

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2017 calendar year, or tax year beginning	and	ending						
B C	heck if	SOUTHERN TEXAS PROF. G	OLFERS ASSOCIAT	ION	D Employer	identification	on number			
F	Addres change Name	FOUNDATION			╣,	76-046	6150			
=	Jchang∈]Initial return	Doing business as Number and street (or P.0 box if mail is not del	livered to street address)	Room/suite	76-0466150 E Telephone number					
	Final return/	22305 GOSLING ROAD				(832) 442-2404				
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	1,772,9	921.		
<u> </u>	Amend Jreturn Applica	DEKING, IA //303	MAC HIMMON		H(a) Is this a	-	Yes 🖸	7		
	Jtión pendin	F Name and address of principal officer 1110	MAS HOTTON	M7	H(b) Are all subo	rdinates?		≥ No □ No		
I T	ax-exe	empt status X 501(c)(3) 501(c) ()		or 527	ਜ ` ′		(see instruction			
		e: ► N/A			H(c) Group ex	kemption nu	mber 🕨			
		0. gum20.00.1	sociation Other	L Year	of formation 1	994 m Sta	ite of legal domic	ile: TX		
Ра	rt I	Summary	significant activities SEE	SCHEDU	IT E O					
a)Ce	1 1	Briefly describe the organization's mission or most	significant activities 555	SCHED	706 0					
Activities & Governance	2	Check this box if the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of it	s net assets	 S			
ove		Number of voting members of the governing body				3		16		
9	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4		16		
es	5	Total number of individuals employed in calendar y	year 2017 (Part V, line 2a)			5	· · · · · · · · · · · · · · · · · · ·	0		
575	6	Total number of volunteers (estimate if necessary)				6		25		
⊃ ĕ ∣		Total unrelated business revenue from Part VIII, co				7a		0.		
\ _	b	Net unrelated business taxable income from Form	990·T, Ine 34		7	7b		0.		
_			[N]		Prior Year	210	Current Yea			
മ≊ി		Contributions and grants (Part VIII, line 1h)	8 NOV 1 9 20		237,		194,1			
TTE evenue		Program service revenue (Part VIII, line 2g)	1 1		1,504,	56.		L06.		
		Investment income (Part VIII, column (A), lines 3, 4	750.	34,9						
긥		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		IT H	1,771,		1,734,6			
SCANINED Expenses		Total revenue - add lines 8 through 11 (must equal			116,		131,9			
F		Grants and similar amounts paid (Part IX, column (Benefits paid to or for members (Part IX, column (A	•	<u> </u>		0.	131,1	0.		
ا _س رت		Salaries, other compensation, employee benefits (-		0.		0.		
ကန္မ		Professional fundraising fees (Part IX, column (A),			0.					
je		Total fundraising expenses (Part IX, column (D), lin	· .	0.						
ŭ		Other expenses (Part IX, column (A), lines 11a-11d			1,660,	551.	1,698,1	137.		
		Total expenses Add lines 13 17 (must equal Part I	•	ļ	1,776,	805.	1,830,1	126.		
		Revenue less expenses Subtract line 18 from line			< 5,	123.>	<95,4	<u> 157.</u> >		
ts or				В	eginning of Curre		End of Year			
alan	20	Total assets (Part X, line 16)			584,	663.	535,8	302.		
Net Asset Fund Balan	21	Total liabilities (Part X, line 26)		<u></u>		380.	99,9			
		Net assets or fund balances Subtract line 21 from	line 20		531,	283.	435,8	326.		
	rt II	Signature Block								
		Ities of perjury, I declare that I have examined this return,					owledge and belie	et, it is		
true,	correc	t, and complete Deplaration of preparer (other than office	er) is based on all information of w	nich prepare	r nas any knowled	111 16				
Sian		Signature of officer			Date	111/8				
Sign		THOMAS HUTTON, EXECUTI	VE DIRECTOR							
Here	-	Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	 		
Paid It self-employed										
Prep	arer	Firm's name		1	Firm's					
Use	Only	Firm's address								
	Phone no.									
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)				Yes L	No,		
73200	11 11-2	8-17 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.		- 	Form 990	(2017)		

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

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Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		•
	SEÉ SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	, , , , , , , , , , , , , , , , , , , ,	☐ Yes 〔	X No
	prior Form 990 or 990-EZ?	L Tes t	١٩٥ تعم
	If "Yes," describe these new services on Schedule O	Yes [▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes L	-A∟ 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	s, the total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,596,369. including grants of \$ 131,989.) (Revenue		<u> 196.</u>)
	THE SOUTHERN TEXAS PGA FOUNDATION RUNS SEVERAL GOLF PROG		
	JUNIORS THROUGHOUT THE YEAR. THE JUNIOR TOUR IS A COMPET		
	TOURNAMENT PROGRAM FOR JUNIORS AGES 12-18. IN TOTAL, THE		
	PGA FOUNDATION OPERATES MORE THAN 300 GOLF TOURNAMENTS,	CLINICS, AND)
	PROGRAMS. IN ADDITION, THE FOUNDATION RUNS A "LITTLE LIN	KSTERS" PROC	RAM
	DESIGNED FOR AGES 7-12 OF ANY SKILL LEVEL. THIS IS AN IN		
	BASED PROGRAM TARGETING THE RULES OF GOLF AND ETIQUETTE,		
	GOLF FUNDAMENTALS. THE PARTICIPANTS ARE ALSO GIVEN THE C		O'.
	PLAY IN ORGANIZED TOURNAMENTS.		
	IN ADDITION, THE SOUTHERN TEXAS PGA FOUNDATION ANNUALLY	AWARDS	-
	SCHOLARSHIPS TO PROMOTE THE ATTAINMENT OF HIGHER EDUCATI		
415			<u> </u>
4b	(Code) (Expenses \$) (Revenue	,,,	—— '
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· · · · · · · · · · · · · · · · ·	
	today and the state of the stat		
			
		<u></u>	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,596,369.		
		Form 99	0 (2017)
	CEE COMPDITE O FOR CONTINUATION/S		. '

Form 990 (2017) FOUNDATION
Part IV Checklist of Required Schedules FOUNDATION

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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> </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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	as applicable	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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>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		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-7G		 -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X 2017)

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Pa	rt IV Checklist of Required Schedules (continued)			
	1		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	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cui and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	rrent 23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 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	l l		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat any tax-exempt bonds?	ase 24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit

- 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
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
 - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - 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
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II
- 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
- 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
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - **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
- 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
- 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
- 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

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<u>'</u> Par		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
	`	Chock in Contradic Contrained a cospeciate of indicate any area in the contrained and the				Yes	No
12	Enter t	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	J 51	C. C.	93,42	31 33 A
		the number of Forms W 2G included in line 1a. Enter -0- if not applicable	1b	0	1023	4395944 \$7345	
		e organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming	\$155.00 m	600 2 10 4 30 35 4	
Ū		ling) winnings to prize winners?		9	1c	X	الاشتخطاة الانتج
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			*4.44	30mm 30mm 30mm	Mir Sal
		or the calendar year ending with or within the year covered by this return	2a	0		4.6 VAY	
b		ast one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				25. A	
За	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?		•	За		X
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	fınancı	ial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes	s," enter the name of the foreign country 🕨			2		
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR)		ženi.	
5a		ne organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b		ly taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?)	5b		X
		s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit	_		v
		ontributions that were not tax deductible as charitable contributions?			6a		X
b		s," did the organization include with every solicitation an express statement that such contribu-	tions c	r gifts	C.		
_		not tax deductible?			6b	१.८ दुम्स	
7		nizations that may receive deductible contributions under section 170(c). organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuces r	rouded to the navor?	7a	320 2 4 4 4	MCI X
a		s," did the organization notify the donor of the value of the goods or services provided?	i vices p	novided to the payor.	7b		
b C		e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	 "		_
·		Form 8282?	40.04	u	7c		х
d		s," indicate the number of Forms 8282 filed during the year	7d		- 3%	¥ 7, 55,0	18.1
e		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	- in-the setting to	البوجيدية الوخم
f		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g		organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g		
h	If the c	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Spons	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е	MA		384
	sponse	oring organization have excess business holdings at any time during the year?			8		
9	Spons	soring organizations maintaining donor advised funds.			جميرير مارير	المرجوبي	过图
а		e sponsoring organization make any taxable distributions under section 4966?			9a		
b		e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	G sp. rb bits	Mark Toward
10		on 501(c)(7) organizations. Enter	ı	1			
а		on fees and capital contributions included on Part VIII, line 12	10a		i decele de mais dese	***	
b		receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 ************************************	
11		on 501(c)(12) organizations. Enter	۱	1		Secretary Secretary	
a		income from members or shareholders	11a				34.9
D		income from other sources (Do not net amounts due or paid to other sources against	11b	1	92		
120		nts due or received from them) on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a	######################################	allad
		s," enter the amount of tax-exempt interest received or accrued during the year	12b	, 	120		TREA
13		on 501(c)(29) qualified nonprofit health insurance issuers.	1247		17 8 1872 2- 31 1924 1- 30 1924	がない。 ななない。	
		organization licensed to issue qualified health plans in more than one state?			13a	77 7k #9 '	20 0 k 1755 d
-		See the instructions for additional information the organization must report on Schedule O			× 10 34	100 Sept	(秦)
b		the amount of reserves the organization is required to maintain by the states in which the					
-		zation is licensed to issue qualified health plans	13b				
С	-	the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax year?			14a		X
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
					Form	990	(2017)

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 16	7 AUX 9	10 mg 2 1	2 3						
	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 0	3 2 3								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16	5 2 4 5 E	3,5%	2 - 2 2 - 2 2 - 2 3 - 3 3 - 3 3 3 - 3 3 -						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6 99m							
	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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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	st	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	\$ 80,000 Serendari		ıı						
а	The governing body?	8a	X							
ь	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	'		v						
	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)		V	Na						
40-	Did the accessive have level about an area has an efficiency	10a	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	IUa		21						
D	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								
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	5° 35%	\~~ **							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	لينظالس						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
·	in 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		(N# 3- 8							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14.04	يورديوندر فارسولونوندو							
а	The organization's CEO, Executive Director, or top management official	15a	X							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	4,50	1 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	2	1123	42						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	金少许,								
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	\$ ~ \(\int_1 \)	\$ 10.50 \$ 10.00 \$ 10.0							
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fınan	cıal							
	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									
	S. TEXAS PGA SECTION CONTROLLER - 561-624-8400									
	300 AVENUE OF CHAMPIONS #205, PALM BEACH GARDENS, FL 33410	r	000	(00.47)						
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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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more				one	Reportable	Reportable	Estimated	
	hours per	box, unles		ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	 	1			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	from the	from related	other
	(list any hours for	irect				_		organization	organizations (W·2/1099·MISC)	compensation from the
	related	0 00	ste			ısate		(W-2/1099-MISC)	(** 2) 1033 (***)00)	organization
	organizations	trust	al tru		yee	ad m		(and related
	below	individual trustee or director	institutional trustee	ie.	Key employee	Highest compensated employee	ية ا			organizations
	line)	ığ	Insti	Officer	Key	돌흡	Former			
(1) JEFF STRONG	5.00									
HONORARY PRESIDENT		X						0.	0.	0.
(2) JIM NITTOLI	3.00									
PRESIDENTIAL APPOINTEE		X						0.	0.	0.
(3) DALE MORGAN	3.00									
PRESIDENTIAL APPOINTEE		X						0.	0.	0.
(4) BRYAN MINNICK	3.00									
AT-LARGE ELECTED BY MEMBER		X						0.	0.	0.
(5) KELLY O'DONNELL	3.00						Г			
AT-LARGE ELECTED BY MEMBER		X						0.	0.	0.
(6) GREG GARNER	3.00									
WESTERN CHAPTER PRESIDENT		X						0.	0.	0.
(7) CHAD DONEGAN	3.00									
WESTERN CHAPTER VICE-PRESI		Х						0.	0.	0.
(8) DARRELL FUSTON	3.00									
EASTERN CHAPTER PRESIDENT		x					1	0.	0.	0.
(9) MARK DURANSKI	3.00									
EASTERN CHAPTER VICE-PRESI		x						0.	0.	0.
(10) JOHN GARCIA	3.00							" " ' '		
SOUTHERN CHAPTER PRESIDENT		x				ł		0.	0.	0.
(11) JEREMIAH CABRERA	3.00									
SOUTHERN CHAPTER VICE-PRES		x						0.	0.	0.
(12) MATT FLORY	3.00									
INDEPENDENT DIRECTOR		x						0.	0.	0.
(13) GLENN LEE	3.00									
PGA DISTRICT 12 DIRECTOR		x						0.	0.	0.
(14) MARC DEWALL	10.00									
PRESIDENT		1		X				0.	0.	0.
(15) DOUG DESIVE	5.00				Т	T	1			
VICE PRESIDENT		1		x				0.	0.	0.
(16) JAMES BROWN	5.00	<u> </u>				Т	†	<u> </u>		
SECRETARY		1		x	1	1		0.	0.	0.
(17) MIKE RAY	50.00	T			<u> </u>					
EXECUTIVE DIRECTOR	<u> </u>	1		x	1			0.	150,413.	32,470.
•	-	_	_			_				5 000 (0047)

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ــــــــا	Section A. Officers, Directors, Tru		p10)	ees			gne	st (<u></u>	
	` (A)	(B) Average	1		Pos	C) ation	1		(D)	(E)			(F)	_
	Name and title	hours per		not o	heck	more	than		Reportable compensation	Reportable compensation from related			mated ount o	
		week		cer ar					from				ther	''
		(list any	ctor						the	organizations	.	comp		ion
		hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fro	m the	:
		related	stee (nste(Bensa		(W-2/1099-MISC)			_	nızatı	
		organizations below	la tru	a t		oloye	E 8	l					relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	iizatio	115
		<u> </u>	౼	트	۴	3	∓ 2	- E						
			1			•								
		<u> </u>	┢	╁	\vdash	\vdash	\vdash				\dashv			
			1											
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		-	1											
			T	\vdash										
			1					İ						
			1					1						
1b	Sub-total							▶	0.	150,41	3.	32	, 47	0.
С	Total from continuation sheets to Part V	II, Section A						▶	0.		0.			0 .
<u>d</u>	Total (add lines 1b and 1c)								0.	150,41	3.	32	, 47	<u> 70 </u>
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	ho r	eceived more than \$100	,000 of reportable	÷			
	compensation from the organization													1
											_		/es	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on	_	_	.	3_
	line 1a? If "Yes," complete Schedule J for										<u> </u>	3		X
4	For any individual listed on line 1a, is the s	•							•	the organization	_	-	<u></u> - -	_اد
	and related organizations greater than \$15										-	4	X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ed organization or indivi	dual for services		-	-	<u>Ļ</u>
	rendered to the organization? If "Yes," cor	nplete Schedul	e J i	for s	uch	pers	son					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest complete the property of the prope										ensat	tion fro	om	
	the organization Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	itnir		year I		(0)		
	(A) Name and busines:	s address	NI	INC	7				(B) Description of s	ervices	Cor	(C) mpens		
				J141				\dashv		-			-	
								\dashv						
		· · · · · ·							·					
								\dashv						
								\neg		-				
2	Total number of independent contractors	(including but n	ot li	mite	d to	the	se le	ster	d above) who received m	ore than		_		ij.
_	\$100,000 of compensation from the organ		"				0							
	The state of the state of the state of garden											orm 9	90 (0)	017)

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FOUNDATION

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants Ilar Amounts Federated campaigns 1b **b** Membership dues 35,700. 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 158,446 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 194,146. Total. Add lines 1a-1f Business Code 1,383,796 900099 383,796. TOURNAMENT REVENUE Program Service Revenue 94,150. SPONSORSHIP REVENUE 900099 94,150. MANAGEMENT FEE INCOME 900099 26,000. 26,000 1,500. 1,500. EDUCATION AND MEETING 900099 All other program service revenue ,505,446 Total. Add lines 2a-2f Investment income (including dividends, interest, and 106. 106. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 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 35,700. of including \$ contributions reported on line 1c) See 73,223 Part IV, line 18 38,252 b Less direct expenses 34,971 34,971 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 **Business Code** Miscellaneous Revenue 11 a b d All other revenue Total, Add lines 11a-11d ,734,669.1,411,296. 0. Total revenue. See instructions

Form 990 (2017) FOUNDATION Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con			ompiete column (A)	
Do	Check if Schedule O contains a respo	nse or note to any line in	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		15 100	使有影響等等	
	and domestic governments. See Part IV, line 21	15,122.	15,122.		7.64 C. 10.00 C. 10.0
2	Grants and other assistance to domestic	116 067	116 067		
	individuals See Part IV, line 22	116,867.	116,867.		
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,				
e	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	,			
7	Other salaries and wages	,		 	
8	Pension plan accruals and contributions (include	, ,			
Ŭ	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes	7			
11	Fees for services (non-employees)			,	,
а	Management	9	~	-	/ /
b	Legal				
c	Accounting			,	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		18.5° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2°	M. Walling T. St.	
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)	29.	29.		
12	Advertising and promotion	4,954.	4,954.	,	
13	Office expenses	17,132.	8,566.	8,566.	
14	Information technology				
15	Royalties				
16	Occupancy	106 614	106 614		
17	Travel	106,614.	106,614.	<u> </u>	
18	Payments of travel or entertainment expenses		<u>/</u>		
	for any federal, state, or local public officials		`		
19	Conferences, conventions, and meetings	ı			
20	Interest Payments to affiliates	,			ı
21 22	Depreciation, depletion, and amortization	1,710.	855.	855.	 -
23	Insurance			†	
24	Other expenses Itemize expenses not covered	A CONTRACTOR AND	WALLEY WALLEY	PERSON NEX	EREWINDEN
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)		"是是是是是一个		
	amount, list line 24e expenses on Schedule 0.)				
а	MANAGEMENT FEE	747,790.	523,454.	224,336.	
b	TOURNAMENT OPERATIONS	461,185.	461,185.		,
С	TOURNAMENT PRIZES	196,555.	196,555.		
d	PROCESSING FEES	93,573.	93,573.		
е	All other expenses	68,595.	68,595.		
25	Total functional expenses. Add lines 1 through 24e	1,830,126.	1,596,369.	233,757.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			`	,
	educational campaign and fundraising solicitation.	ļ			<u> </u>
	Check here If following SOP 98-2 (ASC 958-720)			L	L
73201	D 11-28-17 ~				Form 990 (2017)

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,Ŗa	rt X	Balance Sheet				· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or not	te to any line in this Part X	 		<u> </u>
		•		(A) Beginning of year	_	(B) End of year
					<u> </u>	1
	1	Cash non-interest-bearing	,	331,164.	1	181,247.
	2	Savings and temporary cash investments	,		2	····
	3	Pledges and grants receivable, net	•		3	
	4	Accounts receivable, net	•	1 36 00 1900 0 F.W. / Walt Ball Ball Ball	4	Trade and the second court of the company of the second of
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees Complete		100	
		Part II of Schedule L		A NOTHING OF A STATE O	5	2000 1 1 2 4 mm - 6 2 3 0 6 mm - 2 2 2 3 6 1 2 2 4
	6	Loans and other receivables from other disquali	· ·		13.20	
		section 4958(f)(1)), persons described in section		23		
	İ	employers and sponsoring organizations of sec			,252	
Assets		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
188	7	Notes and loans receivable, net	-		7	
•	8	Inventories for sale or use		305	8	
	9	Prepaid expenses and deferred charges		397.	9	O.
	10a	Land, buildings, and equipment cost or other	11 680		1000	
		basis Complete Part VI of Schedule D	10a 11,670.			
	b	Less accumulated depreciation	10ь 9,965.	3,414.	10c	1,705.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line			13	
	14	Intangible assets		240 600	14	252 050
	15	Other assets See Part IV, line 11		249,688.	15	352,850.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	584,663.	16	535,802.
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·	
	18	Grants payable	E2 200	18	00 076	
	19	Deferred revenue /		53,380.	19	99,976.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete		7 # 3551 + 5 & # 3500 - 2500 251 k	21	·31、7本以一小年度の人。所知後 東北江海
Liabilities	22	Loans and other payables to current and former				
Ē		key employees, highest compensated employee	es, and disqualified persons		# <u>*</u> 112	
Ľ		Complete Part II of Schedule L	and all the contract of the contract		22	,
	23	Secured mortgages and notes payable to unrela			24	
	24 25	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines	=			
		Schedule D	5 17-24) Complete Fart X Oi		25	
	26	Total liabilities. Add lines 17 through 25		53,380.	26	99,976.
	20	Organizations that follow SFAS 117 (ASC 958	3), check here		244	
S		complete lines 27 through 29, and lines 33 ar			esec?	
ဥ	27	Unrestricted net assets	id 04.	536,406.	27	435,826.
alar	28	Temporarily restricted net assets		<5,123.	>28	0.
ĕ	29	Permanently restricted net assets		10,2201	29	
Ĕ	-3	Organizations that do not follow SFAS 117 (A	SC 958), check here		3522	ZJZS. BSBRZZWARA
Net Assets or Fund Balances		and complete lines 30 through 34.	out story, officer flore p			
ts c	30	Capital stock or trust principal, or current funds	t	 	30	
sse	31	Paid in or capital surplus, or land, building, or ed			31	· · · · · · · · · · · · · · · · · · ·
ţ	32	Retained earnings, endowment, accumulated in			32	
Se	33	Total net assets or fund balances	ioonio, or outer fullus	531,283.	33	435,826.
	34	Total liabilities and net assets/fund balances	584,663.	34	535,802.	
	<u> </u>	. Star habilities ariginot assets/fully balafiles			, ,,	Form 990 (2017)

Form **990** (2017)

76-0466150 FOUNDATION Page 12 Part XI Reconciliation of Net Assets 'Check if Schedule O contains a response or note to any line in this Part XI 1,734,669. Total revenue (must equal Part VIII, column (A), line 12) 1,830,126. Total expenses (must equal Part IX, column (A), line 25) 2 <95,457.> 3 Revenue less expenses Subtract line 2 from line 1 531,283. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 435,826. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Both consolidated and separate basis Consolidated basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit За Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

2017

Open to Public Inspection

Employer identification number

FOUNDATION 76-0466150 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

76-0466150 Page 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(e) 2017 (d) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal, year beginning in) **(b)** 2014 (c) 2015 (a) 2013 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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 and stop here. The organization qualifies as a publicly supported organization 17a 10% facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

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

(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

_	qualify under the tests listed b	elow, please comp	olete Part II)								
	tion A. Public Support				•	r					
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not	060 450	204 252	055 054		100 116					
	include any "unusual grants ")	269,473.	381,073.	257,374.	235,718.	199,146.	1,342,784.				
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	1,018,708.	1,329,771.	1,360,363.	1,412,208.	1,411,296.	6,532,346.				
3	Gross receipts from activities that										
	are not an unrelated trade or bus-										
	iness under section 513	145,948.	351,945.	142,950.	92,450.	94,150.	827,443.				
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	1,434,129.	2,062,789.	1,760,687.	1,740,376.	1,704,592.	8,702,573.				
7a	Amounts included on lines 1, 2, and										
	3 received from disqualified persons						0.				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the										
	amount on line 13 for the year	43,120.		57,393.			183,272.				
С	Add lines 7a and 7b	43,120.	66,560.	57,393.	7,596.	8,603.	183,272.				
8	Public support. (Subtractline 7c from line 6.)						8,519,301.				
	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
9	Amounts from line 6	1,434,129.	2,062,789.	1,760,687.	1,740,376.	1,704,592.	8,702,573.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45.	56.	61.	56.	106.	324.				
b	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975										
c	Add lines 10a and 10b	45.	56.	61.	56.	106.	324.				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					34,971.	34,971.				
12	Other income Do not include gain					,	, - · - ·				
	or loss from the sale of capital										
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	1,434,174.	2,062,845.	1,760,748.	1,740,432.	1,739,669.	8,737,868.				
	First five years. If the Form 990 is for				<u> </u>		<u> </u>				
	check this box and stop here	the organizations	a mat, accord, tilli	a, rourar, or marte	an your as a scotto	So racion organiz	.a.ioii,				
Sec	tion C. Computation of Publ	ic Support Pe	rcentage								
	Public support percentage for 2017 (I			olumn (fl)		15	97.50 %				
		,		.0.01111 (1))		16	97.12 %				
	Public support percentage from 2016 etion D. Computation of Investigation					1 10 1					
				12 ook (A)		47	.00 %				
	(,,										
	· · · · · · · · · · · · · · · · · · ·			an line 44 and be	16 .0	18 2.1/3% and line 1					
198	33 1/3% support tests - 2017. If the	_					/ is not ► X				
	more than 33 1/3%, check this box as						•				
b	33 1/3% support tests - 2016. If the	_					and				
	line 18 is not more than 33 1/3%, che					-	P				
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th							
7000	23 10-06-17				Cab.	edule A (Form 990	1 Az 000-E71 2017				

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?
- 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)

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SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION 7

		0-040013	U P	age 5
₹Ŗạ	Supporting Organizations (continued)			
44	Han the exemplation research a self-or contribution from any of the following payment?	Kulok ki	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c).		ALL AND	
1 0	below, the governing body of a supported organization?	11a	e de la constanta	3918703
h	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
-	tion 5. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	學學之類	SE SE	10 (18)
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			4.3
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			323
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-15-17-75EP	W. C. IV.
2	Did the organization operate for the benefit of any supported organization other than the supported	(September 1981)		5 4 L 10 01
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	i Andrews		
	supervised, or controlled the supporting organization	2		200 61000
Sec	tion C. Type II Supporting Organizations		L	h
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	38.00 A. 544 - 750.00 A. H	ede,σγβι,ν γ τα 600	113
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	78	A STAN	
	or management of the supporting organization was vested in the same persons that controlled or managed	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4.4.5	
	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	(2 % 2 %) 2 % 2 %;		1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	12.4	44	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		7. J. J.	A v X
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	F-4	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	\$ (No. 14) }	100 m	18.5
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	والمراجع المراجع المرا	, we re	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ade s tore Mr.	*******
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			SEI
_	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 yeafsee instru	ıctions).		
a	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 instructions)		
2	Activities Test Answer (a) and (b) below.	Section Constitution	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	(4.7)		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100 100 200		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>		
	that these activities constituted substantially all of its activities	2a	-2.20	.245%44.5
Ь	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			
	reasons for the organization's position that its supported organization(s) would have engaged in these	323		<u> </u>
_	activities but for the organization's involvement	2b	* 50 50. M.	, 1 <u>8</u> 800 96.5
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? <i>Provide details in</i> Part VI.	3a	\$-180% P.P.	2,6949364
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	***************************************		
72202	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b Form 990 or 99		0047

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION 76-0466150 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Lecheck 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 complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1h c Fair market value of other non-exempt-use assets 1¢ d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION 76-0466150 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D . Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity ? Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) , See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a Relative Description **b** From 2013 的大学的大学的大学。 19 THE STATE OF THE S c From 2014 d From 2015 e From 2016 f. Total of lines 3a through e g Applied to underdistributions of prior years ing and a company of the h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior-years CHRONIA CHE LESSON MARTINES CONTRACTOR b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3j and 4c 8 · Breakdown of line 7 aggregogyetten algebien a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 FOUNDATION	76-0466150 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section II, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for	, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C, ine 1, Part V, Section B, line 1e, Part V,
	(See instructions)	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

Open to Public Inspection

OMB No 1545-0047

Employer identification number 76-0466150

	FOUNDATION		76-0466150
Part I	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	·
	,	(a) Donor advised funds	(b) Funds and other accounts
1 To	otal number at end of year		· · · · · · · · · · · · · · · · · · ·
	ggregate value of contributions to (during year)	- **-	**************************************
	ggregate value of grants from (during year)		
	ggregate value at end of year		
	id the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	e the organization's property, subject to the organization's	•	Yes No
	d the organization inform all grantees, donors, and donor a		
	r charitable purposes and not for the benefit of the donor of		
		or dollor advisor, or for arry other purpose c	Yes No
Part I	npermissible private benefit? Conservation Easements. Complete if the org	capitation answered "Ves" on Form 990. Pr	-
		·	art rv, inte r
1 Po	urpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e g , recreation or e	· -	rically important land area
Ļ	Protection of natural habitat	Preservation of a certification	ed historic structure
	Preservation of open space		
	omplete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	
	ay of the tax year		Held at the End of the Tax Year
	otal number of conservation easements		2a
	otal acreage restricted by conservation easements		2b
	umber of conservation easements on a certified historic str		2c
d N	umber of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	e
lis	ited in the National Register		2d
3 N	umber of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
yε	ear		
4 N	umber of states where property subject to conservation ea	sement is located	
5 D	oes the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
Vi	olations, and enforcement of the conservation easements i	t holds?	└── Yes No
6 St	taff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	•		
7 Aı	mount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	·\$		
8 D	oes each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	
ar	nd section 170(h)(4)(B)(ii)?		└─ Yes └─ No
	Part XIII, describe how the organization reports conservation	•	
ın	clude, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
	onservation easements		
Part I	Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a If	the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
hı	storical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
th	e text of the footnote to its financial statements that descri	ibes these items	
b If	the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
tre	easures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	lic service, provide the following amounts
re	lating to these items	•	-
	Revenue included on Form 990, Part VIII, line 1		▶ \$
• • •) Assets included in Form 990, Part X		s
	the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	e following amounts required to be reported under SFAS 1	· ·	• · · · · · · · · · · · · · · · · · · ·
	evenue included on Form 990, Part VIII, line 1		▶ \$
	ssets included in Form 990, Part X		s
	or Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

	dule D (Form 990) 2017 FOUNDAT						 _		66150	
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	ds, checl	k any of the	following that	at are a s	significar	nt use of its	collection	items
	(check all that apply)									
а	Public exhibition	c			hange progra	ams				
b	Scholarly research	e	الحجاء	Other						
С	Preservation for future generations									
4	Provide a description of the organization's control of the organization of the organiz			-	_				t XIII	
5	During the year, did the organization solicit of					er sımıla	r assets		٦	
_	to be sold to raise funds rather than to be m								」 Yes	<u> </u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete ıf the	organizatio	n answered	"Yes" or	n Form 9	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	t include	:d	_	
	on Form 990, Part X?							L	J Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able				_		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	_	_	
f	Ending balance						1f			
	Did the organization include an amount on F	* *					-		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Par	t V Endowment Funds. Complete	f the organization ar	1							
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	e years back	(e) Four y	ears back
	Beginning of year balance									
	Contributions		ļ		ļ	_				
	Net investment earnings, gains, and losses		<u> </u>							
	Grants or scholarships		 							
е	Other expenditures for facilities		ļ							
	and programs		<u> </u>							
f	Administrative expenses				ļ					
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	· ·								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	ered for t	the orga	nization		<u> </u>
	by									'es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
_	If "Yes" on line 3a(ii), are the related organization								3b	
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	unas			•			
r ai			0 Port IV	/ line 11a S	Soo Form 000) Bort V	lino 10			
	Complete if the organization answere						•		/d\ Daale	
	Description of property	(a) Cost or o basis (investi	1		or other (other)		ccumula preciatio		(d) Book	value
1a	Land									
b	Buildings							_		
С	Leasehold improvements					_				
d	Equipment			1	1,670.		9,	965.	1	,705.
	Other									
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c)				1	,705.

Schedule D (Form 990) 2017 FOUNDATION			7	6-0466150 Page 3
Rart VII Investments - Other Securities.	•			4
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	of valuation Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				·
(3) Other				<u></u>
(A)				
(B)				د'
(C) \			_	
(D)				
(E)				
(F)	•			
(G)			<u> </u>	
(H)				·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		\$25337.873	"我们的事实,有好见外 的	心的特殊性的知识
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c See Form 99	0. Part X. line 13	
(a) Description of investment	(b) Book value			nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)		5 1 5 2 5 3 K. a.a. k. d	. Ver De Diéseré les de l'action de l'est	
Part IX. Other Assets.		(A) (本在出版) (4.50.00)	> 18.5°5582 124 1. (AA) 1215 4.)	f trising and the company and
	F 000 D-+ N/ I	11d Cas Farm 00	00 Dant V Inna 45	
Complete if the organization answered "Yes"	Description ' \	ine 11a See Form 99	90, Part X, line 15	(b) Book value
DUD DOOM ADDITIONS	Description			352,850.
		· · · ·		332,030.
(2)			·	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			4,,4,4,4	
Total. (Column (b) must equal Form 990, Part X, col (B) line	= 15)			352,850.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I		orm 990, Part X, line 2	25
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)	,			
(3)			200000000000000000000000000000000000000	
(4)			200	
(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		e to the organization		
organization's liability for uncertain tax positions under				
organization's hability for undertain tax positions under	1 114 40 (MOU /40) UNE	or hele if the fext of	une roothote has bee	in provided in Part Alli Land

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 FOUNDATION		76-0466150 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a	
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	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d	20	
_	Subtract line 2e from line 1		3
3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	145	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
р	Other (Describe in Part XIII)	4b	
_	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	nanta With Europe	5
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a	
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	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b	<u> </u>	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
_	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

► Go to www.irs.gov/Form990 for the latest instructions

Name of the organization SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION Employer identification number 76-0466150 FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ☐ In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes - key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

732081 09-13-17

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

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION 76-0466150 Page 2 Schedule G (Form 990 or 990-EZ) 2017 FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events EAGLE POINT SOUTHERN (add col (a) through PRO-AM ST CHAPTER PRO 1 col (c)) (event type) (event type) (total number) Revenue 96,875 6,400. 5,648 108,923. 1 Gross receipts 200 500 35,700. 35,000. 2 Less Contributions 61,875. 6,200. 5,148. 73,223. 3 Gross income (line 1 minus line 2) 2,400. 650 5,955. 9,005. 4 Cash prizes 4,270. 4,270. 5 Noncash prizes Direct Expenses Rent/facility costs 1,458 1,458. 7 Food and beverages 8 Entertainment 22,824. 592. 103. 23,519. 9 Other direct expenses 38,252. 10 Direct expense summary Add lines 4 through 9 in column (d) 34,971. 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Sch	nedule G (Form 990 or 990 EZ) 2017 FOUNDATION	6-0466150 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
	a The organization's facility	13a %
	b An outside facility	13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
		•
	Name	
	Address >	
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
	2 Dood to diguinzation have a contract with a time party from whom the diguinzation records gaining revenue	
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	nt
•	of gaming revenue retained by the third party > \$	•
	c If "Yes," enter name and address of the third party	
•	the Tes, enternance and address of the third party	
	Name >	
	Name	
	Address N	
	Address >	
40		
16	Gaming manager information	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
		,
	Director/officer Employee L Independent contractor	
17	Mandatory distributions	
	a is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
•	organization's own exempt activities during the tax year > \$	
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Pa	rt III lines 9 9h 10h 15h
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions	rt III, III 103 3, 30, 100, 100,
_	130, 10, and 170, as applicable Also provide any additional information. See instructions	·
	·	
_		<u> </u>

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION 76-0466150 Page 4 FOUNDATION Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Fo

	Go to www.irs.gov/Form990 for the latest information.	
. 330	the latest	
10 - 01	990 for	
Attach to Form 990.	gov/Form	
	www.irs.	
	Go to	
	▲	

2017	Open to Public Inspection
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ê [Employer identification number 76-0466150 TO PROMOTE THE GROWTH OF (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any JUNIOR GOLF. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 5,921 (c) IRC section (if applicable) 74-2425029 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government HILL COUNTRY FAMILY INC Name of the organization BOERNE, TX 78006 114 W ADVOGT ST Part Part II

2	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1.
က	3 Enter total number of other organizations listed in the line 1 table	1.
LH	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2017)

Page 2

76-0466150

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

FOUNDATION

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS	33	93,250.	0		•
Part IV Supplemental Information. Provide the information requ	quired in Part I, lin	e 2, Part III, column	(b), and any other a	ired in Part I, line 2, Part III, column (b), and any other additional information	
PART I, LINE 2:					
CHECKS ARE MAILED DIRECTLY TO THE	UNIVERSITY	WHERE	THE SCHOLARSHIPS	SHIPS WILL BE	
USED. UNIVERSITIES ARE THEN GIVEN	INSTRUCTIONS	TO	SPLIT PAYMENTS	TS OF THE	
SCHOLARSHIPS ACROSS MULTIPLE TERMS	TO ENSURE	RE THE MONEY	EY IS USED	OVER THE	
COURSE OF THE FULL ACADEMIC YEAR.					
					,
			:		

Schedule 1 (Form 990) (2017)

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

FOUNDATION

Employer identification number 76-0466150

				res	i MO
	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		E.K.	
		Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	60	建設	
		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)	164 may 1	4	
			经验		4
	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
	2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	W.		*4 50
		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
			626	i al kat	MA.
	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	144	1	
		CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	100	33	
		establish compensation of the CEO/Executive Director, but explain in Part III			
		Compensation committee X Written employment contract	43.73		
_		Independent compensation consultant X Compensation survey or study	A 10 8		
		Form 990 of other organizations X Approval by the board or compensation committee	***		
		- Application of the organization of the organ	1 3 C.	1000 2000 1000 1000 1000 1000 1000 1000	2
	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			3 3
	7	organization or a related organization	1 2 C 4	Part in	
	а	Receive a severance payment or change-of-control payment?	4a		X
	b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
		Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		2 3 5	\$48%
		roo to any or miles ha o, not the persons and provide the applicable amounts for each normal artists.	man code	300	
		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			(a) \$2/4 (a) \$3/4
	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	Ū	contingent on the revenues of	30,000		
	а	The organization?	5a	<u> </u>	X
		Any related organization?	5b		Х
	•	If "Yes" on line 5a or 5b, describe in Part III	#45.4K	Telegrand and	到某
	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4	N.O.	
	٠	contingent on the net earnings of			
	2		273200	7877	X
		The organization?	62		
		The organization? Any related organization?	6a 6b	,	
		Any related organization?	6a 6b	7223	X
	7	Any related organization? If "Yes" on line 6a or 6b, describe in Part III	\vdash		
	7	Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6b		X
		Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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	6b 7		X
	7 8	Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b 7		X
	8	Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	6b 7 8		X
		Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	6b 7		X

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

Schedule J (Form 990) 2017

76-0466150

FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2017

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	(F) Compensation
				<u> </u>	other deferred		(B)(i)-(D)	
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			g G
	[(i)			0.		0.		
EXECUTIVE DIRECTOR	(ii)	150,413.	0	0.	10,271.	22,199.	182,883.	0
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Schedule J (Form 990) 2017

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

76-0466150

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Schedule J (Form 990) 2017 FOUNDATION Part III Sundemental Information	76-0466150 Pa	Page 3
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.	plete this part for any additional information	
	,	
	Schedule 1 (Form 990) 2017	2047

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

Go to www.irs.gov/Form990 for the latest information.

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

Employer identification number 76-0466150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
YOUTH THAT HAVE DEMONSTRATED A HIGH LEVEL OF ACHIEVEMENT IN HIGH SCHOOL
AND COLLEGE, AND HAVE DEMONSTRATED A FINANCIAL NEED. SINCE 1999, THE
SOUTHERN TEXAS PGA FOUNDATION HAS AWARDED MORE THAN 305 SCHOLARSHIPS
VALUED AT OVER \$790,000.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR OF THE SOUTHERN TEXAS PGA SECTION REVIEWS THE
COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING. THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

AS OF JANUARY 2018, THOMAS HUTTON ASSUMED EXECUTIVE DIRECTOR

RESPONSIBILITIES FOR THE PROFESSIONAL GOLFERS ASSOCIATION OF AMERICA

SOUTHERN TEXAS SECTION AND FOUNDATION.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017 Open to Public Inspection

Employer identification number 76-0466150Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service

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

Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
The state of the s			:			
						
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	tions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, becau	ise it had one or	nore related tax-exe	mpt

Organizations during the lax year							
(e)	(q)	(c)	(p)	(e)	(£)	(g)	5
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(STX)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	°N
PROFESSIONAL GOLFERS ASSOC OF AMERICA							
SOUTHERN TEXAS SECTION - 74-1595548, 21604	T						
CYPRESSWOOD DRIVE, SPRING, TX 77373	GOLF TOURNAMENTS	TEXAS	501(C)(6)	N/A	N/A	×	u
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		•		Schedule R (Form 990) 2017	Form 990) 2	<u>3</u> 41

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

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Schedule R (Form 990) 2017

| 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, u excluded fro sections 8	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate nons?	(I) Code V-UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing x managing bartner? 5) Yes No	(J) (K) General or Percentage managing partner? Yes No	ege de
													!
				_									İ
[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a rporation or trust durin	is a Corpo g the tax y	oration or Trust. Co	omplete if the	e organizatior	ו answered	es" on Form	990, Part IV	/, line 34,	because it ha	d one or	nore related	و ا
(a) Name, address, and EIN of related organization	∑ د	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	,	(g) Share of Fend-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	_ , •
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								-					1
732162 09-11-17			,	41						Sched	ule R (Fo	Schedule R (Form 990) 2017	15

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Schedule R (Form 990) 2017 FOUNDATION

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

Motor Complete line 1 if any contitue licted in Date II III as IV of this cohodule				2/4 2/3
Note: Complete line in any chirty is listed in any in the following transactions with one or more related organizations listed in Parts II-IV? 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a · X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				\dashv
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
o Sharing of paid employees with related organization(s)				To X
Commence and (A) managed production of prior descent admines of				×
p nemitousement paid to related organization(s) for expenses				+
q Heimbursement paid by related organization(s) for expenses				4 b
r Other transfer of cash or property to related organization(s)				+ X
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 who must complete this line, including covered relationships and transaction thresholds	who must complete the	ns 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	volved
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PROFESSIONAL GOLFERS ASSOC OF AMERICA (2) SOUTHERN TEXAS SECTION	Д	94,089.	FMV	
(4)				!
(5)				
(9)			•	.
732163 09-11-17	42		Schedule	Schedule R (Form 990) 2017

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SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

FOUNDATION

Schedule R (Form 990) 2017

[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.

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3	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parine?																	!																	
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Ξ	Dispropor- tionate allocations?	ž]																					
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Schedule R (Form 990) 2017

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION 76-0466150 Page 5 FOUNDATION Schedule R (Form 990) 2017 Part VII Supplemental Information. • Provide additional information for responses to questions on Schedule R. See instructions