



	_		l Datum of Orga	nization Evampt	Erom I	noomo Tav	OMB No 1545-0047
For	9	90	Under section 501(c), 527, or 49	nization Exempt 47(a)(1) of the Internal Revenu			ons) 2017
		d the Treesury	-	security numbers on this form		· III	Open to Public
_		nue Service		v/Form990 for instructions an		information. 1710	Inspection
_			dar year, or tax year beginning of organization	and	l ending	D Employer identi	lication number
	pplicabl	e. C Name o	organization			D Employer Identi	
	Adore	O LUTAU	L PGA JUNIOR GOLF	FOUNDATION			
	]Name chang	Doing b	usiness as			87-0	0676350
	]Initial return		and street (or P.O. box if mail is not d	elivered to street address)	Room/suite		
	]Final returni termin		WEST 3300 SOUTH		L		-566-1005
	aled Amend	City or t	own, state or province, country, and	d ZIP or foreign postal code 4115		G Gross receipts \$	418,435.
늗	Jretum ]Applic Isan	SWUI	LAKE CITY, UT 8 and address of principal officer. DE			H(a) Is this a group	s? . Yes X No
	beuga Trigo		AS C ABOVE	VIN DDIIDIN	2	H(b) Are all subordinates	indudoo7 Yes No
1 1	ax-exe		X 501(c)(3) 501(c)(	) ◀ (insert no.) 4947(a)(1)	or 1 527		a list (see instructions)
JV	Vebsit	e; ► N/A				H(c) Group exempti	
			X Corporation Trust	Association Other	L Year	of formation: 2002	M State of legal domicile: UT
Pa	irt I			400	AGUEDÍ	T D O	
9	1	Briefly describ	oe the organization's mission or mos	st significant activities: SEE	SCHEDU	TE O	
Governance		Ohaali ibla ba	x If the organization disc	entinued de coomtions or dispe	read of more	than 2594 of its not s	neente
ver			ting members of the governing bod				
			dependent voting members of the g				<del> </del>
٠ <u>٩</u>			of individuals employed in calendar				
viţi			of volunteers (estimate if necessary				10
Activities &	7 a	Total unrelate	d business revenue from Part VIII, o	column (C), line 12			<del></del>
	ь	Net unrelated	business taxable income from Form	n 990-T, Ime 34	<del></del>		<del>                                     </del>
						Prior Year	Current Year
95			and grants (Part VIII, line 1h)			38,438. 345,588.	
Revenue		-				8,278	8,044.
æ	!		come (Part VIII, column (A), lines 3, a (Part VIII, column (A), lines 5, 8d, 8		· ···	0,2,0	0.
	1		· add lines 8 through 11 (must equa		··· ·· ·	392,304.	418,435.
			milar amounts paid (Part IX, column			4,000.	1,728.
	14	Benefits paid	to or for members (Part IX, column )	(A), line 4)		0.	0.
ន			r compensation, employee benefits	•		0.	0.
Expenses	16a	Professional fi	undraising fees (Part IX, column (A),	line 11a)		0.	0.
Ä			ing expenses (Part IX, column (D), li	·	<del>-0.</del>  -	383,378.	417,908.
_	17	Other expense	es (Part IX, column (A), lines 11a-11e	d, 11(24e)	<u></u>	387,378.	
	18 19	l otal expense	es (Fart IX, Colonia py, lates 112 11) es. Add fines 13-17 (must equal Part expenses. Subtract line 18 from line	IX, GOUNTARE EN IVE	<u>)                                    </u>	4,926.	
28	15	Devertue less	expenses. Subtract the 16 flori line		S Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	NOV 1 6 2018	RS-OS Be	346,066.	329,236.
<b>28</b>		•	(Part X, line 26)			74,406.	58,846.
			fund balances Subtract line 21 from	n line 20 . OODEN 1.1	7	271,660.	270,390.
		Signature			<u> </u>		
			I declare that I have examined this return				ry knowledge and belief, it is
rue,	COLLEC	t, and complete,	Declaration of preparer (other than office	er) is based on all information of w	nich preparer	nas any knowledge	19
C:		Signature	e of officer			Date J. 12-1	1,6
Sign	- 1	,	N DEHLIN, EXECUTIV	E DIRECTOR			
			erint name and title				
		Print/Type prep	parer's name	Preparer's signature		ate Check	PTIN
Pald						ii sell-emplo	ed
Prep		Firm's name	.>			Firm's EIN	· · · · · · · · · · · · · · · · · · ·
Use	Only	Firm's address	<b>&gt;</b>			<b>.</b>	
						Phone no.	
			s return with the preparer shown ab			· · · · · · · · · · · · · · · · · · ·	Yes No Form 990 (2017)
73200	1 11-28	3-17 LHA F	or Paperwork Reduction Act Noti	ce, see the separate instructi	uns.		runn 230 (2017)

	m 990 (2017) UTAH PGA JUNIOR GOLF FOUNDATION	87-0676350	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> (X)</u>
1	Briefly describe the organization's mission' SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	·	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LX No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	<b>.</b>
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported		
4a	2/4 /03	uns 207,	742.)
	THE FOUNDATION SCHEDULED, CONDUCTED, PROMOTED, AND ADMI	NISTERED A F	ULL
	CALENDAR OF GOLF TOURNAMENTS AND EVENTS FOR THE JUNIOR		
	LEAGUE, UTAH HIGH SCHOOL GOLF EVENTS AND ACTIVITIES, NA		
	CHAMPIONSHIPS AND QUALIFYING EVENTS, PARENT/JUNIOR PROG GOLF OF AMERICA EVENTS.	RAMS, AND PL	AY
			<del></del>
4b	(Code: ) (Expenses 5 Including grants of 5 ) (Revent THE FOUNDATION ORGANIZES COUPONS DONATED FROM LOCAL GOL PACKAGES THESE FOR SALE TO PROMOTE THE GAME OF GOLF. P)		
	GOLF PASS SUPPORT JUNIOR GOLF PROGRAMS OF THE FOUNDATION	N	
			<del> </del>
4c	(Code.   (Expenses S Including grants of S ) (Reven		
		• • • • • • • • • • • • • • • • • • • •	
		<del></del>	<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revenue \$		
<del>4e</del>	Total program service expenses ▶ 344,483.		30 (2017)
		FOUN 33	~~ (CU1/)



Form 990 (2017) UTAH PGA JUNIOR GOLF FOUNDATION

87-0676350

Page 3

Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ..... Is the organization required to complete Schedule B, Schedule of Contributors X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ..... X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X # "Yes." complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, fine 167 If "Yes," complete Schedule D, Part VIII X 11c 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 X e Did the organization report an amount for other liabilities in Part X, line 25? # "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 148 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 146 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X 16 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 X 17 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 X 18

Fam 990 (2017)

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"

complete Schedule G, Part III

Form **990** (2017)

X

36

37

38

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Check if Schedulo C contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1b 10 0 7  b Enter the number of forms W26 included in line 1a. Enter -0 if not applicable 1b 10 0 7  c Did the organization comply with backup withholding nulse for reportable payments to window and reportable garning (garnthing) winnings to pake winners?  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, 1b 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
a Enter the number or forms W2G horbudded in line 1s. Enter 4-6 in ort applicable.  □ Did the organization comply with backup withholding rules for reportable payments to vandors and reportable garning (gerrbfrigi) winnings to prize winner?  □ Enter the number of amphyses reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covaried by the return.  □ Selfer the number of amphyses reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covaried by the return.  □ Selfer the number of amphyses reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covaried by the return.  □ Selfer the number of amphyses reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covaried to the filed for the calendar year ending with or within the year covaried to the filed for the calendar year ending with or within the year covaried to the filed for the calendar year ending within the year of the filed for the calendar year ending within the year?  □ Self was in filed a form 9901 for the year? If No. 10 into 30, provide an explanation in Schedule O  □ Self was the calendar year, did the organization that an interest in, or a significant or other authority over, a financial account in a foreign country (which as a bank account, securities account, or other financial Accounts (FBAR)  ■ If Yes, 1 for the fame of the freely country.  ■ Sele instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  ■ Oid any textile party notify the organization file at was or is a party to a prohibitod to a where transaction?  ■ Selection 50 to 60, citi the organization file from 888517  ■ Selection 50 to 60, citi the organization file from 888517  ■ Selection 50 to 60, citi the organization file organization file organization file organization		Check if Schedule O contains a response or note to any line in this Part V			느
Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable  De the organization comply with backup withholding rules for reportable payments to vanctors and reportable gaming (gambling) withoutings to prize withouting varieties. The provided provided in the provided payments to vanctors and reportable gaming (gambling) withoutings to prize withoutings of the varieties. The provided payments to vanctors and reportable gaming (gambling) withoutings to prize withouting varieties. The provided payments that statements.  2a Enter the number of amphyses reported on Form W3. Transmittal of Wage and Tax Statements.  Be of a least one is reported on line 2a, dolf the organization file all required tederal employment tax returns?  2b If was the unit of line 1 and 2a signater than 550, you may be required to 6-file (gae instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If was 1 file a Form 930 of the year? If "Ive. 1 file 18, provide an explanation in Schedule O.  3b If "was," and the calendar year, dolf the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts (FBAR)  5b Was the organization a party to a prohibited tax shaller transaction at any time during the tax year?  5c Will "was," to line 5a or 5b, dol the organization that it was or is a party to a prohibited tax shaller transaction?  5c Will "was," to line 5a or 5b, dol the organization that it was or is a party to a prohibited tax shaller transaction?  5c Will "was," to line 5a or 5b, dol the organization what is a contribution of the property of t		m		Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vandors and reportable garning (gambling) winnings to pixte winners?  2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.  1 Filed for the calendar year ending with or within the year covered by this return.  2 If it all texts to be is reported on fine 23, did the organization file all required federal employment tax returns?  2 Note. If the sum of lines 1s and 2s a greater than 250, you may be required to 6-file (see instructions)  3 Did the organization have unrised business greas encore of \$1 M0.00 or more dumpt the year?  3 Did the organization and the year?  3 At any time during the calendar year, did the organization have an interest 1x, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 Was the organization a party to a prohibted tax shalter transaction and interest 1x, or a signature or other authority over, a financial account in a foreign country?  5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  5 Was the organization a party to a prohibted tax shalter transaction and the shalter transaction?  5 B X Y  5 Did any textable purty notify the organization file Form 888617  5 C If Yes, 1 to line 5 a r 55, did the organization file Form 888617  5 C If Yes, 1 to line 5 a r 55, did the organization file Form 888617  5 C If Yes, 1 to line 5 a r 55, did the organization file form 889617  5 C If Yes, 1 to line 5 a r 55, did the organization file form 889617  5 C If Yes, 1 to line 5 a r 55, did the organization file form 889617  6 D If Yes, 2 to line 5 a r 55, did the organization file form 889617  6 D If Yes, 2 to line 5 a r 55, did the organization file form 889617  6 D If Yes, 3 to line organization file form 88962 is charity as a contribution or a contribution or a contribution or a contribution or a contribut	_	and the fidings reported at box 5 of 1 offir 1050 cities of inflot applicable			11
gembingly winnings to pixte winners?  2		Enter the number of Forms 44-20 pictoded in time 1a. Circle 40 in not applicable			ŀ
28 Enter the number of amployees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendaryeer ending with or within the year covered by this return.  19	С		<u>-</u>	×	
filed for the calendary year ending with or within the year covered by this return  bit of a text one is reported on line 23, did the organization file all required federal employment tax returne?  Note. If the sum of fines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unrelated buciness gross income of \$1,000 or more during the year?  31 bit 11 **see, *has if filed a file and \$20 for the year? 11 **No. 1 folian 3,000 or more during the year?  32 bit 11 **see, *has if filed a file and \$20 for the year? 11 **No. 1 folian 3,000 or more during the year?  33 bit 11 **yes, *reter the name of the foreign country \$2 he shark account; securities account; or other financial accountry?  43 at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is of foreign country \$2 he shark account; securities account; or other financial accountry?  44 at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountry \$2 he shark the contributions for file greater than \$100,000, and did the organization solicit any contributions that were not sat evolutions for file greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charatable contributions?  55 bit 11 **Yes, **Idi the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or schribbution and partly for gods and services provided to the payor?  76 bit 11 **Yes, **Idi the organization solicity the donor of the value of the gods or services provided?  77 organizations that may receive deductible contributions under section 170(c).  58 bit 11 **Yes, **Idi the organization notify the donor of the value of the gods or services provided?  79 bit 11 **Yes, **Idi the organization notify the donor of the value of the gods or services provided?  70 b	20		-"		
bit of a teast one is reported on litre 2a, did the organization file all required featurel employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, 1 has it filed a Form 990-T for this year? If Yes, 1 o file 3b, provide an explanation in Schedule 0  3b At any time during the catendary year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If Yes, 1 of the retter the name of the foreign country Pesse instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial account; FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year?  5c If Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the lax year?  5b Did any textile party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the lax year?  5c If Yes, 1 to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during that the party of the organization shelt many receive deductible contributions?  6c If Yes, 1 to line 5a or 5b, did the organization include with every solicitation an express statement that such or sugarization shelt many receive deductible contributions under section 170(c).  7c Organizations that many receive deductible contributions under section 170(c).  8d If Yes, 1 did the organization receive appraint in excess of 375 made party as a contribution of the value of the goods or services provided?  7d If Yes, 1 did the organization received any funds, directify or indirectly, to pay premiums on a personal benefit contract?  7d If Yes, 1 direc	28				_
Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross common of \$1,1000 in oring during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Part as a bank account, securities account, or other financial accountry?  4b If Yes, reter the name of the foreign country. Part See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party noilty the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did so set the organization have annual gross receipts that are normally greater than \$100,000, and did the organization any contributions that the end its ordinary contributions that there in that device the contributions of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Dress the organization state and the contributions under section 170(c).  8d If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d Did the organization state and the section of the value of the goods or services provided to the payor?  9d If Yes, did the organization notify the donor of the value of the goods or services provided to the payor?  9d If Yes, did the organization notify the donor of the value of the goods or services provided to the payor?  9d If Yes, did the organization of the value of the goods or services provided to the payor?  9d If the organization of the payor, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9d If the organization received a contribution of classified intellectual prope			2b	_	
Section Solution   Section So		• • • • • • • • • • • • • • • • • • • •			
b If "Yes," has it flied a Form 990-T for this yea? If "Wo," to line 3b, provide an explanation in Schedule O  4a At any time during the callendar year, did the organization have an interest in, or a signature or other authority over, a  4	31.2		3a		$\overline{\mathbf{x}}$
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account;?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  So Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5a					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b    1"Yes," enter the name of the foreign country    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8886-17  c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them on text excludibles as charables contributions?  b    T'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization start may receive deductible contributions under section 170(c).  b    I'Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d    I'Yes," indicate the number of Forms 8282 filed during the year  e    Did the organization oreceived any funds, directly or indirectly, no pay premiums on a personal benefic contract?  7 organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  b    I' Hes, 'I we organization make any taxable destinutions under section 49667  b    Did the organization make any make the make the section of the year of year with year of year year year year year year year year					
b If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  55			4a		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAFI)  53 Was the originatization a party to a prohibited tax shelter transaction at any time during the tax year?  55 WX  56 If "Yes," to line 5a or 5b, did the organization file form 8886-17  56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicul any contributions that were not tax deductible as charitable contributions?  56 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  76 Organizations that may receive deductible contributions under section 170(c).  86 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  87 Organizations that may receive deductible contributions under section 170(c).  88 If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor?  98 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  99 If "Yes," indicate the number of Forms 8282 filed during the year  90 Od the organization oreceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  90 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required?  11 If the organization make any taxable distributions under section 49667  12 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by th	ь	· · · · · · · · · · · · · · · · · · ·			
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5		· · · · · · · · · · · · · · · · · · ·			
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15a If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	· · · · · · · · · · · · · · · · · · ·			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in Ileu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			I		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization ficensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			-
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		Note. See the instructions for additional information the organization must report on Schedule O.			-
c Enter the amount of reserves on hand 13c 14a X  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	Ь		ı	1	,
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b			- 1		
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b					
	14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
	ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		لجح	

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"	respoi	158
	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a	<b>)</b>		I
	If there are material differences in voting rights among members of the governing body, or if the governing	]	-	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	)	ł	1
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	1	1
_	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			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3	1	X
4	Old the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1	X
_	· · · · · · · · · · · · · · · · · · ·	6	1	X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳	├	<del> </del> -
7a		7a	ļ	x
	more members of the governing body?	/a	1	<del>                                     </del>
0	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		x
_	persons other than the governing body?	<del>  '''</del>	╁	<del>                                     </del>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del>-</del> -	<u></u>	
_	The governing body?	8a	┝┸	x
b	Each committee with authority to act on behalf of the governing body?	85	<del> </del>	┢┷
9	Is there any officer, director, trustee, or key employee listed in Part Vil, Section A, who cannot be reached at the	_		₩
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Щ.	T X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T	
			Yes	
	Old the organization have local chapters, branches, or affiliates?	10a		X
ь	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	- V	<del> </del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<del></del>
b	Describe In Schedule O the process, if any, used by the organization to review this Form 990		<b> </b>	- <u></u> -J
1 <b>2</b> a		12a	Ь	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b> </b> -	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	İ
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
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		ĺ	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
8	The organization's CEO, Executive Director, or top management official	<b>15</b> a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			i í
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	<u></u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	. 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	$\overline{\mathbf{x}}$	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available, Check all that apply.			
	Own website Another's website  Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	j finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	UTAH SECTION CONTROLLER - 561-624-8400		-	
	300 AVE OF CHAMPIONS #205, PALM BCH GARDENS, FL 33418			_
732006	3 11-28-17	Form	990	(2017)

Form 990 (					FOUNDATION	87-0676350	Page 7
Part VII	Compensation of Offi	cers, D	irectors, 1	rustees	, Key Employees, Hig	hest Compensated	,
	Employees, and Inde						
<u> </u>	Check if Schedule O contain	s a respo	ense or note to	any line i	this Part VII		
Cootion A	Officers Discretes Tours	K			. O		

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

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

(A) Name and Title	(B) Average hours per week	DOX	not c	Pos heck ss pe	more more	inen is bot	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below (ine)	Individual dustee or director	Institutional trustee	Officer	Xey employes	Highest compensated employee	Роптег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS STOVER	1.00	l								_
HONORARY PRESIDENT	1 2 2 2	X	_	L	┕	╙	╙	0.	0.	0
(2) LARRY OLSON	1.00	١					ı			_
DIRECTOR	4 66	X			╙	igspace	_	0.	0.	0
(3) ROBERT MCARTHUR	1.00	Į					l			_
DIRECTOR		X	Щ	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
(4) CHAD PETTINGHILL	1.00	١.,								_
DIRECTOR	1 00	X		$\vdash$	┡	▙		0.	0.	0
(5) CRAIG NORMAN	1.00	<b> </b>			İ	•				•
DIRECTOR (6) SCOTT WHITTAKER	11.00	X	Н	_	⊢	<del> </del>	_	0.	0.	0
(6) SCOTT WHITTAKER DIRECTOR	11.00	X			l			0.	О.	^
(7) RYAN KARTCHNER	1.00	A	$\vdash$		├	<u> </u>	<u> </u>	0.	0.	0
PRESIDENT	1.00		1	X	ļ			l o.	0.	0
(8) DUSTIN VOLK	1.00	H	Н	_	⊢	Н	H	0.1	0.	Ū
VICE PRESIDENT	1.00			X				l o.	0.	0
(9) KENT MCCOMB	1.00	H	Н	21		Н				
SECRETARY	100	1		х				) o.	0.:	0
(10) DEVIN DEHLIN	20.00	$\vdash$		-		Н	-			
EXECUTIVE DIRECTOR		1		X		H		l 0.	92,264.	23,737
		!								
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										-
1,000			$\exists$							
			П							
	1			$\exists$		$\Box$				

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Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)   Average   Power	990 (2				JUNIOR									6763	50	Page 8	
Flet a try   hours for related organizations   hours for related organizations   hours for related organizations   hours for the organization   hours from hours from hours	Par	t VII]	(A)		rs, Trust	(B) Average hours per	(do	not c	Pos heck	C) ition more rson (	i thenes bot	one h an	(D) Reportable compensation	(E) Reportable compensati	on	Estim	ated int of
1b Sub-total						(list any hours for related organizations below	indicated trustee or director	Institutional trustee	Officer	жеу етрабуев	Highest companished emplayee	Forma	the organization	organizatio	ns	comper from organi and re	nsation the zation lated
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than							_										
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than																	
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  3 X  4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than																	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Do. 92,264. 23,737.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  O  Ves No  Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation	1b	Sub-t	otal				L					<u> </u>	0.	92,2	64.	23,	737.
Compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual  4 For any individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such Individual	c d	Total Total	from continuatio (add lines 1b and	n sheets to I 1c)	Part VII,	Section A			 		.		0.		64.	23,	
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  5 Did any person listed in line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than	2			·=		I imited to tr	1050	uste	eo at	DOVE	e) Wr	io re		,000 or reportati		Ye	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		line 1a	? If "Yes," comple	te Schedule	J for su	ch individual										3	X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	and re Did an	elated organization by person listed or	is greater the Line 1a rece	an \$150, eive or ac	000? If "Yes, crue compe	* co: nsati	mple ion f	ete S rom	iche any	<i>dul</i> e unn	<i>J fo</i> elate	or such <i>Individual</i> ed organization or indivi	 dual for services	·  -		
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	Sect	ion B.	Independent Co	ntractors													
2 Total number of independent contractors (including but not limited to those listed above) who received more than				compensati	ion for th								the organization's tax y	ear.		(C)	
A				lame and bu	isiness a	ddress	NC	ONE	-			$\dagger$	Description of s	ervices	Con	npensat	ion
A												1					
A												1					
A							*			-		+		<del></del>			
Form 990 (2017)							ot lir	nited	d to			ted	above) who received m	ore than		. 000	

Pa	rt VI	Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Oneda ii danedale o comains a response	o. Hote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ti c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and	25, 000				
troit Oth	,	similar amounts not included above 11  Noncash combibutions included in lines 1a-11 \$	25,988.				
Son	_	Total. Add lines 1a-1f		25,988.			
			Business Code				
ič	2 a		900099	189,807.	189,807.		ļ
E Č	ь	GOLF PASS REVENUE	900099	163,661.	163,661.		13 000
E S	C	SPONSORSHIP REVENUE	900099	13,000.	0.750		13,000.
E S		MANAGEMENT FEE INCOME	900099	8,750. 6,935.	8,750.		
Program Service Revenue		REGISTRATION REVENUE	900099	2,250.	6,935. 2,250.		
_	f		300033	384,403.	2,230.		
	3	Total. Add Innes 2a-2f Investment income (including dividends, intere other similar amounts)	<b>•</b>	8,044.			8,044.
i	4	Income from investment of tax-exempt bond p					
	5	Royalties					ļ
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses	<u> </u>				
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other			-	<del></del>
		assets other than inventory	147 5 11.1				
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)	<u></u> <b>&gt;</b>				
Other Revenue	8 a	Gross income from fundraising events (not including \$					
ية	h	Part IV, line 18 a  Less: direct expenses b					
۱۹		Net income or (loss) from fundraising events					
- 1		Gross income from garning activities. See		~ ~.	~		
- 1		Part IV, line 19a					-174
i	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities	<b>.</b>				
]	10 a	Gross sales of inventory, less returns			į		
		and allowances a					1
		Less: cost of goods sold b	<u> </u>		<del></del>		
- }	С	Net income or (loss) from sales of inventory					
}			Business Code	<del></del>		<del></del>	
	11 a				<del></del>		
	Ь		<del>                                     </del>				
	ت ام	All other revenue	-				•
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions.	·········· 🚡 🛉	418,435.	371,403.	0.	21,044.
732001	9 11-26				L		Form 990 (2017)

	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon-	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				<del></del>
	and domestic governments. See Part IV, line 21	1,728.	1,728.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, fine 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, fines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)				
а	Management				
Ь	Legal		- ·- ·- ·-		
C	Accounting		<del></del>		
d	Lobbying	<del></del>			
е	Professional fundraising services. See Part IV, line 17			<del>+</del>	<del></del>
•	Investment management fees				
8	Other. (If line 11g amount exceeds 10% of line 25,	4,373.		4,373.	
	column (A) amount, list line 11g expenses on Sch O.)	5,379.	5,379.	=,3/3.	
12	Advertising and promotion	20,506.	20,506.		<del>.</del>
13 14	Office expenses,	20,500.	20,300.		<del></del>
15	Information technology				-
16	Royalties	1,000.	1,000.		
17	Occupancy	10,272.	10,272.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings		<del></del>		
20	Interest				
21	Payments to affiliates		· · ·		<del></del>
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Hemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount list line 24e expenses on Schedule O.)	106-612	125 822	76 766	
а	REIMBURSEMENT FEES	196,612.	125,832.	70,780.	
ь	TOURNAMENT OPERATIONS	77,103.	77,103.		
c	FOOD AND BEVERAGE	44,073.	44,073.		<u> </u>
d	TOURNAMENT PRIZES	38,140.	38,140.		
	All other expenses	20,450.	20,450.	75,153.	0.
25	Total functional expenses. Add lines 1 through 24e	419,636.	344,483.	15,155.	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		j		
7055:	Check here I if following SOP 98-2 (ASC 858-720)				Form 990 (2017)
/32010	11-28-17				FORM 330 (2017)

	•	Check if Schedule O contains a response or note to any line in this Part X		Т	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,618.	1	11,631
- 1	2	Savings and temporary cash investments	27,826.	2	28,036
ŀ	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
- [	5	Loans and other receivables from current and former officers, directors,			
- }		trustees, key employees, and highest compensated employees. Complete			• •
ł		Part II of Schedule L		5	
ľ	6	Loans and other receivables from other disqualified persons (as defined under			•
ì		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoning organizations of section 501(c)(9) voluntary		1	
, I		employees' beneficiary organizations (see instr) Complete Part II of Sch L	——————————————————————————————————————	6	
9000	7	Notes and loans receivable, net		7	
₹		Inventories for sale or use		В	<del>-</del>
- 1	9	Prepaid expenses and deferred charges	8,771.		9,196
ı		Land, buildings, and equipment: cost or other		۰	
- 1	100	basis. Complete Part VI of Schedule D 10a			
				10c	
		Less: accumulated depreciation 10b	211,672.	11	217,460
	11	Investments - publicly traded securities	211,072.	-	217,400
		Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
		Intangible assets	77,179.	14	62,913
	15	Other assets. See Part IV, line 11	346,066.	15	329,236
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	251.	16	
- (	17	Accounts payable and accrued expenses	251.	17	251
- 1	18	Grants payable	22 420	18	E0 E0E
	19	Deferred revenue	32,428.	19	58,595
		Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule 0		21	
3	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
'		Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- [	25	Other liabilities (including federal income tax, payables to related third		i	
1		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	41,727.		0
$\dashv$		Total liabilities. Add lines 17 through 25	74,406.	26	58,846
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
;		complete lines 27 through 29, and lines 33 and 34.			
!	27	Unrestricted net assets ,	271,660.	27	270,390
	28	Temporarity restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
		Paid in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
		Total net assets or fund balances	271,660.	33	270,390
		Total liabilities and net assets/fund balances	346,066.	34	329,236

	990 (2017) UTAH PGA JUNIOR GOLF FOUNDATION	87-0	<u> 676350</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>
		l f	410	425
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 435.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,636.
3	Revenue less expenses. Subtract line 2 from line 1	3		,201.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2/1	,660.
5	Net unrealized gains (losses) on investments	5		<69·
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	270	,390.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	. <u> </u>		<u>.                                      </u>
			\	es No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Cther		_	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	O.	~	
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		-   '1
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		_	النياب
ь	Were the organization's financial statements audited by an independent accountant?	<i>.</i>	25	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	- 1 # <del>1</del>
	consolidated basis, or both:			-  ,
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	ءاــــا	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	1 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			
	Act and OMB Circular A-133?		3a	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ъ	
			Form 9	90 (2017)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UTAH PGA JUNIOR GOLF FOUNDATION 87-0676350 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 [ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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, 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.) 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). 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, Typ 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). (rr) is the organization listed in your governing document? (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1.10) organization support (see instructions) support (see instructions) Yes above (see instructions))

Sci	nedula A (Form 990 or 990-EZ) 2017 U	TAH PGA J	UNIOR GOL	F FOUNDAT	CION		6350 Page 2
	arf II Support Schedule for						
	(Complete only if you checked			-	on tailed to quality	under Part III. II tri	a organization
_	fails to qualify under the tests	usteo below, pież	ise complete Part				
<u>Se</u>	ction A. Public Support	•					
Cal	endar year (or fiscal year beginning in) ► 🛭	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			1	ĺ	/	
	membership fees received. (Do not						
	include any "unusual grants")						
2	Tax revenues levied for the organ						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	··			1		
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		_				
	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			/	1		
	amount shown on line 11,				ļ		
_	column (f)			/	<del>                                     </del>		
_	Public support. Subtract line 5 from tine 4						
_	ction B. Total Support				1	4 3 4 4 4 7	45.7
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		<del></del>	<u></u>			<del></del>
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	Í		]			
	or loss from the sale of capital					1	
	assets (Explain in Part VI )						
11	Total support, Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	heré			<u></u>		
Se	ction C. Computation of Public	c <sub>/</sub> Support Pe	rcentage				
14	Public support percentage for 2017 (lif	ne 6, column (1) di	vided by line 11, o	column (f)		14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the or	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a						▶□
b	33 1/3% support test - 2016,/if the or						is box
-	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact	-					
	meets the "facts-and-circumstances" t			· · · · · · · · · · · · · · · · · · ·			
H	10% -facts-and-circumstances test	_	-		-		
u	more, and if the organization meets the	-					<del>-</del>
	organization meets the "facts-and-circu						▶□
40	Private foundation. If the organization		-				
10	Frivate louisdation. If the organization	TOTAL FILLE CHECK &	DOX CHILITE TO, 10	a, 100, 178, 01 1/ <u>1</u>		dula A (Form 990	

(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

5-	Ain A District Contract	Acidw, picase com	piata Fart ii.j		<del></del>		
	ction A. Public Support		Γ				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			İ			
	membership fees received. (Do not	35 304	27 001	20 205	20 420	20 220	157 256
	include any "unusual grants ")	35,204.	27,081.	28,395.	38,438.	28,238.	157,356.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	337,330.	369,476.	377,440.	327,409.	369,153.	1,780,808.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	mess under section 513		5,000.	6,000.	22,929.	13,000.	46,929.
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	372,534.	401,557.	411,835.	388,776.	410,391.	1,985,093.
	Amounts included on lines 1, 2, and		_				
	3 received from disqualified persons	10,000.	10,000.	18,500.			38,500.
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						0.
_	4 4 4 4 5 4 5 4 5 4 5 4	10,000.	10,000.	18,500.			38,500.
	Public support (Subjection Prints Pri	20,0001	20,000	20,300.			1,946,593.
	tion B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	/d\ 2016	(a) 2017	(f) Total
	Amounts from line 6	372,534.	401,557.	411,835.	(d) 2016 388, 776.	(e) 2017 410,391.	1,985,093.
	Gross income from interest,	372,334.	401,337.	411,033.	300,770.	410,331.	1,303,033.
100	dividends, payments received on						
	securities loans, rents, royalties,	6,151.	10,456.	9,803.	8,278.	8,044.	42,732.
	and income from similar sources	0,131.	10,430.	3,003.	0,270.	0,044.	42,132.
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	6 161	10 456	0 003	0 270	0.044	40 730
	Add lines 10a and 10b	6,151.	10,456.	9,803.	8,278.	8,044.	42,732.
•••	Net income from unrelated business activities not included in line 10b, whether or not the business is					ļ	
12	regularly carried on Other income Do not include gain						
-	or loss from the sale of capital				ĺ	}	
40	assets (Explain in Part VI)	270 606	412 012	121 620	207 054	418,435.	2 022 925
	Total support, (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for		i first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
<del></del>	check this box and stop here			<del> </del>			<u></u> ▶∟
	tion C. Computation of Publ						05 00
	Public support percentage for 2017 (I			olumn (1))		15	95.99 <sub>%</sub>
	Public support percentage from 2016				<u></u>	16	95.19 %
Sec	tion D. Computation of Inves	stment Income	e Percentage			<del> </del>	
17	Investment income percentage for 20	17 (line 10c, colum	nn (f) divided by Im	e 13, column (f))		17	2.11 %
18	Investment income percentage from 2	2016 Schedule A, 1	Part III, line 17		[	18	1.86 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	▶\
Ь	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	fine 14 or line 19a	and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies as	s a publicly suppor	nted organization	▶□
20	Private foundation. If the organization			•			▶□
	3 10-06-17					dule A (Form 990	or 990-EZ) 2017

(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)			
Sec	tion A. All Supporting Organizations			T
			Yes	No
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.	1		├
2	Did the organization have any supported organization that does not have an IRS determination of status			1
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	<u> </u>		├──
	organization was described in section 509(a)(1) or (2)	_2	<del>                                     </del>	<del> </del> -
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1-2-	<del></del> -	
	(b) and (c) below.	3a_	╁	<del>                                     </del>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1 1
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	organization made the determination.	30	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<del>  3</del>	$\vdash$	-
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	48		
	*Yes,* and if you checked 12a or 12b in Part I, answer (b) and (c) below.		$\vdash$	<del>                                     </del>
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination	<del></del>	$\vdash$	<b>-</b>
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		li
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1		li
		4c		
E	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	<del></del>		
38	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)	5a		
h	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?	5b	_	
ć	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			·
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	İ		لــا
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	] ]		1
	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.	9a	i	
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			لس
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	95		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			لـــا
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		Ĭ	1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		[	ليب
	determine whether the organization had excess business holdings )	10b		

732024 10-08-17

Sche		7-067635	50 р	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	- <del></del>		اـــا
	below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described in (a) above?	11b	┢╾	├
	A 35% controlled entity of a person described in (a) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110	L	Ь
000	non b. Type I oupporting Organizations		Yes	No
1	Oid the directors, trustees, or membership of one or more supported organizations have the power to		103	<del>                                     </del>
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	I		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	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		ł	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			Ì
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	I	<u>                                     </u>	
	supervised, or controlled the supporting organization.	2	1	
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			لـــا
	the supported organization(s).	1	L	Ь
Sec	tion D. All Type III Supporting Organizations		1	T
	Port Annual Control of the Control o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			l
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		]	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>-</u>	<del>                                     </del>	├-,
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			"
	the organization maintained a close and continuous working relationship with the supported organization(s).		_	لند
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
•	significant voice in the organization's investment policies and in directing the use of the organization's	İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			a
	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 yeatsee instru	ictions)		
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			•
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	(see instruction:	s)	
2	Activities Test. Answer (a) and (b) below.	<u></u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ļ		1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined		_	<b> </b>
	that these activities constituted substantially all of its activities.	2a		<del></del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	İ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	i		
	reasons for the organization's position that its supported organization(s) would have engaged in these			—
_	activities but for the organization's involvement.	2b	$\vdash$	<del></del>
3	Parent of Supported Organizations. Answer (e) and (b) below.			
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del>
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025		Form 990 or 99	لــــــا ۲۰ـ۶۲۱	2017
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Check 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

instructions)

Schedule A (Form 990 or 990-EZ) 2017 UTAH PGA JUNIOR GOLF FOUNDATION 87-0676350 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section O - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 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 10 Line 8 amount divided by line 9 amount (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years pnor to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 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. 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 UTA	H PGA JUNIO	R GOLF FO	OUNDATION	87-0676350 Page 8
Part VI	Supplemental Informatio	n. Provide the explant 3c, 4b, 4c, 5a, 6, 9a, 9 and 3: Part IV Section	ations required by b, 9c, 11a, 11b, a E, fines 1c, 2a, 2i	y Part II, fine 10; Part II, and 11c; Part IV, Section b. 3a. and 3b. Part V. fin	line 17a or 17b; Part III, fine 12; 1B, lines 1 and 2; Part IV, Section C, le 1; Part V, Section B, line 1e; Part V, Iny additional information.
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732028 10-06-0	7				Schedule A (Form 990 or 990-EZ) 2017

732028 10-06-17

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public • Inspection

Name of the organization

Employer Identification number

	UTAH PGA JUNIOR GOLF FOUNDATION	87-0676350
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	nds
Ū	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
•	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	mina
	Impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically	important land area
	Protection of natural habitat  Preservation of a certified his	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	noservation easement on the last
2		Held at the End of the Tax Year
_	day of the tax year.	2a
	Total number of conservation easements	
	Total acreage restricted by conservation easements	2c
		<del></del>
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	2d
_	listed in the National Register	
3		ization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	on easements coming the year
_		accompanie di una the user
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
_	> 5	01/3
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	Yes No
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting to:
Da	conservation easements.  t III   Organizations Maintaining Collections of Art, Historical Treasures, or Other:	Similar Assets
Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	ommar Addets.
		ad balance chapt wader of act
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Pari XIII,
	the text of the footnote to its financial statements that describes these items	
Ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, provide the tollowing amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
_	Assets Included in Form 990, Part X	<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2017
732051	10-09-17	

	edule D (Form 990) 2017 UTAH PC	GA JUNIOR (Collections of A				or Othe			76350	
3	Using the organization's acquisition, access									
	(check all that apply):		- '	•			•			
а	Public exhibition		ط 🗀	Loan or ex	change progra	ams				
b	Scholarly research		. $\Box$	Other	<b>J</b> -   <b>J</b>					
c	Preservation for future generations									
4	Provide a description of the organization's of	collections and explanation	un how	they further	the omanizati	on's exec	onua fon	ose in Pa	rt XIII.	
5	During the year, did the organization solicit is									
J	to be sold to raise funds rather than to be m					0. 0	455515		Yes	□ No
Pa	rt IV Escrow and Custodial Arran					'Yes' on	Form 99	Part IV		
<u> </u>	reported an amount on Form 990, Pa	-						-, · - · · · ·		
12	is the organization an agent, trustee, custoo		day fo	r contributio	ns or other as	sets not i	included			
	on Form 990, Part X?								Yes !	□ No
<b>.</b>	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowano	tahlo				—	_ ,,,	
U	ii res, explaintile arrangement in Fart XIII	and Complete the i	DI DAMII IÊ	tabio.				-	Amount	
_	Decinaling hotones						1c		Allount	
	Beginning balance						• >			
0	Additions during the year	· · · · · · · · · · · · · · · · · · ·		······································	• • • • • • • • • • • • • • • • • • • •				_	
	Distributions during the year						1e			
ſ									Т., Т	
	Did the organization include an amount on F	<b>,</b> - <b>,</b>					ty?	ــا	Yes	ᆗ∾
_	If "Yes," explain the arrangement in Part XIII						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Pa	t V Endowment Funds. Complete		T						T	<del></del>
		(a) Current year	(6)	Prior year	(c) Two year	S Dack	d) Three y	ears back	(e) Four ye	ars back
18	Beginning of year balance				<u> </u>					
b	Contributions		Ļ							
	Net investment earnings, gains, and losses	•			ļ					
d	Grants or scholarships		<u></u>		<u> </u>					
0	Other expenditures for facilities				ļ	ł				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balan	e (line :	lg, column (	a)) held as					
а	Board designated or quasi-endowment		%	•						
b	Permanent endowment	%								
c	Temporanly restricted endowment ▶	96								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	ation th	at are held a	ınd admınister	red for the	e organiz	ation		
	by:						0		Ye	s No
	(i) unrelated organizations								(A-43)	1
							•	· ···· · ··· ·	3a(II)	+
h	If "Yes" on line 3a(ii), are the related organiza						•	***** * **	3b	+-
4	Describe in Part XIII the intended uses of the	·					· ·		_ <u> </u>	
تقوا	t VI Land, Buildings, and Equipm		) Willetin	iunos.	<del></del>					
	Complete if the organization answered		O Dod i	V loo 110 6	200 Enom 000	Dod V II	no 10			
	<del></del>	1			<del></del>			<del> </del>	40 Deets -	
	Description of property	(a) Cost or of basis (investre			or other		umulate eciation	°	(d) Book va	iue
<del>-</del> —	<del></del>		owni)	Uasis	(other)	depr	CUAUDII			
	Land			ļ	<u>_</u>					
	Buildings			<del> </del> -				$-\!\!\!\!+\!\!\!\!\!-$		
	Leasehold improvements	· ·		ļ				$\dashv$	_	
	Equipment	J		ļ				-		
	Other	.		<u> </u>						
Total.	Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	Oc.)			▶└		0.

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Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 UTAH PGA JU	NIOR GOLF	FOUNDATION	87	-0676350 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				<del></del>
(A)				·
<u>(B)</u>				
(C)				
(D)	- <del></del>	<del></del>	··	<del> </del>
(E)				
(F)				
(G)(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				<del></del>
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part I	V. Ilne 11c. See Form 990	). Part X. line 13.	
(a) Description of investment	(b) Book value		valuation: Cost or end	I-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
				·
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)	<u></u> _			-1
Part IX Other Assets.	5 aaa 5			
Complete if the organization answered "Yes"	on Form 990, Part in Description	v, line 110. See Form 990	, Part X, line 15.	(b) Book value
THE TRAIL SECRETARY OF	•	AMERICA		62,913.
(1) DUE FROM UTAH SECTION OF	INE FOR OF	AMBRICA		02,313.
(3)	<del></del>			<del></del>
(4)				
(5)				····
(6)	·-·			· · · · · · · · · · · · · · · · · · ·
(7)				
(8)		······································		
(9)				·
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			62,913.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	_	~{
(1) Federal income taxes			_	ł
(2)				
(3)			4	
(4)			4	
(5)				
(6)			4	
(7)			4	
(8)			1	ļ
Total (Column (b) must equal from 990, Park Y, col. (R) line	251		1	j
Total, (Column (b) must equal Form 990, Part X, col. (B) line  Liability for uncertain tay positions to Part XIII, provide		note to the assertation!	financial statements to	hat reports the
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>		· ·		_
- A- manifer o manifer to divertibilities positions whose	<del> </del>	II BIO COXE OF II		edule D (Form 990) 2017

Sche	dule D (Form 990) 2017 UTAH PGA JUNIOR GOLF FOUNDA	ATION	87-0676350 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	1 1	7
c	Recoveries of pnor year grants		7
ď	Other (Describe in Part XIII.)	ايما	7
-	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		7
	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	vitti Enponoso po	
_			1
1	Total expenses and losses per audited financial statements		<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	1 [
a	Donated services and use of facilities	2a	-}
ь	Pnor year adjustments		-{
_	Other losses		-{
đ	Other (Describe in Part XIII.)	2d	┥╌╴┤
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1	
	Investment expenses not included on Form 990, Part VIII, line 7b	48	-{
	Other (Describe in Part XIII )	4b	
	Add lines 4e and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII  Supplemental Information.	<del></del>	
	te the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II		4; Part X, line 2; Part XI,
ines :	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.	
	, <del></del>		
			<del></del>
			<u> </u>
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			<del></del>
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			Sahadula D./Faren 000) 2013

# **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.

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

2017 Open to Public Inspection

Name of the organization

Employer identification number

UTAH PGA JUNIOR GOLF FOUNDATION	87-0676350
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
TO FOSTER REGIONAL, NATIONAL, AND INTERNATIONAL JUNIOR	GOLF
COMPETITION. IN ADDITION, WE FOCUS ON INTRODUCTORY AND	RECREATIONAL IN
SCHOOL AND JUNIOR GOLF PROGRAMS.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	N MISSION:
TO FOSTER REGIONAL, NATIONAL, AND INTERNATIONAL JUNIOR	GOLF
COMPETITION. IN ADDITION, WE FOCUS ON INTRODUCTORY AND	RECREATIONAL IN
SCHOOL AND JUNIOR GOLF PROGRAMS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THERE ARE NO COMMITTEES THAT ACT INDEPENDENT OF THE BOX	ARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 IS PROVIDED TO THE GOVERNING BODY PR	IOR TO FILING. THE
GOVERNING BODY, INCLUDING THE EXECUTIVE DIRECTOR, REVI	EWS THE 990 BEFORE
THE EXECUTIVE DIRECTOR SIGNS AND FILES IT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ATTEND A PRESENTATION ON THE POLICY TO GA	AIN AN UNDERSTANDING
OF POTENTIAL CONFLICTS OF INTEREST. THE EXECUTIVE DIRE	CTOR MONITORS ANY
PERCEIVED AND ACTUAL CONFLICTS OF INTEREST.	
	,
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR AND TOURNAMENT DIRECTOR'S COMPEN	NSATION, PAID BY A
RELATED ORGANIZATION, THE UTAH SECTION OF THE PGA OF AN	
	chedule O (Form 990 or 990-EZ) (2017)

Name of the organization  UTAH PGA JUNIOR GOLF FOUNDATION	Employer identification number 87 - 0676350
AND DETERMINED BY THE SECTION'S ADMIN & FINANCE COMMITTEE	. THE COMMITTEE
UTILIZES A SURVEY OF COMPARABLE COMPENSATION AND DOCUMENT	S DECISIONS
CONCERNING THE COMPENSATION AGREEMENT. THE FOUNDATION ME	RELY REIMBURSES A
PORTION OF THIS COMPENSATION PAID TO THE EXECUTIVE DIRECT	OR & THE
TOURNAMENT DIRECTOR BY THE UTAH SECTION OF THE PGA OF AME	RICA. THE
OFFICERS OF THE ORGANIZATION ARE NOT COMPENSATED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THROUGH FORMAL
WRITTEN REQUEST.	<del></del>
<del></del>	
<u>,                                      </u>	
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Open to Public Inspection Employer identification number 87-0676350 2017 OMB No 1545-0047 Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 34, because It had one or more related tax-exempt organizations during the tax year. entity End-of-year assets ē Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form '990, Part IV, line 33, 34, 35b, 35, or 37. Total income ō Go to www.irs.gov/Form990 for instructions and the latest information. Part i Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) ▶ Attach to Form 990. UTAH PGA JUNIOR GOLF FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity (8) Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II

0) 2017	Form 98	Schedule R (Form 990) 2017				ns for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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×		N/A	٧/٧	501(C)(6)	UTAH	GOLF TOURNAMENTS	CITY, UT 84115
							87-0388714, 580 WEST 3300 SOUTH, SALT LAKE
							UTAH SECTION OF THE PGA OF AMERICA -
ş	Yes		501(c)(3))				
enthy?	enti	entity	status (if section	section	foreign country)		of related organization
12(5) 13) 0[14	Section 5	Direct controlling	Public chanty	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
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1 per iii] 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 country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 5 12-5 14)		(f) Share of total income	(g) Share of end-of-year assets	(h)  Giptipationin  ar sheitonin  Ves No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(i) (k) Gawal or Percentage managing ownership partner?
	oldene Tomolec inc		1				ı					
Part IV Commission of the following the tax year.	rporation or trust durin	og the tax	year.	en maranding	อเษลเมรสเอน	answered Te		M. Par IV.	ine 34, de	scause it nad	0.00 OT 0	ore related
(a) Name, address, and EIN of related organization	N. c	Prim	(b) Primary activity	(a) Legal domicite (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp. S corp.		(f) Share of total Income	end-bing 88	(g) Share of end-of-year assets	(h) Percentage ownership	Soction 512bX13) convolted entity7
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Page 3 Schedule R (Form 990) 2017 87-0676350 Ē £ ٥ Method of determining amount involved 4 þ ŧ **ٔ** ¥ 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. a Receipt of (t) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity 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? 153,436.WAGES Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. : : : : : : : : : (c) Amount Involved : : : : : : : : . (b) Transaction type (a-s) Gift, grant, or capital contribution from related organization(s) Oividends from related organization(s) ...... . ...... 33 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 0 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) UTAH PGA JUNIOR GOLF FOUNDATION Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. : Sharing of paid employees with related organization(s) ...... OF AMERICA Reimbursement paid to related organization(s) for expenses ... Other transfer of cash or property from related organization(s) Purchase of assets from related organization(s) .... Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) (a) Name of related organization Exchange of assets with related organization(s) SECTION OF THE PGA Sale of assets to related organization(s) Schedule R (Form 990) 2017 732163 09-11-17 (1) UTAH PartV \_ • **1** 9 **1** ପ୍ର

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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.

Inat was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inv	estment partnerships.							
(e)	9		9	9	ε	<b>(8</b> )	Ξ	6	8	(K)
Name, eddress, and EIN of entity	Primary activity	Legal domicile (state or foreign	redominant income (related, unrelated,	201(c)(3)	Share of	Share of	Despropor- tonate	Code V-U81 General or Percentage	General	Percentage
		country)	excitated from tax under sections 512-514)	Yes No	іпсоте	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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