EXTENDED TO MAY 15, 2019

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

Open to Public

Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on this form as it may be made public Do not enter social security numbers on the latest information Do not enter social security numbers on the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not enter security numbers of the latest information Do not ent Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	or the	2017 calendar year, or tax year beginning U	UL I, 2017 and	ending L	JUN 30,	2018					
B	heck if	C Name of organization			D Employ	er identific	cation number				
	Addres	SOUTHWEST SECTION OF T	HE PGA		_						
<u>_</u>	change		· · · · · · · · · · · · · · · · · · ·			86-0	280141				
	return _Final _return/	Number and street (or P.0 box if mail is not de 10685 N. 69TH STREET	livered to street address)	Room/suite	E Telephone number 480-443-9002						
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts S 1,718,926.						
]Ameno	^{ed} SCOTTSDALE, AZ 85254			H(a) Is this a group return						
	Applic	I F Name and address of principal officer MILC	HAEL MILLER		for subordinates? Yes X No						
	pendir	9 SAME AS C ABOVE			H(b) Are all s	subordinates in	cluded? Yes No				
I٦	ax-exe	mpt status 501(c)(3) X 501(c) (6)	◀ (insert no) 4947(a)(1)	or 527	If "No	," attach a	list (see instructions)				
		e: WWW.SOUTHWEST.PGA.COM		- VP			number 🕨				
K F	orm of	organization: X Corporation Trust As	ssociation Other	L Year			State of legal domicile; AZ				
Pa	art I	Summary									
9	1	Briefly describe the organization's mission or most	significant activities SEE	SCHEDU	JLE O.						
anc anc	l .										
Ĕ	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	e than 25% o	of its net as	sets				
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	14				
<u>ග</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	14				
es	5	Total number of individuals employed in calendar y	year 2017 (Part V, line 2a)			5	11				
₹	6	Total number of volunteers (estimate if necessary)				6	14				
Activities & Governance	7 a	Fotal unrelated business revenue from Part VIII, co	olumn (C), line 12 CFI /F			7a	1,132.				
_	b	Net unrelated business taxable income from Form	990-T,(line-94) [7b	132.				
			[4]	18	Prior Ye		Current Year				
ė	8	Contributions and grants (Part VIII, line 1h)	B MAY 24 2019	, 73L		500.	500.				
Revenue		Program service revenue (Part VIII, line 2g)	ļ 	1.01	1,729	,616.	1,704,257.				
ě	10	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)OGDE	<u> </u>		20.	4,969.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and tre-IV, U	'		0.	1,576.				
	12	Fotal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		1,730		1,711,302.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	6,400.				
		Benefits paid to or for members (Part IX, column (A	•	_		0.	0.				
es	1	Salaries, other compensation, employee benefits (0.	671,792.				
ens		Professional fundraising fees (Part IX, column (A),	•	_		0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), lin		0.	4 0 6 5						
_		Other expenses (Part IX, column (A), lines 11a-11d		<u> </u>		675.	1,724,506.				
		Total expenses Add lines 13-17 (must equal Part		<u> </u>		,675.	2,402,698.				
_ <u>v</u>	19	Revenue less expenses Subtract line 18 from line	12			,539.					
sets or	١			Be	eginning of Cu		End of Year				
Bage		Total assets (Part X, line 16)		_		,983.	1,409,863.				
Net As Fund B	21	Total liabilities (Part X, line 26)		-		,006.	1,168,282.				
	<u>22</u> 	Net assets or fund balances Subtract line 21 from	line 20		932	, 911.	241,301.				
		tios of perjury, I declary that I have examined this return,	unaludina aasampanusa aahadula	o and atatam		na haat of m	I knowledge and halof it is				
		, and complete. Declaration of propercy (other than office					Knowledge and belief, it is				
uu,	COITCO	, and complete. Ducing allying property (office than office	ar) is based on all illiorniation of wi	ilicii preparei	i nuo uny knov	VICUGE /	//o				
Sigi	,	Signature of officer	-		Da	<u> </u>	7. 1				
Her		MICHAEL MILLER									
1161		Type or print name and title									
	-	Print/Type preparer's name	Preparer's signature		Date	Check	TT PTIN				
Paid	ı					if self employe	'				
	arer	Firm's name			Firi	m's EIN ▶	<u> </u>				
	Only	Firm's address			1, ",	0 = >					
	•				 Phi	one no					
Mav	the IF	S discuss this return with the preparer shown abo	ove? (see instructions)				Yes No				
1	*,	The property of the contract		_			110				

Form 990 (2017)

Form 990 (2017) SOUTHWEST SECTION OF THE PGA
Part IV | Checklist of Required Schedules

86-0280141

Page 3

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		٠,,	•
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		_v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		 ₩
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			<u>'</u> -
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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			v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		-	_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	İ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<u> </u>	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ĺ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			ŀ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ľ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

r a	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	1a	183	• .		- 11
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	ble gamıng			!_
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,		
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		•	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			'	11
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	^	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country		4- (FD 4 D)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAH)			X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	nation?	1	5a		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transatiff "Yes" to line 5a or 5b, did the organization file Form 8886.T2	aGACAT		5h 5c		 -
C 6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	JU		
Ja	any contributions that were not tax deductible as charitable contributions?	, .c org	arneation Solicit	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r aifts	- 00		 -
_	were not tax deductible?		. go	6b		
7	Organizations that may receive deductible contributions under section 170(c).					أأأ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas req	uıred			
	to file Form 8282?			7c		L
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			_114
_	sponsoring organization have excess business holdings at any time during the year?			8		11.
9	Sponsoring organizations maintaining donor advised funds.					_11
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter					13.1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
11	Section 501(c)(12) organizations. Enter	.00				
а	Gross income from members or shareholders	11a			٠	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					41
	amounts due or received from them)	11b			,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				- 51
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O			•	-	4
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	13b				
С	Enter the amount of reserves on hand	13c				N.
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		<u> </u>
				Form	990	(2017)

SOUTHWEST SECTION OF THE PGA 86-0280141 Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 cimilar committee, explain in Schedule O 14 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other $\overline{\mathbf{x}}$ officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? $\overline{\mathbf{x}}$ a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons AZSection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request ___ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

#205, PALM BEACH GARDENS

State the name, address, and telephone number of the person who possesses the organization's books and records

SOUTHWEST SECTION CONTROLLER - 561.624.8400

300 AVE OF THE CHAMPIONS,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter $\cdot 0 \cdot$ 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	box	not c , unle:	ss pe	tion more	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMEY LEWIS	10.00								_	_
PRESIDENT		X		Х			_	0.	0.	0 .
(2) JAY LARSCHEID	10.00									
VICE PRESIDENT	1.0	Х		X			_	0.	0.	0
(3) MIKE SCULLY	10.00		i '						•	
SECRETARY		Х		X			<u> </u>	0.	0.	0
(4) MATT ANZALONE	5.00								^	
DIRECTOR	F 00	Х				<u> </u>		0.	0.	0
(5) GREG LEICHT	5.00	,,							0	
DIRECTOR	5.00	Х	<u> </u>			├	_	0.	0.	0
(6) TRAVIS MCCUTCHAN	5.00	x						0.	0.	0 .
DIRECTOR (7) LEE SMITH	5.00	^	_		_	┝	<u> </u>	0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0 .
(8) DOUG HODGE	5.00	^			_	┢	┢	0.	0.	, , , , , , , , , , , , , , , , , , ,
DIRECTOR	3.00	х						0.	0.	0
(9) TRENT RATHBUN	5.00	^				-	├	0.	0.	
DIRECTOR	3.00	X	:					0.	0.	0
(10) DANNY MEDINA	5.00				├	\vdash		· · ·	<u></u>	
DIRECTOR		x						0.	0.	0
(11) AL SUTTON	5.00					\vdash	\vdash	-		
DIRECTOR		x						0.	0.	0
(12) STEVE LEONARD	5.00									
DIRECTOR		X	ļ					0.	0.	0
(13) MARK GURNOW	5.00									
DIRECTOR	•	X	1					0.	0.	0
(14) DAVID ENGRAM	5.00	Г	Г							
DIRECTOR		X				ļ		0.	0.	0
(15) MICHAEL MILLER	40.00									
EXECUTIVE DIRECTOR		L		Х	L		L	195,000.	0.	5,166
(16) WILLIAM IBRAHIM	40.00									
SENIOR DIRECTOR OF OPERATIONS & PUBL				$ldsymbol{ld}}}}}}$	L	X	L	127,292.	0.	5,417
	1	1	1	l '	ı	1	ı	I	I	I

Form **990** (2017)

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	. (A)	(B)				C)	_		(D)	(E)		(F	F)
	Name and title	Average hours per		not c	heck		than		Reportable	Reportable			nated
		week					ıs bot or/trus		compensation	compensation from related	·		unt of ner
		(list any	ğ	Γ	Γ	Γ	Π		the	organizations	- 1	compe	
		hours for	direc				- G		organization	(W-2/1099-MIS	•		the
		related	tee o	uslee			ensa		(W-2/1099-MISC)			organi	zation
		organizations	al trus	nal tr		loyee	dwo:				į.		elated
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			İ	organiz	zations
		11.10)	Ĕ	Ĕ	8	, X	풀등	e.			\dashv		
		<u> </u>	ł								- 1		
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			1			1							
						H		Т	,		一		
			1										
							Г				\neg		
			1										
1b	Sub-total \								322,292.	(0.	10	,583.
С	Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d	Total (add lines 1b and 1c)								322,292.		0.	10	,583.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wi	no r	received more than \$100	,000 of reportable	;		
	compensation from the organization												2
									~		_	Y	es No
3	Did the organization list any former officer.	, director, or tru	uste	e, ke	у ег	mplo	oyee	or,	highest compensated e	mployee on	-	_	_
	line 1a? If "Yes," complete Schedule J for s										L	3	X
4	For any individual listed on line 1a, is the si	•							· · · · · · · · · · · · · · · · · · ·	the organization	-	-	
	and related organizations greater than \$15										F	4 2	K
5	Did any person listed on line 1a receive or	=				_		elat	ted organization or indiv	idual for services	-	_	$-\left \frac{1}{X} \right $
_	rendered to the organization? If "Yes," con	nplete Schedul	e J i	for s	uch	pers	son					5	<u> </u>
	tion B. Independent Contractors									<u> </u>			
1	Complete this table for your five highest co	-	•							•	oensa	ation froi	n
	the organization Report compensation for	the calendar y	ear	ena	ng v	vith	or w	ıthı		year			
	(A) Name and business	address							(B) Description of s	enuces	Cc	(C) ompensa	ation
\overline{COO}	GNOS HR LLC, 17W 635 B		FT.1	ו ח	207	<u> </u>		-	Description or s	ici vices			
	KBROOK TERRACE, IL 601		ربين	ו ט	\OZ	עב	,		PEO			7/13	,259.
OH	CERCOR TERRIACE, IL 001	01						\dashv	- EO			743	, 233.
								-					
								-					
								_					
	>												
2	Total number of independent contractors (includina but r	not li	mite	d to	the	se li	stec	d above) who received n	nore than			;
_	\$100,000 of compensation from the organ		"				1		- : -, :				,

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
1	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	_				1
Gifts, Grants Ilar Amounts	- b	Membership dues	1b					
Am Am	С	Fundraising events	1c					į.
를 를	d	Related organizations	1d					<u> </u>
ş,Ē	е	Government grants (contribut	ions) 1e					ने
ē r	f	All other contributions, gifts, gran	ts, and					
휼휲		similar amounts not included abo	ve If	500.				!!
Contributions, Gif and Other Similar	g	Noncash contributions included in lines	1a-1f \$					ļf i
<u>ā č</u>	h	Total. Add lines 1a-1f		<u> </u>	500.			<u> </u>
				Business Code				:
Si	2 a			900099	780,106.	780,106.		
re S		MEMBERSHIP DUES	<u> </u>	900099	380,084.	380,084.		····
en S		ADP - FUNDING		900099	232,595.	232,595.		014 064
Reg	d			900099	214,864.	20 750		214,864.
Program Service Revenue	е	MANAGEMENT FEE		900099	39,750.	39,750.		
-	f	All other program service reve	enue	900099	56,858.	56,858.		
\dashv	<u>g</u>				1,704,257.			
	3	Investment income (including	dividends, intere	est, and	4,969.			1 060
		other similar amounts)			4,303.			4,969.
Ì	4 5	Income from investment of ta	x-exempt bond p	roceeas				
	ə	Royalties	() Bool	(v) Developed				
	6 a	Gross rents	(i) Real 9,200.	(II) Personal				1,1
		Less rental expenses	7,624.					Y I
		Rental income or (loss)	1,576.	 				1.8
		Net rental income or (loss)		•	1,576.		1,132.	444.
		Gross amount from sales of	(i) Securities	(II) Other	_, _,			
		assets other than inventory	, (y 0000; n	(1) 0 (1) (1)				267
	b	Less cost or other basis						B
		and sales expenses						t,
	С	Gain or (loss)						i ,
		Net gain or (loss)		>				
Revenue		Gross income from fundraisin including \$	g events (not of					
e ve		contributions reported on line	1c) See]				1) 1
		Part IV, line 18	а					'}
Other	b	Less direct expenses	b					
٦	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					.,
-	b	Less direct expenses	b					* .
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns	1				,
,		and allowances	а					€,
		Less cost of goods sold	p					
	С	Net income or (loss) from sale						
-		Miscellaneous Revenu	e	Business Code				
	11 a					·		
	b							
	C	All sales as a second					7."	
	d	All other revenue		L				
		Total rayanua See instructions			1,711,302.	1 /80 202	1 130	220 277
	12	Total revenue See instructions.			1,/11,304.	1,407,333.	1,132.	220,277.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,400.		ı	T COLE
2	Grants and other assistance to domestic				1,1
	ındıvıduals See Part IV, line 22				41
3	Grants and other assistance to foreign				• ',
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				l,
5	Compensation of current officers, directors,				
	trustees, and key employees	190,000.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	440,661.			
8	Other salaries and wages Pension plan accruals and contributions (include	110,001.		1	
Ŭ	section 401(k) and 403(b) employer contributions)	8.741.			
9	Other employee benefits	8,741. 32,390.	···		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management		V		
b	Legal	31,813.			
С	Accounting	6,650.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				.
9	column (A) amount, list line 11g expenses on Sch 0.)	14.568.			
12	Advertising and promotion	14,568. 3,252.			
13	Office expenses	28,014.			
14	Information technology				
15	Royalties				
16	Occupancy	18,076.			
17	Travel	69,362.		<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings	13,862.		 	<u> </u>
20 21	Interest Payments to affiliates	13,002.		+	
21 22	Depreciation, depletion, and amortization	41,341.		 	
23	Insurance	25,342.			
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				: 2. 4
а	TAX AND LICENSES	519,478.		1	····
b	TOURNAMENT PRIZES	504,677.			
С	TOURNAMENT OPERATIONS	179,598.			
d	FOOD AND BEVERAGE	139,619.			
е	All other expenses	128,854.			
25	Total functional expenses Add lines 1 through 24e	2,402,698.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)	I		1	

Form 990 (2017)
Part X Balance Sheet

Part .	<u> </u>	Balance Sneet				
		Check if Schedule O contains a response or note to any line in th	ıs Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash non interest-bearing		444,174.	1	54,217
	2	Savings and temporary cash investments		79,703.	2	206,586
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		60,017.	4	151,897
	5	Loans and other receivables from current and former officers, dire	ectors,			
		trustees, key employees, and highest compensated employees	Complete	·		
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as o	defined under			•
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), an	i			
		employers and sponsoring organizations of section 501(c)(9) volu	- 1			,
ν. I		employees' beneficiary organizations (see instr) Complete Part II	· ' '		6	
Assets	7	Notes and loans receivable, net	j. 20.12	73,565.	7	73,565
AS	8	Inventories for sale or use	-	, , , , , , ,	8	, , , , ,
	9	Prepaid expenses and deferred charges	<u> </u>	39,684.	9	18,932
		Land, buildings, and equipment cost or other	-			20,750
Ι.	va		413.787.			ı.
	.	Less accumulated depreciation 10b	413,787. 554,121.	886,409.	10c	859,666
١.			331,121.	000, 403.		035,000
- 1	11	Investments - publicly traded securities	-	20,000.	11	20,000
	12	Investments - other securities See Part IV, line 11	-	20,000.		20,000
- 1	3	Investments - program-related See Part IV, line 11	-		13	
- 1	4	Intangible assets	-	15,431.	14	25,00
- 1	15	Other assets See Part IV, line 11		1,618,983.	15	
_	6	Total assets. Add lines 1 through 15 (must equal line 34)			16	1,409,86 75,37
- 1	7	Accounts payable and accrued expenses	-	78,090.	17	75,37
	8	Grants payable	-	240 626	18	207 01
1	9	Deferred revenue	-	340,626.	19	307,01
	20	Tax-exempt bond liabilities	-		20	
- 1	21	Escrow or custodial account liability Complete Part IV of Schedu	_		21	
<u>g</u> 2	22	Loans and other payables to current and former officers, director			,	
		key employees, highest compensated employees, and disqualifie	ed persons	·		
Liabilities		Complete Part II of Schedule L	<u> </u>	24 500	22	
1 2	23	Secured mortgages and notes payable to unrelated third parties	Ļ	21,708.	23	507,07
2	24	Unsecured notes and loans payable to unrelated third parties	L		24	
2	25	Other liabilities (including federal income tax, payables to related	third			
		parties, and other liabilities not included on lines 17-24) Complet	e Part X of			
		Schedule D	L	245,582.	25	278,81
2	26	Total liabilities. Add lines 17 through 25		686,006.	26	1,168,28
		Organizations that follow SFAS 117 (ASC 958), check here	☐ and			
s l		complete lines 27 through 29, and lines 33 and 34.		···		
2	27	Unrestricted net assets			27	
2	28	Temporarily restricted net assets			28	-
2	29	Permanently restricted net assets			29	
Nei Assets of Turio Balances		Organizations that do not follow SFAS 117 (ASC 958), check I	here ▶X [
5		and complete lines 30 through 34.		,		
2 3	30	Capital stock or trust principal, or current funds	ľ	0.	30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund	ļ	0.	31	
3	32	Retained earnings, endowment, accumulated income, or other fu	_{inds}	932,977.	32	241,58
3	33	Total net assets or fund balances	-	932,977.	33	241,58
	34	Total liabilities and net assets/fund balances	ŀ	1,618,983.	34	1,409,86
	•			. , ,	<u> </u>	Form 990 (20

	990 (2017) SOUTHWEST SECTION OF THE PGA	86-	-0280141	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,40		
3	Revenue less expenses Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93	<u>2,9</u>	77.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	<u>1,5</u>	81.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				81
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	I		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			. 11
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		i		!
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	s, [·]		51
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (>		H
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			<u> </u>	
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990	(2017)

732012 11-28-17

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 5	01(c)(4), (5), or (6) organiza	tions Complete Part III			
	ne of orga		dons complete rait in		En	nployer identification number
		SOUTHWE	ST SECTION OF TH	HE PGA		86-0280141
Pa	rt I-A		janization is exempt und		or is a section 527	organization.
1	Provide a	a description of the organiz	ation's direct and indirect politi	cal campaign activities i	n Part IV	
2	Political	campaign activity expendit	ures		>	S
3	Voluntee	r hours for political campai	gn activities			
Pa	rt I-B	Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the	amount of any excise tax	incurred by the organization un	der section 4955	•	\$
2	Enter the	amount of any excise tax	incurred by organization manag	gers under section 4955		\$
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		☐ Yes ☐ No
4a	Was a co	prrection made?				└ Yes └ No
_		describe in Part IV				N/ V6
Pa	rt I-C	Complete if the org	janization is exempt und	der section 501(c),	except section 50)1(c)(3).
1	Enter the	amount directly expended	I by the filing organization for se	eution 527 exempt funci	tion activities	* \$
2	Enter the	amount of the filing organ	ization's funds contributed to o	ther organizations for se	ection 527	
	•	unction activities				* \$
3		mpt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	,	
	line 17b				•	* \$
4		ling organization file Form	·			☐ Yes ☐ No
5			nployer identification number (E	•	-	
		•	tion listed, enter the amount pa		,	· ·
		•	omptly and directly delivered to additional space is needed, pro		•	arate segregated fund or a
	political				T	<u> </u>
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	
					funds If none, enter	
						delivered to a separate
						political organization If none, enter -0-
				·		ii florie, enter-o-
			•			
						İ
_						
	 	-,				
					+	
			·			
	_	· · · ·				

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Schedule C (Form 990 or 990-EZ) 2017

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

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

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOUTHWEST SECTION OF THE PGA

Employer identification number 86-0280141

Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of cantal trom (during year) 5 Aggregate value of cantal trom (during year) 6 Aggregate value of cantal trom (during year) 7 Aggregate value of cantal trom (during year) 7 Aggregate value of cantal trom (during year) 7 7 7 7 7 7 7 7 7	Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, III		s or A	ccounts. Complete if the
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			ns for Form 990.		Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 SOUTHWE	ST SECTION	OF '	THE P	GA_			86-02	80141	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical T	reasures, c	or Othe	r Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	e following tha	t are a siç	gnificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	· ∐'	Loan or ex	change progra	ıms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further	the organization	on's exen	npt purpo	ose in Parl	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical tre	asures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	organizati	on answered "	Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ons or other as	sets not i	ncluded	_	٦.,	<u> </u>
	on Form 990, Part X?								」Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing t	able						
	-								Amount	
C	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
T 0-	Ending balance	000 Dart V I	01 for a			بالطميا الحسي	1f		1	1 1
	Did the organization include an amount on Fe						tyv		J Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete in									
	Endownient unus. Complete				(c) Two year			rearc back	(a) Four	ears back
10	Paginning of year holance	(a) Current year	(8) P	rior year	(C) Two year	S Dack	a) illiee y	Cais Dack	(e) roury	years back
1a 5	Beginning of year balance Contributions									
b					+					
C	Net investment earnings, gains, and losses				+					
a	Grants or scholarships				 					
e	Other expenditures for facilities				1					
	and programs				+					
'	Administrative expenses End of year balance				+					
9 2	Provide the estimated percentage of the curr	ront year and halane	o (line 1	a column	(a)) hold as					
a	Board designated or quasi-endowment	rent year end balant	% %	g, coluitiii	(a)) Held as					
	Permanent endowment	%	— ′°							
	Temporarily restricted endowment	 /*								
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held	and administe	red for th	e organi	zation		
••	by	,00.0.1 0. till 0. ga. ii.			u uo		o o ga	Lution	- F	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R	?				3b	
4	Describe in Part XIII the intended uses of the	•								
Pai										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a	See Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cos	st or other	(c) Ac	cumulate	ed	(d) Book	value
	,	basis (investr			s (other)	, , ,	reciation			
1a	Land			1.	21,425.	···				,425.
	Buildings		İ		15,052.	4	32,9	83.		,069.
	Leasehold improvements									
	Equipment			1	77,310.	1	21,1	38.	56	,172.
	Other									
Total	Add lines 1a through 1e (Column (d) must e	oual Form 000 Part	X colun	nn (B) line	10c l				859	.666.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 SOUTHWEST S	SECTION OF TH	E PGA	86-0280141 Page
Part VII Investments - Other Securities.			
. Complete if the organization answered "Yes'	on Form 990, Part IV, lin	e 11b See Form 990, Part X	(, line 12
(a) Description of security or category (including name of security)	(b) Book value		on Cost or end-of-year market value
(1) Financial derivatives		7.	
(2) Closely held equity interests			
(3) Other			
(A)		 	
(B)		 	·
			· · · · · · · · · · · · · · · · · · ·
(C)			
(D)			
<u>(E)</u>			 -
(F)			
(G)			
(H)			···.
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶	L	<u> </u>	. 1
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	1		
(7)			
(8)			
(9)			
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13)	-	N	
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV In	o 11d Soo Form 000 Bort V	lung 15
	Description	e ilu dee ioiii 990, Fait A	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)		<u> </u>	
(5)			
(6)			
(8)		· · · · · · · · · · · · · · · · · · ·	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f See Form 990,	Part X, line 25
1. (a) Description of liability		(b) Book value	•
(1) Federal income taxes			· ·
(2) DUE TO ARIZONA GOLF NETWO	RK	278,813.	\$
(3)		•	V o

(1) Federal income taxes), O
(2) DUE TO ARIZONA GOLF NETWORK	278,813.	V.
(3)		is a
(4)	ţ	· .
(5)		ſ <u></u>
(6)		} [*]
(7)		1
(8)		
(9)		발
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 278,813.	

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

Schedule D (Form 990) 2017

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

SOUTHWEST SECTION OF THE PGA

Employer identification number

86-0280141

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1 11
	First-class or charter travel Housing allowance or residence for personal use			l li l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			, <u>1</u>
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			1 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			<u> </u>
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
				3
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	,		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			3
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract .			(1)
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			i i
			,	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			11 31
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III	•		
		'		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	`		
	contingent on the revenues of			;_
	The organization?	5a		
b	Any related organization?	5b		—
_	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			3
	contingent on the net earnings of			لنالما
	The organization?	6a		 -
D	Any related organization?	6b		12.1
-	If "Yes" on line 6a or 6b, describe in Part III			+
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			احتا
۰	not described on lines 5 and 6? If "Yes," describe in Part III	7		-(3
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لائنا
C	Initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		* # 1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		لانـــ
	Regulations section 53 4958-6(c)? For Panaguark Reduction Act Nation and the Instructions for Form 900	9	- 000	L
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ı (Forr	п 990	, 2017

Schedule J (Form 990) 2017

SOUTHWEST SECTION OF THE PGA

86-0280141

Schedule J (Form 990) 2017 SOUTHWEST SECTION OF THE PGA 86-0280141

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	W 2 and/or 1099 MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benetits	(B)(i) (D)	reported as deferred on prior Form 990	
(1) MICHAEL MILLER	(1)	195,000.	0.	0.	0.	5,166.	200,166.	0.	
EXECUTIVE DIRECTOR	(11)		0.	0.	0.	0.	0.		
	(1)								
	<u>(u)</u>								
	(1)								
	(n)								
	(1)						_		
	(u)								
	(1)								
	(0)								
	(i) (ii)							 	
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	(11)								
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	(0)								
	(0)								
	(0)								
	(1)	<u> </u>							
	(11)	 							
	(i) (ii)						 		

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 SOUTHWEST SECTION OF THE PGA	86-0280141	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II	Also complete this part for any additional information	
	· · · · · · · · · · · · · · · · · · ·	
		
	 	
	-	
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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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COMMUNICAL CROMICAL OR MUR DOX

Employer identification number

SOUTHWEST SECTION OF THE PGA 86-0280141
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO GROW THE GAME OF GOLF IN THE SOUTHWESTERN UNITED STATES. ITS
BOUNDARIES INCLUDE THE STATE OF ARIZONA AND CLARK COUNTY IN SOUTHERN
NEVADA. THERE ARE THREE CHAPTERS WITHIN THE SOUTHWEST PGA - THE
SOUTHERN CHAPTER, METRO CHAPTER AND SOUTHERN NEVADA CHAPTER. EACH
CHAPTER AIMS TO FURTHER FACILITATE PROGRAMS AND SUPPORT THEIR MEMBERS
SPECIFIC NEEDS IN THOSE AREAS.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO PARTICIPATE IN THE ORGANIZATION'S
GOVERNING DOCUMENTS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS CAN ELECT THE MEMBERS OF THE GOVERNING BODY AND APPROVE SIGNIFICANT
DECISIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION PROVIDES A DRAFT OF FORM 990 TO ITS BOARD PRIOR TO SIGNING
AND FILING THE RETURN. THE BOARD WILL REVIEW AND APPROVE THE RETURN FOR
FILING AT A REGULAR MEETING BEFORE THE RETURN'S DUE DATE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR MONITORS THE ENFORCEMENT OF THE CONFLICT OF INTEREST
POLICY WITH THE BOARD MEMBERS. THE BOARD MEMBERS ARE REQUIRED TO STATE ANY
CONFLICTS ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

Attach to Form 990

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWEST SECTION OF THE PGA

Employer identification number 86-0280141

(a)	(b)	(c)	(d)	7	e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End of ye	ar assets		ontrolling itity	g
					í		•	
`								
	\dashv							
identification of Related Tax-Exempt Organizations during the lax year	izations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, l	because it had o	ne or more	e related tax-exe	empt	-
Identification of Related Tax-Exempt Organizations during the tax year (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ct controlling	Section	g) 512(b)(13 trolled tity?
organizations during the tax year (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Dire	(f) ct controlling	Section	trolled
organizations during the tax year (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Dire	(f) ct controlling	Section cont	tity?
organizations during the tax year (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Dire	(f) ct controlling	Section cont	tity?
organizations during the tax year (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Dire	(f) ct controlling	Section cont	tity?

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

Schedule R (Form 990) 2017

25

732161 09 11 17 LHA

86-0280141 Page 2

[Part 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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(1)	(i)	(k)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income Sh (related, unrelated, excluded from tax under	Predominant income S (related, unrelated, excluded from tax under	Predominant income ((related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under excluded from tax under	Share of total income	Share of end of year assets	Disproportionate allocations?		Code V UBI amount in box 20 of Schedule K 1 (Form 1065)	Gener mana partn	Percentage png ownership
		country)		sections 512-514)			Yes	No	K 1 (Form 1065)	Yes	No							
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(b)	(c)	(d)	(e)	(f)	(g)	(h)	, ((1)
Primary activity	(state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end of year assets	Percentage ownership	ent	ilty?
	coomy		•				Yes	No
PROMOTION OF THE								
SPORT OF GOLF	A7.	N/A	C CORP	440,343	534,941	100 00%	X	<u> </u>
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	Primary activity PROMOTION OF THE	Primary activity Legal domicile (state or foreign country) PROMOTION OF THE	Primary activity Legal demicile (state or foreign country) PROMOTION OF THE	Primary activity Legal domicile (state or foreign country) Direct controlling entity (C corp. S corp. or trust) PROMOTION OF THE	Primary activity Logal domicile (state or foreign country) Direct controlling entity entity (C corp, S corp, or trust) Share of total (C corp, S corp, or trust)	Primary activity Legal domicile (state or foreign country) Direct controlling entity Entity Direct controlling entity Corp. S corp. or trust) Share of total income end of year assets	Primary activity Legal demicide (state or foreign country) PROMOTION OF THE SPORT OF GOLF A7. N/A C CORP Type of entity (C corp, S corp, or trust) Share of total income end of year assets Percentage ownership Percentage ownership C CORP 440,343 534,941 100 00%	Primary activity Logal domicile (state or foreign country) PROMOTION OF THE SPORT OF GOLF A7. N/A C CORP Type of entity (C corp, S corp, or trust) Type of entity (C corp, S corp, or trust) Share of total income end of year assets Percentage ownership entity (C corp, S corp, or trust) Yes

732162 09 11 17 26 Schedule R (Form 990) 2017

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

Note	e Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1	During the tax year, did the organization engage in any of the following transaction:	s with one or more r	elated organizations listed	In Parts II IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		Х		
							X		
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		X		
1	Exchange of assets with related organization(s)			ć	11		X		
J	Lease of facilities, equipment, or other assets to related organization(s)			ı	1)		X		
						,			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations for related orga	inization(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		<u> </u>		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х			
0	Sharing of paid employees with related organization(s)				10	X			
					`	J			
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
г	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				15		X		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount i	nvolved				
		type (a s)							
	DIFONIA GOLD NEWWORK	_	60.065	l					
(1) <i>E</i>	RIZONA GOLF NETWORK	0	60,865.	SALARIES					
(2)									
(3)									
(4)	 								
(5)									
(C)									
(6)		27	L	<u> </u>					
/32163	09 11 17	4		Schedul	e R (Forn	n 990)	2017		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(٦)	(1)	())	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners s	Share of	Share of	Dispi	opor	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	501(c)(3 oros ?	total	end of year	alloca	rate tons?	amount in box 20	pariner	ownership
		country)	sections 512-514)	Yes N	income	assets	Yes	No	(Form 1065)	Yes N	J
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Schedule R (Form 990) 2017