

EXTENDED TO MAY 15, 2018

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

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

Open to Public Inspection

<u>A</u>	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and	ending	JUN 30, 2017				
B (2) 8:13 8:14	check if applicable	C Name of organization		D Employer identific	cation number			
<u>چ</u> ا	Address change	SOUTHWEST SECTION OF THE PGA						
JT D	Name change	Doing business as		86-0	280141			
r-[	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	<del></del>	E Telephone number			
≅□	Final return/	10685 N. 69TH STREET			443-9002			
-	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	·	G Gross receipts \$	1,730,136.			
$_{\sigma}$	Amende			H(a) Is this a group re				
سألنأ	Applica-	F Name and address of principal officer MICHAEL MILLER		for subordinates				
	pending	SAME AS C ABOVE	m /	H(b) Are all subordinates in	ncluded? Yes No			
4	Γax-exen		or 52	If "No," attach a	list (see instructions)			
		: ► WWW.SOUTHWEST.PGA.COM		H(c) Group exemptio				
		rganization X Corporation Trust Association Other	L Yea	ar of formation: 1972 A	N State of legal domicile: AZ			
Pi		Summary						
စ္ပ	1 B	riefly describe the organization's mission or most significant activities SEE	SCHED	OULE O.				
Activities & Governance	1							
Je.	1	heck this box I if the organization discontinued its operations or dispo	sed of mo	1				
ģ		umber of voting members of the governing body (Part VI, line 1a)		3	14			
<b>∞</b> ŏ	1	umber of independent voting members of the governing body (Part VI, line 1b)		4	0			
Ě		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	14			
₹	1	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		6	0.			
ĕ		et unrelated business revenue from Part VIII, column (c), fine 12		7 <u>a</u> 7b	0.			
_	"	et difference business taxable income nont form 990-1, life 34	— г	Prior Year	Current Year			
ø,	8 c	ontributions and grants (Part VIII, line 1h)		0.	500.			
Revenue		rogram service revenue (Part VIII, line 2q)		1,440,915.	1,729,616.			
eve		evestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,532.	20.			
Œ	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ī	0.	0.			
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,454,447.	1,730,136.			
	<b>13</b> G	irants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.			
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.			
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	0.	0.			
Expenses	ı	rofessional fundraising fees (Part IX, column (A), line 11e)	, l	0.	0.			
Š	,	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	1 021 516	1 005 075			
		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,831,546.				
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	1,831,546.				
_ 2		levenue less expenses Subtract line 18 from line 12		<377,099.				
ts or			-	Beginning of Current Year 1,958,151.	End of Year 1,618,983.			
ASSE Bals	20 T	otal assets (Part X, line 16)		889,635.				
Net Asset	21 T	otal liabilities (Part X, line 26)	}	1,068,516.	932,977.			
		let assets or fund balances Subtract line 21 from line 20 Signature Block		1,000,010.	732,7116			
_		ies of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ements, and to the best of n	ny knowledge and belief, it is			
		and complete. Declaration of preparer (other than officer) is based on all information of w		•	,,,,,,			
		3- 215 111		5/19	5/18			
Sig	m :	SO Signature of officer		Date				
He		MICHAEL MILLER /						
		Type or print name and title		TN-I-				
ъ.,		Print/Type preparer's name Preparer's name	//	Date Check	PTIN			
Pai		RANDY M. CLOUGH, CPA	/	self-emplo				
		Firm's name: THOMAS & CLOUGH CO., F.A.  Firm's address 1520 N 10TH AVE STE C		Firm's EIN	65-0525738			
UST		LAKE WORTH, FL 33460		Phone no 5 6	516552004			
Ma		S discuss this return with the preparer shown above? (see instructions)		I Filotie iio. 3 C	Yes No			
632		146—LHA—For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form <b>990</b> (2016)			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

Pai	990 (2016) SOUTHWEST SECTION OF THE PGA	86-0280141	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Bnefly describe the organization's mission		
	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	(T-F)
	prior Form 990 or 990-EZ?	Yes	L&⊥ No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Reven		<del></del> _
	TOURNAMENTS: SOUTHWEST SECTION PROVIDES PLAYING OPPORTU		TS
	MEMBER GOLF PROFESSIONALS. MORE THAN 50 GOLF TOURNAMEN		
	AVAILABLE FOR MEMBERS OF THE SOUTHWEST SECTION TO ENCOU	RAGE MORE	
	PARTICIPATION IN THE GAME OF GOLF.		
4b	(Code) (Expenses \$) (Reven		
	EDUCATION: GOLF PROFESSIONALS ARE THE FOUNDATION OF GOL		
	PROFESSIONALS ARE EXPERT INSTRUCTORS AND COMMUNITY LEAD		
		RYWHERE WITH	IIN
	THE SOUTHWEST SECTION. THE SOUTHWEST SECTION PROVIDES		
	PROGRAMS TO ENSURE THAT THE GOLF PROFESSIONALS WILL REM		-
	FOREFRONT OF THE GAME PROVIDING ENJOYMENT TO MANY FOR G	ENERATIONS 1	.'0
	COME.		
4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$) (Rever	ue \$	
4c	(Code) (Expenses \$) (Rever	ue \$	
4c	(Code) (Expenses \$) (Rever	ue \$	
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4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$	ue \$	
4c	(Code) (Expenses \$	ue \$	£30
4c	(Code) (Expenses \$	ue \$	Co.
4c		ue \$	£4.
		ue \$	£30

Form 990 (2016) SOUTHWEST SECTION OF THE PGA
Part IV Checklist of Required Schedules

	`		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	[	х
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u></u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Ī	
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ۽	x	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	- 5	-	
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	Ì	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
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			
Ĭ	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	]	<u> </u>
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, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	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			X
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b>├</b>	<u> </u>
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	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳	<del>                                     </del>	† <del></del>
	complete Schedule G, Part III	19		Lx_
			. 000	(2016)

Form 990 (2016) SOUTHWEST SECTION OF Part IV Checklist of Required Schedules (continued)

	•		Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~	Schedule L, Part I	25b		
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,"			<b> </b> ↓
27	complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions)			Ì
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		- x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		<del></del>
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 207						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ļ					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	X				
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 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	Old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	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			7,7			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u> _			
þ	If "Yes," enter the name of the foreign country			i '			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		٠.			
5a	, , , ,	<u>5a</u>		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_ <u>5</u> b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x			
	any contributions that were not tax deductible as charitable contributions?	<u>6</u> a	<del> </del>				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch					
-	were not tax deductible?	<u>6</u> b	<del> </del>	-			
7	Organizations that may receive deductible contributions under section 170(c).  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					
a	and the second s						
	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>						
·	to file Form 8282?	7c	1	<b>.</b>			
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d			<del>                                     </del>			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g		7g		$\Box$			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter		İ	ļ			
а	Initiation fees and capital contributions included on Part VIII, line 12		Ì				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Ì			
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	]					
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1			
	amounts due or received from them)		}				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	₩-				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ì	1	Ì			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		—			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	₩-	+-			
	Note. See the instructions for additional information the organization must report on Schedule O		[	1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1			
	organization is licensed to issue qualified health plans  13b	1	1				
	Enter the amount of reserves on hand  [13c]  Did the eventuation receive any payments for indeer tanning services during the tay year?	44-	+	X			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 730 to report these payments? If "No." provide an explanation in Schedule O.	14a	+	+^			
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del> 00</del> (	(2016			

Form 990 (2016) SOUTHWEST SECTION OF THE PGA 86-0280141 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

Section A. Governing Body and Management  19 Enter the number of voting members of the powering body at the end of the tax year  19 Enter the number of voting members of the powering body, at the end of the tax year  19 Enter the number of voting members of the powering body, at the end of the tax year  10 Enter the number of voting members of the powering body, at the governing body delegated tread authority to an executive committee or similar committee, explain in Schedule 0.  10 Enter the number of voting members or stockholders or key employee?  2		Check if Schedule O contains a response or note to any line in this Part VI			X							
these are material differences in viving rights among members of the governing body, of the governing body, of which governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of vioting members included in the 1st, above, who are independent to the property of the property o	Sec											
the there are material differences in voting rights among members of the governing body, or if the governing body delegate forms altituding to an executive committee or simular committee, explain is Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent of any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, instetic, or key employees to a management company or other preson?  3 Did the organization delegate control over management during commany performed by or under the direct supervision of officers, director, instetic, or key employees to a management company or other preson?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 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?  9 Did the organization nation performs of the organization organization organization as seasets?  7 A X  5 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?  9 Did the organization nation of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization organization organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Is there any officer, director, fusities, or key employee listed an Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  11 Fermi powerning body?  12 Did the organization have a written organization have a wr			]	Yes	No							
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14										
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing										
2 Use any officer, director, functies, or key employee have a family relationship or a business relationship with any other officer, director, functies, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fusuress, or key employees to a management company or other person?  4 X X Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members in stockholders?  6 Did the organization have members in stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 A Va any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 A Va any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 I Ver any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 I Ver any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 I Seah committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in sent groups and the programment of the governing body?  8 If Yes, Yes (Provide the names and advisesses in Schedule O  8 If Yes, Yes (Provide the names and advisesses in Schedule O  8 If Yes, Yes (Provide the names and advisesses in Schedule O  8 If Yes, Yes (Provide the organization have written policiers and procedures governing the activities of such chapters, affidates, and branches to ensure their operations are consistent with the organization is exempt purposes?  10 If Yes, Yes (Pro												
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 X  14 Did the organization have a written whistleblower policy?  15 Did the organization have a written document retention and destruction policy?  16 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed AZ  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed AZ  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) available 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)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address,	b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

Check this box if neither the organiz	(B)			<b>(C</b>	2)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	⊢	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	83			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trus		8	neus		(W-2/1099-MISC)		organization and related
	below	la la	tional		g o	st con	_	Ī		organizations
	line)	individual trustee or director	Institutional trustee	Отне	Key employee	Highest compensated employee	Former			
(1) MATT ANZALONE	5.00			Ť		-	_			
DIRECTOR		X			1			0.	0.	0.
(2) GREG LEICHT	5.00	Ī								
DIRECTOR		X						0.	0.	0.
(3) TRAVIS MCCUTCHAN	5.00									
DIRECTOR		X						0.	0.	0.
(4) LEE SMITH	5.00	ΙΤ								
DIRECTOR		X				$oxed{oxed}$		0.	0.	0.
(5) DOUG HODGE	5.00									_
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(6) TRENT RATHBUN	5.00	ļ				l				
DIRECTOR		X		Ш	L	L	_	0.	0.	0.
(7) DANNY MEDINA	5.00									
DIRECTOR		X	_	<u> </u>	_	_		0.	0.	0.
(8) AL SUTTON	5.00									
DIRECTOR		X	$\vdash$	L	_	<u> </u>		0.	0.	0.
(9) STEVE LEONARD	5.00	1								١ ,
DIRECTOR	5.00	X	⊢	<del> </del>		┝	_	0.	0.	0.
(10) MARK GURNOW DIRECTOR	3.00	x	l	ļ	ļ	ļ		0.	0.	١ ,
(11) DAVID ENGRAM	5.00	╀≏	⊢	┢	-	⊬	⊢	<u> </u>	<u> </u>	0.
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(12) JAMEY LEWIS	10.00	<u> </u>	├	┢	⊢	╁╌	┝	<u> </u>	<u> </u>	
PRESIDENT	10.00	1		x			i	0.	0.	0.
(13) JAY LARSCHEID	10.00	╁	╁╌	1	⊢	┢	$\vdash$	- 0.		- 0.
VICE PRESIDENT	10.00	ł	•	x	Ì			0.	) o.	0.
(14) MIKE SCULLY	10.00	╁	┢╌		$\vdash$	-	┢		<del></del>	
SECRETARY	-	1		x	1			0.	l o.	0.
(15) MICHAEL MILLER	40.00	┢	<del>                                     </del>	Ħ	t	╁╾	$\vdash$	<del>                                     </del>	<del> </del>	
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Form **990** (2016)

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	compensatio	n from the orga	nization								<del></del>				Yes	No
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5	Did any perso	on listed on line	1a receive or	accrue comp	ensa	tion	fron	n an	y un	rela	ted organization or indi	vidual for services	Ī			
	rendered to t	he organization	? If "Yes," con	nplete Schedi	ıle J	for s	uch	per	rson					5		X
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		-	_								that received more than		pensa	ation	from	
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											<u> </u>					
2		· ·			not	lımıt	ed to	o th	ose 1	liste	d above) who received	more than				
	\$100 000 of	compensation:	rrom the organ	uzation 🖿					_							

Form **990** (2016)

		Check if Schedule O cont	ains a response	or note to any lin		(B)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 इंड	а	Federated campaigns	1a					1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A's,	¢	Fundraising events	1c					
를 들	đ	Related organizations	1d					
ě. <u>Ē</u>	е	Government grants (contribut	ions) 1e					
i sign	f	All other contributions, gifts, gran	ts, and					
<b>14 5</b>		similar amounts not included abo	ve <b>11</b>	500.				
돌	9	Noncash contributions included in lines	10-11 \$					
<u> </u>	h	Total. Add lines 1a-1f		<b>•</b>	500.			
				Business Code			-	
စ္ပ 2	а	ENTRY FEES		900099	758,350.	758,350.		
Program Service Revenue	b	MEMBERSHIP DUES		900099	383,794.	383,794.		
SE	С	SPONSORSHIP REV	/ENUE	900099	313,187.			313,187.
e a	_	ADP - FUNDING		900099	229,902.	229,902.		
<u>6</u>	е	REIMBURSED EXPE	ENSES	900099	18,500.	18,500.		
ا ته	f	All other program service reve	enue	900099	25,883.	25,883.		
	g	Total. Add lines 2a-2f	<del></del>		1,729,616.			
3		Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	20.			20.
4		Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				
5		Royalties		<u> </u>				<u> </u>
			(i) Real	(ıı) Personal				1
6	а	Gross rents						
Ì		Less rental expenses	<u></u>					1
		Rental income or (loss)						
		Net rental income or (loss)						<del></del>
7	а	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L			- :		
		Net gain or (loss)						
s senue	а	Gross income from fundraisin including \$	g events (not					
		contributions reported on line	1c) See					1
Other Re		Part IV, line 18	а					
ਰੋ		Less direct expenses	b	L				
		Net income or (loss) from fund	•	<b>&gt;</b> _				
9	а	Gross income from gaming ad						
		Part IV, line 19	а					
		Less direct expenses	b					1
		Net income or (loss) from gan	_			<u> </u>	<u> </u>	<del> </del>
10	а	Gross sales of inventory, less	returns	į				
1		and allowances	a					
		Less cost of goods sold	b	'L				
	С	Net income or (loss) from sale		<u> </u>				<del> </del>
		Miscellaneous Revenu	те	Business Code				
11						<del> </del>		<del></del>
İ	ь							
	C C	All other revenue						<del> </del>
	d e	Total. Add lines 11a-11d				<del> </del>		+
12		Total revenue See instructions.			1.730.136.	1,416,429.	0	. 313,207
632009 11	_				_,,		<u> </u>	Form <b>990</b> (2016

Form 990 (2016) SOUTHWEST SECTOR Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com		_ <u>-</u>	omplete column (A)	X
Dor	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			{	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1		ļ l	
	trustees, and key employees				
6	Compensation not included above, to disqualified	,		]	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			ļ	
7	Other salaries and wages		<del></del>	<del></del>	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		<del></del>	<del> </del>	
9	Other employee benefits			ļ	
10	Payroll taxes			<del> </del>	<del></del>
11	Fees for services (non-employees)				ı
	Management	65,874.		<del> </del>	<del></del>
	Legal	500.		<del> </del>	
	Accounting	300.			
d	Lobbying Professional fundraising services. See Part IV, line 17			<del> </del>	
e	Investment management fees	<del></del>		<del> </del>	<del> </del>
g	Other (If line 11g amount exceeds 10% of line 25,		<del></del>	<del>                                     </del>	
9	column (A) amount, list line 11g expenses on Sch O.)	700,594.			
12	Advertising and promotion	8,419.			
13	Office expenses	26,855.		<del> </del>	
14	Information technology			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·
15	Royalties			<del>                                     </del>	
16	Occupancy	33,824.			
17	Travel	80,824.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	998.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,567.		<u> </u>	
23	Insurance	24,127.		<b></b>	<u> </u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				]
	24e amount exceeds 10% of line 25, column (A)				1
	amount, list line 24e expenses on Schedule O.)	477 454		<del> </del>	<b></b>
a	TOURNAMENT PRIZES	473,451.		<del> </del>	
b	TOURNAMENT OPERATIONS	167,543.		<del> </del>	<del> </del>
C	FOOD AND BEVERAGE PROCESSING FEES	109,996. 62,766.	<del></del>	<del></del>	<del> </del>
d		66,337.	<del></del>	<del></del>	<del> </del>
	All other expenses	1,865,675.		<del> </del>	<del> </del>
25 26	Joint costs Complete this line only if the organization	1,000,070	<u> </u>	+	
20	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.	-			
	Check here figures of following SOP 98-2 (ASC 958-720)				
	it following 50P 98-2 (ASC 958-720)	<u> </u>	<del></del>		5000/0040

Part X	Balance Sneet			
•	Check if Schedule O contains a response or note to any line in this Part X	·_·		
		<b>(A)</b> Beginning of year	_ [	(B) End of year
1	Cash · non-interest-bearing	779,940.	1	444,174
2	Savings and temporary cash investments		2	79,703
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	63,977.	4	60,017
5	Loans and other receivables from current and former officers, directors,			
1	trustees, key employees, and highest compensated employees. Complete			
ł	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary		l	
ا ي	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	73,565.	7	73,565
<sup>(</sup>   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	40,885.	9	39,684
10a	Land, buildings, and equipment cost or other			
ľ	basis Complete Part VI of Schedule D Less accumulated depreciation  10a 1,396,345.  10b 509,936.			
b	Less accumulated depreciation 10b 509,936.	895,136.	10c	886,409
11	Investments - publicly traded securities		11	······································
12	Investments - other securities See Part IV, line 11	20,000.	12	20,000
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	84,648.	15	15,43
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,958,151.	16	1,618,983
17	Accounts payable and accrued expenses	159,419.	17	78,090
18	Grants payable	205 200	18	340 60
19	Deferred revenue	385,293.	19	340,626
20	Tax-exempt bond liabilities		20	<u> </u>
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
22	Loans and other payables to current and former officers, directors, trustees,			
[	key employees, highest compensated employees, and disqualified persons			
22	Complete Part II of Schedule L	00 440	22	01 70
23	Secured mortgages and notes payable to unrelated third parties	27,417.	23	21,708
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		i i	
l	parties, and other liabilities not included on lines 17-24) Complete Part X of	217 506		245 50
	Schedule D	317,506.	25	245,582
<u>   26</u>	Total liabilities. Add lines 17 through 25	889,635.	26	686,000
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		1 1	
ß	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	<del> </del>	27	
28	Temporarily restricted net assets		28	<del></del>
27 28 29 30 31 32	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			İ
5	and complete lines 30 through 34.	•		
30	Capital stock or trust principal, or current funds	0.	30	
ž   31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	020 07
32	Retained earnings, endowment, accumulated income, or other funds	1,068,516.	32	932,97
33	Total net assets or fund balances	1,068,516.		932,97
34	Total liabilities and net assets/fund balances	1,958,151.	34	1,618,98

	990 (2016) SOUTHWEST SECTION OF THE PGA	<u>86-</u>	0280141	Pag	e 12
Par	1 XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,86		
3	Revenue less expenses Subtract line 2 from line 1	3			39.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,06	8,5	16.
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,				
	column (B))	10	93	2,9	<u>77.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Cother			. }	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		·	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		ł	
	separate basis, consolidated basis, or both			1	,
	Separate basis Consolidated basis Both consolidated and separate basis				- <u></u> -
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs	, l		Ē
	consolidated basis, or both		į į		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	,		{
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au		1	'
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured au	h .	[	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

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

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2016
Open to Public Inspection

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III

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

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

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

van	ne or organization SOUTHWE	ST SECTION OF TH	HE PGA	Empio	86~0280141
Pa		anization is exempt un		or is a section 527 or	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	ical campaign activities	ın Part IV ►\$	
Pa	rt I-B Complete if the org	anization is exempt un	der section 501(c)	(3).	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by the organization ur incurred by organization manage	nder section 4955 gers under section 4955	▶\$	Yes No
	olf "Yes," describe in Part IV  ort I-C   Complete if the org	janization is exempt un	der section 501(c)	except section 5016	c)(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b	ization's funds contributed to o	other organizations for s	section 527	
4 5	Did the filing organization file Form	nployer identification number (l tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organ o a separate political org	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	<del></del>				
For	Paperwork Reduction Act Notice,	see the Instructions for Form	1 990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 201

632041 11-10-16

. section 501(h)).  A Check fithe filing organization belong expenses, and share of exces					
5 5		<del></del>	5		
expenses, and share of exces		* · ·	n Part IV each affiliated of	group member's nar	ne, address, EIN,
. — ` ` `		•			
B Check Limits on Lobb Limits on Lobb (The term "expenditures" m	ying Exper	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence publ	ic oninion (c	rass roots (obbying)	<del></del>	<del></del>	<del> </del>
b Total lobbying expenditures to influence a leg	-		ľ		
c Total lobbying expenditures (add lines 1a and		, (=====,==,=,=,	ŗ		
d. Other exempt purpose expenditures			<sup>.</sup>		
e Total exempt purpose expenditures (add line		)	· · [		
f Lobbying nontaxable amount Enter the amount			th columns		
If the amount on line 1e, column (a) or (b) is:	The lobi	ying nontaxable am	ount is:		
Not over \$500,000	20% of 1	he amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the exc	cess over \$500,000		•
Over \$1,000,000 but not over \$1,500,000			cess over \$1,000,000		1
Over \$1,500,000 but not over \$17,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000		1
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (enter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero or less, e	•				
i Subtract line 1f from line 1c If zero or less, el	nter -0-				
j If there is an amount other than zero on eithe	r line 1h or l	ine 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
Lobb	ying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (a) 2 (a) 2	2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))		· · · · · · · · · · · · · · · · · · ·			<del></del>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))			<del> </del>	<del></del>	<del> </del>
f Grassroots lobbying expenditures					m 990 or 990-EZ) 201

Schedule C (Form 990 or 990-EZ) 2016 SOUTHWEST SECTION OF THE PGA 86-0280141 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	$\neg \neg$	(b	<del>)</del>
of the	e lobbying activity	Yes	N	0	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers? .		<u> </u>			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?	Ĺ	<u></u>	[		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ł				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	)(5),	or se	ction	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- (	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	ar?	3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ical				
а	Current year			2a		
	Carryover from last year			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			[		
	expenditure next year?	•		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Pai	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou uctions), and Part II-B, line 1. Also, complete this part for any additional information	ip list), Part	II-A, lu	nes 1	and 2 (see	
		<del></del>				
	<del></del>					
				<u> </u>		

# 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.

OMB No 1545-0047

Name of the organization

Open to Public Inspection Employer identification number

	SOUTHWEST SECTION O			86-0280141
Pai	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6		
		(a) Donor advise	d funds (I	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	riting that the assets he	eld in donor advised fun	ds
	are the organization's property, subject to the organization's ex	xclusive legal control?		L Yes L No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gr	ant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ai	ny other purpose confer	ring
_	impermissible private benefit?			Yes No
<sup>2</sup> aı	t II   Conservation Easements. Complete if the orga	nization answered "Ye	s" on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed		ervation of a historically	·
	Protection of natural habitat	L Pres	ervation of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a co	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure.	• •		2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not or	a historic structure	
_	listed in the National Register	t die elecation	4 4 - d b. 4b	2d
3	Number of conservation easements modified, transferred, rele	ased, extinguisned, or	terminated by the organ	nization during the tax
4	year	am ant in located N		
4 5	Number of states where property subject to conservation ease		tion bondling of	
,	Does the organization have a written policy regarding the peric violations, and enforcement of the conservation easements it I		tion, nanuling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservati	
•	The volume of route devotes to mornioring, inspecting, in	ianaling of violations, a	nd chierong conservati	on eacemente daming the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and ei	nforcing conservation ea	asements during the year
•	► \$	ing of violations, and of	norowig comocretation of	200monto dalling the year
В	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	nts of section 170(h)(4)(l	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
•	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		•	
	conservation easements			
a	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in	its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or re	search in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items		
þ	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its r	evenue statement and I	palance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in	furtherance of public se	ervice, provide the following amount
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial gain	provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to	these items	
	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>		<u> </u>
-HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 201

632051 08-29-16

Sche	dule D (Form 990) 2016 SOUTHWES	ST SECTION	OF	THE PO	SA			86-02	80141	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Ti	reasures, o	r Oth	er Simil	ar Asse	<b>ts</b> (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ls, checi	k any of the	following that	are a s	ignificant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d	ا <u>لـــا</u> ا	Loan or exc	hange progra	ms				
þ	Scholarly research	е	,	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	illections and explai	n how th	ney further t	the organizatio	n's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	asures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered "	Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as:	sets not	included		_	
	on Form 990, Part X?					,		. , 🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table <sup>.</sup>						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for	escrow or c	ustodial acco	unt liab			Yes	No
	If "Yes," explain the arrangement in Part XIII	· · · · ·								
Par										
		(a) Current year		rior year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	(4) 04:10:11	\-/-		1 -7			<del></del>		<del></del>
h	Contributions	<del></del>	-	-		-	_		t	
~	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·			<del> </del> -				†	
٦	Grants or scholarships		<del> </del>		<del>                                     </del>				<del>                                     </del>	
a	·				<del> </del>				<del>                                     </del>	
е	Other expenditures for facilities									
	and programs				<del> </del> -			<u>-</u> -	<del> </del>	
T	Administrative expenses		<u> </u>		-				<del>├</del> ──	
g	End of year balance		L		<u> </u>				<u></u>	
2	Provide the estimated percentage of the cur	rent year end baland		g, column	(a)) held as					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held	and administe	red for	the organ	ization	-	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(iı)	
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	organization's end	owment	funds						
Pai	rt VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a	See Form 990	), Part )	( <u>, line 10</u>			
	Description of property	(a) Cost or	other	(b) Cos	st or other	(c) A	Accumula	ted	(d) Book	value
		basis (invest	ment)		s (other)	de	epreciatio	n		
1a	Land			1	21,425.				12	1,425.
	Buildings	-		1,1	15,052.		404,	521.		5,531.
	Leasehold improvements					-	<del></del>			
	Equipment			1	59,868.		105,4	115.	5	4,453.
	Other	·		<u> </u>						· _
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990. Par	t X. colu	mn (B), line	10c)		-	ightharpoonup	88	6,409.

Schedule D (Form 990) 2016

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2) DUE TO ARIZONA GOLF NETWORK 245,582.

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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

Schedule D (Form 990) 2016

<sup>2.</sup> 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 O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

SOUTHWEST SECTION OF THE PGA	86-0280141
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
TO GROW THE GAME OF GOLF IN THE SOUTHWESTERN UNITED STATES	
BOUNDARIES INCLUDE THE STATE OF ARIZONA AND CLARK COUNTY	IN SOUTHERN
NEVADA. THERE ARE THREE CHAPTERS WITHIN THE SOUTHWEST PG.	A - THE
SOUTHERN CHAPTER, METRO CHAPTER AND SOUTHERN NEVADA CHAPT	ER. EACH
CHAPTER AIMS TO FURTHER FACILITATE PROGRAMS AND SUPPORT T	HEIR MEMBERS
SPECIFIC NEEDS IN THOSE AREAS.	
EODM 000 DADM MT CECHTON A LINE 6.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS WHO PARTICIPATE IN THE ORGAN	IZATION'S
GOVERNING DOCUMENTS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS CAN ELECT THE MEMBERS OF THE GOVERNING BODY AND A	PPROVE SIGNIFICANT
DECISIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION PROVIDES A DRAFT OF FORM 990 TO ITS BOAR	D PRIOR TO SIGNING
AND FILING THE RETURN. THE BOARD WILL REVIEW AND APPROVE	THE RETURN FOR
FILING AT A REGULAR MEETING BEFORE THE RETURN'S DUE DATE.	···
FORM 990, PART VI, SECTION B, LINE 12C:	
THE EXECUTIVE DIRECTOR MONITORS THE ENFORCEMENT OF THE CO	NFLICT OF INTEREST
POLICY WITH THE BOARD MEMBERS. THE BOARD MEMBERS ARE REQ	UIRED TO STATE ANY
CONFLICTS ANNUALLY.	

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization SOUTHWEST SECTION OF THE PGA	Employer identification number 86-0280141
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD APPROVES THE COMPENSATION FOR THE EXECUTIVE DI	RECTOR AND OTHER
EMPLOYEES DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF I	NTEREST POLICIES
ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST DI	RECTLY TO THE
ORGANIZATION'S ADDRESS.	
FORM 990, PART VII, SECTION B:	
COGNOS HR IS USED FOR COST SAVINGS AND EFFICIENCY AND PRO	OVIDES ALL
EMPLOYEES TO THE ORGANIZATION. COGNOS HR PAID W-2 WAGES	OF \$175,000 TO
THE EXECUTIVE DIRECTOR DURING FISCAL 2017.	<del></del>
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR	677,299
OTHER PROFESSIONAL FEES	23,295
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	700,594
<u> </u>	

2016 Open to Public Inspection Employer identification number 86-0280141 OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990. SOUTHWEST SECTION OF THE PGA Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Direct controlling entity End-of-year assets <u>e</u> Total income 9 Legal domicile (state or Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

 $\boldsymbol{\varepsilon}$ 

Schedule R (Form 990) 2016 (g) Section 512(b)(13) ž controlled entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling Public charity status (if section 501(c)(3)) Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization

Part

86-0280141

Schedule R (Form 990) 2016 SOUTHWEST SECTION OF THE PGA

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related . organizations treated as a partnership during the tax year

	(a)	(q)	(2)	(b)	(e)	(t)	(6)	ε	(1)	(1)	€.
ž°	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, oxcluded from tax under	Share of total income	Share of end-of-year	Dispropertionate 20cations?	Code V-UBI amount in box	General or managing partner?	Gonoral or Percentage managing Ownership
			foreign country)		sections 512-514)		90000	Yes No	K·1 (Form 1065)	Yes No	
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										_	
										_	
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			_		_					_	
										_	
								_		_	
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	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	anizations Taxable	as a Corpo	pration or Trust. Co	mplete if the organiza	ation answered "Yes	s" on Form 990, P	art IV, line 3	4 because it had o	ne or m	ore related
Part IV		rporation or trust during	g the tax	year							
										17	=

organizations treated as a corporation of trust doing the tax year	dillig tire tax year								1
(a)	(q)	(၁)	<u></u>	(e)	ε	(6)	Ξ	S	ş
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	5 <u>6</u> 35
		country)		or trust)		dssets		Yes	ş
ARIZONA GOLF NETWORK INC 27-6869117			:						
10685 N. 69TH STREET	PROMOTION OF THE								
SCOTTSDALE, AZ 85254	SPORT OF GOLF	AZ	N/A	c corp	533,852.	416,046.	100.00%	×	1
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Schedule R (Form 990) 2016

632162 09-06-16

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	;		: : :	Yes No
During the tax year, did the organization engage in any of the follow	ns with one or more	related organizations liste	d in Parts II·IV?	
	Α.			1a A
b Giff, grant, or capital contribution to related organization(s)			: : :	1b X
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>			: :::	1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or ioan guarantees by related organization(s)			. :	1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)			: . :	1g X
h Purchase of assets from related organization(s)			:	± ×
i Exchange of assets with related organization(s)			. :	÷
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		. :	± X
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			T T
o Sharing of paid employees with related organization(s)				T ot
			: :	+
q Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)			:	± ×
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1) ARIZONA GOLF NETWORK	0	.000,68	89,000.SALARIES	
(2)				
(3)				
(4)				
(5)				
(9)				
532163 09-06-16	24		Schedule	Schedule R (Form 990) 2016

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	ision for certain inv	estment partnerships	-						
(a)	(Q)	(၁)	<u>(</u>	(e)	£	(6)	Ξ	€ ;	3	€
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	501(c)(3)	Share of total	Share of end-of-vear	Orspropor Bonate	Disprapor Code V-UBI General or Percentage bonate amount in box 20 mineraging ownership	General or managing	Percentage ownership
בי פוווגל		country)	excluded from tax und sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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									+	
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				_						
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							-			
				$\frac{1}{4}$			$\downarrow$		$\frac{1}{1}$	
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								Schedule	R (For	Schedule R (Form 990) 2016