, 4) , ,		╁			\$ }	- 3 - 8.	\wideta{\pi}		
f	Total of lines 3a through e	†			**		 	n/	*					3 <u> </u>
	Applied to underdistributions of prior years	2	*	Ŵ.	%		╁		***			2 %		36.76
	Applied to 2016 distributable amount		- 1	80	,,-	<i></i>	 	23	4.7		- ;	<u>%</u>	}	
	Carryover from 2011 not applied (see instructions)		***	***	W	* * * * * * * * * * * * * * * * * * * *	300	, <u>, , , , , , , , , , , , , , , , , , </u>	2.7	Yes:	*. _{4.}	***	У	*
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.	Ť	- 700				****.	4		78. X	````````` Wa	25 225	**	187
4	Distributions for 2016 from Section D,	<u> </u>	· (,	30 3		-	· 1/2	***	**	-3/		<u>. 86 %</u> 	
	line 7 \$	€	, ³	'\ \	7	.ML		3964	7%		1		"	in in the second
а	Applied to underdistributions of prior years	12	1	72.3	1	- Z	Ė	******	*/ 9		- 4	si 10	· // //	<i>₩ ፘ.</i> ₹ 1
	Applied to 2016 distributable amount	14	1	~	1991		19	3		\	26.	ši		<u> </u>
с	Remainder Subtract lines 4a and 4b from 4						6		`					734.
5	Remaining underdistributions for years prior to 2016, if	1 100	1/8.		- 10 Miles	1	***			<u> </u>		300	• • •	
	any Subtract lines 3g and 4a from line 2 For result greater	10°	Æ.	** 	\$							t T	39.	
	than zero, explain in Part VI See instructions	&	*			* *						*		
6	Remaining underdistributions for 2016 Subtract lines 3h		34		a*	1	F		У	*	4. 1			
	and 4b from line 1. For result greater than zero, explain in					₩,	```		J	1	- % [
	Part VI See instructions	N .	**************************************	7		1		,e35		*	3			
7	Excess distributions carryover to 2017. Add lines 3j						, žs		<u> </u>	te Seri	٠٠,*	*		
	and 4c	<u> </u>	_					`	16,	* <u>*</u>	<u> </u>	· Ł	8° 87	M. W.
	Breakdown of line 7	,3W 1	j _{esa}			Ĭ	×	466	s s	<u></u>	· "	**	· 1	,
<u>a</u>		¥.	1		201	Ş	3	77	32	4	· ,	2%.	* . }	i i
	Excess from 2013	30,	*4,		, ","	2	47	۵	N.	- 38	ĺ	. 4.	, ,	X (S
_ c	Excess from 2014	1	, ≱	120		· «,		100	ζ,			i 12,		,

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 TOURNAMENT GOLF FOUNDATION,	INC. 93-1057953 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV	e 10, Part II, line 17a or 17b, Part III, line 12,
line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3	3b, Part V, line 1, Part V, Section B, line 1e, Part V,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete t (See instructions)	nis part for any additional information
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR O	TNCOME.
	THEN THEORIE.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2016
Open to Public Inspection

Employer identification number Name of the organization TOURNAMENT GOLF FOUNDATION, 93-1057953 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) _ Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

	Schedule D (Form 990) 2016 TOURNAMENT GOLF FOUNDATION, INC. 93~1057953 Page 2									
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a siç	gnificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C	: -	Loan or excl	hange progra	ams				
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further tl	he organizati	on's exen	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	stoncal trea	sures, or oth	er sımılar	assets		7	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	ncluded			
	on Form 990, Part X?		, -						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	oliowina :	table		•	•			
		,	3						Amount	
С	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabili	ty?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	on has been	provided on	Part XIII	-		_	
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 1	0			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses			<u>-</u>						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					Ì				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as				<u>-</u>	
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	e organi	zation		
	by									∕es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?					3b	
_4	Describe in Part XIII the intended uses of the		<u>owment</u>	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 99	0, Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)		reciation			
1a	Land					% , % ,	*8			
b	Buildings									
С	Leasehold improvements				4,754.		10,0			708.
d	Equipment			6	5,559.		60,6	09.	4	,950.
_	Other			<u></u>		<u> </u>				
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pan	t X, colui	mn (B), line 1	10c)				9	,658.

Schedule D (Form 990) 2016

Schedule F) (Form 990) 2016	TOURNAMENT	GOLF	FOUNDATI	ON.	INC.	93-1057953 Page 3
		Other Securities.					
)	anization answered "Yes"	on Form	990. Part IV. line	11b. S	ee Form 990). Part X. line 12.
(a) Descrip		JOTY (including name of security)		Book value			valuation Cost or end-of-year market value
(1) Financi	al derivatives			 			
	held equity interests	i.					
(3) Other				 			
(A)		·	<u> </u>				
(B)					 		
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	(b) must equal Form 990), Part X, col. (B) line 12.)				·	
		Program Related.					
	_	anization answered "Yes"	on Form	990. Part IV. line	11c S	ee Form 990). Part X. line 13.
	(a) Description of			Book value			valuation Cost or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See	Form 990, Part X, line 15	
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	>	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	>	*

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) 2016

Sche	dule D (Form 990) 2016 TOURNAMENT GOLF FOUNDATION	, INC	93-1057953 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per I	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b]
C	Recovenes of prior year grants	2c] }
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		l I
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	<u>.</u>
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
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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	1 1	
а	Donated services and use of facilities	2a	_[
b	Prior year adjustments	2b	- ,.
C	Other losses	2c	<u> </u>
ď	Other (Describe in Part XIII)	_2d	-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	*
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41
b	Other (Describe in Part XIII)	_4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u> </u>
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part		e 4, Part X, line 2, Part XI,
iines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information	
			
			
			
			
			
			
			
			
			

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. 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. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Open to Public Inspection

<u>2</u> Employer identification number 93-1057953 X Yes 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 TOURNAMENT GOLF FOUNDATION, INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Part

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered "Ves" on Form 000 Part IV line 21 for any	Domestic Organ	izations and Domestic	is and Domestic Governments Complete	Complete if the orga	V" bereware dortezion	'ee" on Form 000 Part	IV line 21 for any
٦	\$5,000 Part II car	n be duplicated if additi	ional space is need	ded.			19, mid £ 7, 101 ariy
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 noncash assistance	(h) Purpose of grant or assistance
TRILLIUM FAMILY SERVICES 3415 S.E. POWELL BOULEVARD PORTLAND, OR 97202	93-1254344	501(C)(3)	41,400.	0			GENERAL SUPPORT
BOYS AND GIRLS CLUB PORTLAND 8203 S.E.7TH AVENUE, SUITE 100 PORTLAND, OR 97202	93-0474800	501(0)(3)	40,000.	0.		V	GENERAL SUPPORT
THE CHILDREN'S COURSE 19825 RIVER ROAD GLADSTONE, OR 97027	93-1212530	501(0)(3)	26,000.	0.			GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	and government o	rganizations listed in that table	e line 1 table				3.
LHA For Paperwork Reduction Act Notice, see the Instructions 1	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 93-1057953 (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. Schedule I (Form 990) (2016) TOURNAMENT GOLF FOUNDATION, INC.

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 SELECTED PUBLIC CHARITIES IN THE UNITED (d) Amount of non-cash assistance STATES PRIMARILY TO SUPPORT THEIR GENERAL OPERATING PURPOSES (c) Amount of cash grant INC. TOURNAMENT GOLF FOUNDATION, (b) Number of recipients 5 F THE FOUNDATION AWARDS GRANTS (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2016)

632102 11-01-16

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

TOURNAMENT GOLF FOUNDATION, INC.

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

93-1057953

OMB No. 1545-0047

Inspection

Questions Regarding Compensation Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III ģ. 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 a The organization? 5а X b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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 aren't 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 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	15
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) ROB NEAL	Ξ	194,914.	0	0	8,480.	10,710.	214,104.	0
EXECUTIVE DIRECTOR	Ξ			0.				
	Ξ							
	(ii)							
	Ξ			t 1				
	(ii)							
	Ξ							
	≘							
	(i)							
	≘							
	Ξ							
	Ξ							
	ε							
	Ξ							
	ε							
	(ii)							
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	Ξ							
	(ii)							
	(i)							
	(iii)							
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	Ξ							
	(iii)							
							Schedi	Schedule J (Form 990) 2016
31 00 00 00				28				

•	Page 3	tion .			į								orm 990) 2016
7 60	CC6/CDT-C6	omplete this part for any additional informa											Schedule J (Form 990) 2016
CANT MOTHACIATION WINDWARMCHION	Schedule J (Form 99U) 2016 LOCANATION FOUNDATION, INC.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information											

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TOURNAMENT GOLF FOUNDATION,

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 93-1057953

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION IS A NONPROFIT FUNDRAISING ORGANIZATION, ESTABLISHED TO
FOSTER NATIONAL AND INTERNATIONAL SPORTS COMPETITION, DONATING THE NET
PROCEEDS OF ITS EVENTS TO OTHER FOUNDATIONS AND CHARITIES. THE
FOUNDATION IS THE MANAGING ORGANIZER AND IS RESPONSIBLE FOR THE ANNUAL
PORTLAND CLASSIC GOLF TOURNAMENT IN PORTLAND, OREGON.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EVENT ENTERTAINING TO THE AREA AT LARGE.
FORM 990, PART VI, SECTION A, LINE 2:
BILL AND PAM HURST HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS BEEN ESTABLISHED AS A NONPROFIT, PUBLIC BENEFIT,
MEMBERSHIP ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS MEET ANNUALLY TO ELECT THE MEMBERS OF THE GOVERNING BODY AND TO
CONSIDER AND ACT UPON OTHER MATTERS COMING BEFORE THE MEMBERSHIP. ALL
MEMBERS HAVE THE SAME RIGHTS AND OBLIGATIONS IN ALL MATTERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO MEMBERS OF THE BOARD FOR REVIEW PRIOR TO
FILING.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization TOURNAMENT GOLF FOUNDATION, INC.	Employer identification number 93-1057953
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS RECEIVE A RELATED PARTY QUESTIONNAIRE ANNUA	LLY.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTO	R IS DETERMINED
ANNUALLY BY THE MEMBERS OF THE BOARD. IN DETERMINING THE	EXECUTIVE
DIRECTOR'S COMPENSATION, THE BOARD OBTAINED COMPARABLE CO	MPENSATION DATA,
BOTH THROUGH THE REVIEW OF THE 990'S AND DISCUSSIONS WITH	I PERSONNEL
ASSOCIATED WITH SIMILAR ORGANIZATIONS THROUGHOUT THE COUN	ITRY
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST.
	