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

OMB No \$545-0047_

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

Open to Public Inspection

A	For the	e 2018 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addre		FOUNDATION			
	Name chang		INNESOTA		41-1	810679
F	initial return Final	12800 BINIKED DOATOTE D	,	Room/suit		er 754-0820
_	return. termin ated				G Gross receipts \$	975,602.
	Amen	ded COOM DADIDG MAI SSAAQ			H(a) Is this a group re	
	Application	F Name and address of principal officer of Oth	TOLLETTE		for subordinates	yes X No
_	pend	SAME AS C ABOVE			H(b) Are all subordinates i	
_		511.pt 514.45		or 52		list (see instructions)
		te: ► N/A forganization: X Corporation Trust As	sociation Other	r III Vaa	H(c) Group exemption	n number ► M State of legal domicile: MN
	art I	Summary	Sociation Societ	I L Tea	ii or iormation 1990 r	VI State of legal domicite, 1414
_		Briefly describe the organization's mission or most	significant activities SEE	SCHED	ULE O	
Activities & Governance	'					
irna	2	Check this box I if the organization discoil	ntinued its operations or dispo	sed of mo	re than 25% of its net a	
Š		Number of voting members of the governing body			3	12
જ		Number of independent voting members of the go			4	12
ties		Total number of individuals employed in calendar y	•		5	0 13
Ě		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co			6 7a	0.
ĕ		Net unrelated business taxable income from Form			7a 7b	0.
_	1		RECEIVED		Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)	88	78	86,484.	327,929.
eun	9	Program service revenue (Part VIII, line 2g)	8 NOV 1 3 2019	O'S -	488,801.	616,218.
Revenue		Investment income (Part VIII, column (A), lines 3, 4		- [왕]	29,600.	31,455.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c		-	0.	0.
	1	Total revenue - add lines 8 through 11 (must equal			604,885. 42,500.	975,602. 146,251.
	1	Grants and similar amounts paid (Part IX, column (Benefits paid to or for members (Part IX, column (42,300.	0.		
S		Salaries, other compensation, employee benefits (· ·	-	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), I			0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	<u>0.</u> [
ш	17	Other expenses (Part IX, column (A), lines 11a 11d	, 11f 24e)		739,711.	900,606.
		Total expenses Add lines 13 17 (must equal Part I		<u> </u>	782,211.	1,046,857.
		Revenue less expenses Subtract line 18 from line	12		<177,326.	
sts or	20	Total assets (Port V. line 16)		<u> </u>	Beginning of Current Year 1,388,772.	End of Year 1,209,367.
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		F	243,192.	257,566.
Net Assets	22	Net assets or fund balances Subtract line 21 from	line 20	F	1,145,580.	951,801.
						· · · · · · · · · · · · · · · · · · ·
		alties of perjury, I declare that I have examined this return,				y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepar	er has any knowledge	
		Signature of officer			Date NO	19
Sig			ERATING OFFICER		Date	
He	re	Type or print name and title	ERATING OFFICER			· · · · · · · · · · · · · · · · · · ·
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d				ıf self-employ	red
Pre	parer	Firm's name			Firm's EIN	
Use	Only	Firm's address				
_		c.			Phone no.	
		RS-discuss this return with the preparer shown abo				Yes No
8320	001 12-3	11-18 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.	_ / /	Form 990 (2018)
					94	1 16

		10679	Page 2
-6	art III Statement of Program Service Accomplishments		X
_	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission SEE SCHEDULE O		
2			X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	L Yes l	LA_J NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes [X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	oy expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota		nd
	revenue, if any, for each program service reported		
4a		578,0)21.
	THE MINNESOTA FOUNDATION SUPPORTED JR GOLF THROUGH THE OPERAT	ION OF	
	SEVERAL JR TOUR GOLF EVENTS.		
			
4b	O (Code) (Expenses \$		
			·
4c	C (Code) (Expenses \$ including grants of \$) (Revenue \$		
			
		_	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
1e	e Total program service expenses ▶ 927,888.	5arm 90	

MINNESOTA SECTION PGA FOUNDATION

41-1810679

Form 990 (2018) MINNESOTA SE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
2	If "Yes," complete Schedule A 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			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ĭ	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		Х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	444		Х
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	-	
15	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			
	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	L,	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20~	complete Schedule G, Part III	19 20a		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	х	
				2018)

MINNESOTA SECTION PGA FOUNDATION 41-1810679 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 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 Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete X 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," Х complete Schedule L, Part II 26 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V. line 1 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 28 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b b Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable

(gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2018)

Part V	Statements Regardin	g Other	IRS	Filings	and Tax	Compliance (continued)
•		•				- - 1

			Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,	30%		
	filed for the calendar year ending with or within the year covered by this return		11A	310
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 3 3 5 5		Mb.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	! .		_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	/ . 2044	X
b	If "Yes," enter the name of the foreign country		3300K 3303K	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	· .: 33		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	1380 50	+11/28 g - 1/2 h
7	Organizations that may receive deductible contributions under section 170(c).	13 mg 12		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			\ \ •
	to file Form 8282?	7c	`. / Ch.	X
d	If "Yes," indicate the number of Forms 8282 filed during the year Det the approximation was a second and a set to a second and the second an	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	रङ्ग	37.2431	
•	sponsoring organization have excess business holdings at any time during the year?	8	33722	كمالتما
9	Sponsoring organizations maintaining donor advised funds.	7 13%	C के देखा	E
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	طبكت	استسا الانت
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	174 AV	3083 E	A. Bes
а	Initiation fees and capital contributions included on Part VIII, line 12		*	
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			
а	Gross income from members or shareholders		1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	180		\$ 2
	amounts due or received from them)	4.4.5°		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3	78
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	32.5		NAME OF
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	1.69%		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	53800 (1980)		
	organization is licensed to issue qualified health plans	5.5		
С	Enter the amount of reserves on hand		468	300
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		· •
	excess parachute payment(s) during the year?	15	\$30.62F	X жче ст
40	If "Yes," see instructions and file Form 4720, Schedule N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CENT	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	dig that's	X
	If "Yes," complete Form 4720, Schedule O	ペ系数 Eorm	990	(2018)
		PULL	ママレ	(2010)

832005 12-31-18

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

	Check if Schedule O contains a response or note to any line in this Part VI				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	12		%魔
٠	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.			灣歌	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	789.4. V. S. S. A.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?	•	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?	·	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:	. W.	7357	312
а	The governing body?	,	8a	X	ALBERT GUEST
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenue Code)			,
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	m [?] 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u> </u>	5.3 5.5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
、 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," describe			
	ın Schedule O how this was done	,	12c	X	
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 approve	al by independent	2 42 30 30 5	, 73.000 M	7
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	200	
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			(3%) (3%)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			Æ.
	taxable entity during the year?		16a	L	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's	ستشفيد		12
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►MN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 50	I(c)(3)s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply				
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and finan	cıal	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨			
	MINNESOTA SECTION CONTROLLER - 561-624-8400				
	300 AVENUE OF CHAMPIONS RM#205. PALM BEACH GARDENS	6. FL 3341	0		

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntior	than	one	Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	s bot or/trus	h an	1 '	compensation	amount of
	week		I		I	J., (103	, 	from	from related	other
	(list any hours for	hrecto				Ĺ		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	3e or (stee			nsate		(W-2/1099-MISC)	(***271033*****1007	organization
	organizations	Individual trustee or director	Institutional Irustee		yee	m De		(and related
	below	ndual	tutton	ia i	Кеу етрюуее	est co loyee	je je			organizations
	line)	ibu	ısı	Officer	Key	Highest compensated employee	Former			
(1) PHIL ANDERSON	1.00							_	_	_
METRO DIRECTOR	1.00	Х	L	<u> </u>	<u> </u>	L		0.	0.	0
(2) JOEL BURGER	4.00					1				_
PRESIDENT	4.00	Х		Х				0.	0.	0
(3) ALAN CULL	1.00				Ì	1	i			
DIRECTOR	1.00	Х						0.	0.	0
(4) SCOTT MCDONALD	1.00				ĺ					_
NORTHERN MN DIRECTOR	1.00	X	<u> </u>					0.	0.	0
(5) CORALEE JORGENSEN	1.00	Į								
DIRECTOR	1.00	X	╙	<u></u>				0.	0.	0
(6) TIM HUFFMAN	1.00	۱								
DIRECTOR	1.00	Х	$ldsymbol{f\perp}$	<u> </u>	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0
(7) RYAN HANFORD	4.00	۱	i							_
SECRETARY	4.00	X	-	Х	_			0.	0.	0
(8) JAVON MEYERHOFF	1.00	١.,	1	•						
DIRECTOR	1.00	X	 	<u> </u>				0.	0.	0
(9) MARK FOLEY	4.00	١.,	1	,,		l				
VICE PRESIDENT	4.00	X		Х	<u> </u>			0.	0.	0
(10) GREG SNOW	1.00	١.,								_
SOUTHERN MN DIRECTOR	1.00	Х	<u> </u>	<u> </u>	<u> </u>	\vdash		0.	0.	0
(11) C.J. MEYER	1.00	۱.,							0.	
DIRECTOR	1.00	Х	-	\vdash	_	-		0.	0.	0
(12) STEVE FESSLER	1.00	Į.		احت					0.	0
HONORARY PRESIDENT		⊢		Х	_	\vdash		0.	0.	0
(13) JEFF HINTZ	40.00	┨		v		ł			200 270	20 250
CEO	10.00	 	 	X	_	ļ		0.	209,270.	28,250
(14) JON TOLLETTE	10.00	ł		7.					111 562	07 107
C00	40.00	<u> </u>	<u> </u>	Х	<u> </u>	1		0.	111,563.	27,127
		ł	1	1						
		₩	 	<u> </u>	-	\vdash				
		ł								
		⊢		\vdash	\vdash	\vdash				
	-	┨		l						
832007 12-31-18	<u>_</u>			Щ.		1		<u> </u>		Form 990 (2018

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(A) Name and business address	NONE	(B) Description of services	(C) Compensation
			·
 -			
per of independent contractors (including but of compensation from the organization	t not limited to those li	sted above) who received more than	1

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	٠,	Check if Schedule O cont	aıns a response	or note to any li	ne in this Part VIII		•	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts ots	1	a Federated campaigns	1a		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SECTION AND SECTION OF	34675 L.F.ZX;	
ts, Grants Amounts		b Membership dues	1b		e de la companya de			
S, G		c Fundraising events	1c				Kirin Salah	
a iii		d Related organizations	1d					
S, E	l ,	e Government grants (contribut						
ខ្មីស្ល		f All other contributions, gifts, gran		 -,				
ž č		similar amounts not included above		327,929.	Magnifernation of the Control of the			
들		Noncash contributions included in lines		· · · · · · · · · · · · · · · · · · ·				
Contributions, Giff and Other Similar		h Total. Add lines 1a-1f	_	<u> </u>	327,929.			
				Business Code	Y0740455	64.00 AVE /200		
e	2	a TOURNAMENT REVE	NUE	900099	538,205.	538,205.		,
ه ڏ		SPONSORSHIP REV	ENUE	900099	38,197.			38,197.
S	,	c REIMBURSED EXPE	NSES	900099	26,250.	26,250.		
ex ex		d EDUCATION AND M		900099	11,385.	11,385.		
Program Service Revenue		e MISCELLANEOUS R	EVENUE	900099	2,143.	2,143.		
₫.	1	f All other program service reve	nue	900099	38.	38.		ì
		g Total. Add lines 2a-2f		` ▶	616,218.		ngelage kons	
	3 /	Investment income (including	dividends, intere	est, and			- · ·	
	ŀ	other similar amounts)			31,455.			31,455.
	4	Income from investment of tax	k-exempt bond p	roceeds		,	*	
`	5	Royalties		<u> </u>	400.2	100	the second second second second	I com Vice shifts all dis
		•	(ı) Real	(II) Personal				
	l	a Gross rents						
		b Less rental expenses		!				
	1	c Rental income or (loss)	L	L				
	1	d Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	72 50. 1 777 x 2 565.0	WORKS OF STATE AND	SC \$1, 809 5 131 0 5	, 21120 F. 222222222 A. S.
	7	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	;	b Less cost or other basis						
		and sales expenses.	•					
,	ı	Gain or (loss)				22:1/A.X4/A.X.56/2/X.		
ı	1	d Net gain or (loss)			4.80.00.00.00.00.00.00.00.00.00.00.00.00.	Alignical Color Minister	**************************************	·
ĭe	8	Gross income from fundraising	` `	,				
evenue		including \$	of					
Re	l	contributions reported on line Part IV, line 18	,	,				
Other R	١,	Less direct expenses	a					
ō		Net income or (loss) from fund	b Iraicing ovents		<u> </u>			<u>*************************************</u>
		a Gross income from gaming ac	-				\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AND DESCRIPTION OF
	້ໍ	Part IV, line 19	a a					
		Less direct expenses	b	<u> </u>				
		Net income or (loss) from gam			***************************************	MANAGE STATE OF THE STATE OF TH	227. S.	4. 247 (2844) 52 58 672
		Gross sales of inventory, less	-			MINIMENSOR	2007	147000000000000000000000000000000000000
٠.	`` '	and allowances	а					
	1 1	Less cost of goods sold	' (b					100
		,	Net income or (loss) from sales of inventory				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	A SEE RESEARCH MEET AND ASSESSMENT
		Miscellaneous Revenu		Business Code		and the second second second		· Calvavalu
,	11 :							
•		o						
	(= <u>- · </u>					,	
	(All other revenue						
	(Total. Add lines 11a 11d		▶.	,			
	12	Total revenue See instructions		<u> </u>	975,602.	578,021.	0.	69,652.
83200	9 12-	31-18						Form 990 (2018)

0000	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX									
		nse or note to any line in	this Part IX	(C)	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses					
· 1	Grants and other assistance to domestic organizations	00 051	00 051							
	and domestic governments. See Part IV, line 21	99,251.	99,251.							
2	Grants and other assistance to domestic	47 000	47 000							
	individuals See Part IV, line 22	47,000.	47,000.	(4)((4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	744. 20 24 20 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
_	individuals See Part IV, lines 15 and 16		,,	<u> </u>	10 m 10 m 20 m 10 m					
4	Benefits paid to or for members		^	 (4)						
5	Compensation of current officers, directors,				T.					
	trustees, and key employees Compensation not included above, to disqualified	`		· ··	•					
6	persons (as defined under section 4958(f)(1)) and				(
	persons described in section 4958(c)(3)(B)				,					
7	Other salaries and wages				t					
8	Pension plan accruals and contributions (include									
Ü	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management)	180,000.	90,000.	90,000.						
b	Legal		·		,					
С	Accounting									
d	Lobbying	10,389.	10,389.							
е	Professional fundraising services See Part IV, line 17			2000年级法	1					
f	Investment management fees	12,066.	12,066.							
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch 0)	68,120.	53,946.	14,174.						
12	Advertising and promotion	22,616.	22,616.							
13	Office expenses	9,530.	4,765.	4,765.						
14	Information technology									
15	Royalties	1 000	1 000	,						
16	Occupancy	1,000. 40,119.	1,000. 30,089.	10,030.						
17	Travel	40,119.	30,069.	10,030.						
18	Payments of travel or entertainment expenses				•					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings Interest									
20	Payments to affiliates									
21 22	Depreciation, depletion, and amortization									
23	Insurance	,								
24	Other expenses, Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e If line									
-	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	TOURNAMENT OPERATIONS	436,789.	436,789.	3 N 10 10 10 10 10 10 10 10 10 10 10 10 10	r week was the common of the c					
b	TOURNAMENT PRIZES	52,783.	52,783.							
С	FOOD AND BEVERAGE	33,010.	33,010.							
ď	PROCESSING FEES	28,053.	28,053.							
е	All other expenses	6,131.	6,131.							
25	Total functional expenses Add lines 1 through 24e	1,046,857.	927,888.	118,969.	0.					
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation			•	v					
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	5 990 (2018)					

Parl	$\mathbf{\hat{p}} \mathbf{\hat{q}} \times \mathbf{\hat{q}}$	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			Ĺ
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		58,499.	1	13,213
	2	Savings and temporary cash investments		19,100.	2	C
	3	Pledges and grants receivable, net		3		
ł	4	Accounts receivable, net		-	4	
- 1	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	gybyr o Monterpoly at the management of the condition			
-		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali		27. F.		
	•	section 4958(f)(1)), persons described in section				
-		employers and sponsoring organizations of sect				
- [employees' beneficiary organizations (see instr)	Sand Sandard Sandard	6	Year Control of the C	
	7	Notes and loans receivable, net	Complete Fait II of Och E		7	
- 1	,	Inventories for sale or use			8	<u>'</u>
-	8			 	9	
	9	Prepaid expenses and deferred charges	1 1	CEC-84 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	797000	5200K PG14/11/4/8/19
	าบล	Land, buildings, and equipment cost or other	40-			
		basis Complete Part VI of Schedule D	10a /			
		Less accumulated depreciation	10b	1,311,173.	10c	1,196,15
	11	Investments - publicly traded securities	1,311,1/3.	11	1,190,13	
	12	Investments other securities See Part IV, line 1		12	· · · · · · · · · · · · · · · · · · ·	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		1 200 772	15	1 200 26
4	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	1,388,772.	16	1,209,36
-	17	Accounts payable and accrued expenses	240.	17		
	18	Grants payable		0.040	18	
	19	Deferred revenue		2,940.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	es, and disqualified persons			
-		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties	٦	24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
-		parties, and other liabilities not included on lines	17-24) Complete Part X of	•		
-		Schedule D		240,012.	25	257,56
	26	Total liabilities. Add lines 17 through 25		243,192.	26	257,56
Т		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	The state of the s	200 M 200	
-		complete lines 27 through 29, and lines 33 an	d 34.			
	27	Unrestricted net assets		1,065,134.	27	767,24
	28	Temporarily restricted net assets		80,446.	28	184,56
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here		8123	
		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		And the state of t	30	
-	31	Paid in or,capital surplus, or land, building, or ed	upment fund		31	
	32	Retained earnings, endowment, accumulated in			32	
- 1	32 33	Total net assets or fund balances	oome, or other laries	1,145,580.	33	951,80
-				1,388,772.	34	1,209,36
	<u>34</u>	Total liabilities and net assets/fund balances		1 1 3 3 3 7 7 7 2 8	. 54	Form 990 (20

	990 (2018) MINNESOTA SECTION PGA FOUNDATION	41-1	L810679	Pag	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	975		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,046		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>55.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,145		
5	Net unrealized gains (losses) on investments	5	<122	2,5	<u>24.</u> >
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	951	. , 8	01.
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>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	1 1		1
	consolidated basis, or both		1 1		1
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1		
	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 O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	t		
	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 requ	ııred audı	t i		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** MINNESOTA SECTION PGA FOUNDATION 41-1810679 Reason for Public Charity Status (All organizations must complete this part) See instructions Part 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)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. 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. d _____ 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 I, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (i) Name of supported (II) EIN (III) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990 EZ) 2018 MINNESOTA SECTION PGA FOUNDATION 41-1810679 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization is fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2018 (f) Total (a) 2014 (b) 2015 (c) 2016 (d) 2017 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (b) 2015 (a) 2014 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop/here Section C. Computation of Public Support Percentage 14 Public support percentage for 201/8 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test - 2018 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization/qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2018

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Se	ction A. Public Support	ciow, picade comp	Dictor are in y				
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		1-7	10/2010	1=1===:	(0) = 0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	membership fees received (Do not						
	include any "unusual grants ")	24,332.	27,214.	32,984.	86,484.	327,929.	498,943.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	463,238.	493,706.	574,637.	488,801.		2,598,403.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513					38,197.	38,197.
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	487,570.	520,920.	607,621.	575,285.	944,147.	3,135,543.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons		35,000.	9,450.	74,946.	58,640.	178,036.
t	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		3373331	3,1300	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	3070101	0.
	Add lines 7a and 7b		35,000.	9,450.	74,946.	58,640.	178,036.
	Public support. (Subtract line 7c from line 6.)			3 / 2000	, , ,		2,957,507.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	487,570.	(b) 2015 520, 920.	(c) 2016 607,621.	575,285.	944,147.	3,135,543.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,015.	15,415.	24,793.	29,600.	31,455.	118,278.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·	17,015.	15,415.	24,793.	29,600.	31,455.	118,278.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	17,013.	13,413.	24,755.	23,000.	31,433.	110,270.
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	504,585.	536,335.	632,414.	604,885.	975,602.	3,253,821.
	First five years. If the Form 990 is for		`				
	check this box and stop here	. 0					▶└┘
	ction C. Computation of Publ						00 00
	Public support percentage for 2018 (I		•	column (f))		15	90.89 %
16	Public support percentage from 2017					16	90.82 %
	ction D. Computation of Inves						2 (4
	Investment income percentage for 20	•	•	ne 13, column (f))		17	3.64 % 3.65 %
	Investment income percentage from 2	•				18	
19a	33 1/3% support tests - 2018. If the	_					
_	more than 33 1/3%, check this box as		· ·	• •	-		▶ X
b	33 1/3% support tests - 2017. If the	•			•	•	and
~~	line 18 is not more than 33 1/3%, che		•	' '		•	P ==
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	-) or 000 EZ\ 0040
8320	23 10-11-18				Sche	euule A (Form 990	or 990-EZ) 2018

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No

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3 Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2018

За

3b

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov 20, 1970 (explain in f	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year " (optional)
1	Net short-term capital gain	1		,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	ı	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	,	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			,
	maintenance of property held for production of income (see instructions)	_6		
7	Other expenses (see instructions)	7		,
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	_	
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	12 SE		
	instructions for short tax year or assets held for part of year)	*579%		
a	Average monthly value of securities	1a	[,
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		-
е	Discount claimed for blockage or other	2.56		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	心烈烈力的最大力量	
2	/Enter 85% of line 1	2	BARRETT BELLINGS 1985	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	学验外现实 / 经基础模	
4	Enter greater of line 2 or line 3	4	Barrier Barrier	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr		anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Schedule A (Form 990 or 990-EZ) 2018 MINNESOTA SECTION PGA FOUNDATION 41-1810679 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (ni) Underdistributions Distributable Excess Distributions Section E - Distribution Allocations (see instructions) Amount for 2018 Pre-2018 TOTAL XXXXXXX CONTROL OF THE CONTRO 1 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 Thirties and the control of the cont e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount \(\) c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3) and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

With the second second

"这就不会是这种的意思"

c Excess from 2016d Excess from 2017

e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 MINNE	SOTA	SECTION	PGA	FOUNDATION	41-1810679 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	Information. Fines 1, 2, 3b, 3c, 4 tion D, lines 2 and	Provide th 4b, 4c, 5a 3, Part IV,	e explanations r , 6, 9a, 9b, 9c, 1 . Section E, lines	equired 1a, 11b s 1c. 2a.	by Part II, line 10, Part II, , and 11c, Part IV, Section 2b, 3a, and 3b, Part V, li	, line 17a or 17b, Part III, line 12, on B, lines 1 and 2, Part IV, Section C, ne 1, Part V, Section B, line 1e, Part V, any additional information
	(See instructions)	<u> </u>					
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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.

2018
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-A

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

Name of orga	i01(c)(4), (5), or (6) organiza inization	tions Complete Part III		Emp	loyer identification number
		TA SECTION PGA I			41-1810679
Part I-A	Complete if the org	ganization is exempt und	der section 501(c) or is a section 527 o	organization.
2 Political	a description of the organic campaign activity expendi er hours for political campa		cal campaign activities	s in Part IV ▶ s	5
Part I-B	Complete if the ord	ganization is exempt un	der section 501(c	s)(3).	
		incurred by the organization un		▶ 9	5
2 Enter the	e amount of any excise tax	incurred by organization manage	gers under section 495	5 5 ▶ \$	S
3 If the org	ganization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a co	orrection made?				└─ Yes └─ No
b If "Yes,"	describe in Part IV	ganization is exempt und	der section 501/c	N except section 501	(c)(3)
L		d by the filing organization for se	•		
	• •	nization's funds contributed to o	•		·
	function activities	mzation s tands continuated to o	inor organizations for	▶ 9	8
·		Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	-
line 17b					S
4 Did the f	iling organization file Form	1120-POL for this year?			Yes No
made pa contribu	ayments For each organizations received that were pr	nployer identification number (E ition listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political or	nization's funds. Also enter t ganization, such as a separa	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018	MINNESOTA S	ECTION PGA	FOUNDATION	41-1	810679 Page 2
Part II-A Complete if the org section 501(h)).	janization is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check If the filing organiza expenses, and share	tion belongs to an affil re of excess lobbying e tion checked box A an	expenditures)	Part IV each affiliated	group member's nam	ie, address, EIN,
Limit	ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		9,889.	
c Total lobbying expenditures (add li	nes 1a and 1b)			9,889.	
d Other exempt purpose expenditure	es			1,036,689.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)		1,046,578.	
f Lobbying nontaxable amount Enter		following table in bot	h columns	179,658.	
If the amount on line 1e, column (a) o	r (b) is The lobi	oying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			l i
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			`
		·		44,915.	, 8
g Grassroots nontaxable amount (en	·			44,515.	
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero 				0.	
J If there is an amount other than ze		ine 1. did the organiz	ation file Form 4720	•	l
reporting section 4911 tax for this					Yes No
(Some organizations the	hat made a section 50	raging Period Under 01(h) election do not ate instructions for lii	have to complete all	of the five columns b	elow.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		T
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	112,358.	123,079.	142,332.	179,658.	557,427
b Lobbying ceiling amount (150% of line 2a, column(e))					836,141
c Total lobbying expenditures	13,205.	14,968.	12,222.	9,889.	50,284
d Grassroots nontaxable amount	28,090.	30,770.	35,583.	44,915.	139,358
e Grassroots ceiling amount (150% of line 2d, column (e))					209,037
Grassroots Johnwag expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 MINNESOTA SECTION PGA FOUNDATION 41-1810679 Page 3

[Part | 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	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(1	b)
	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or		#3 m3 2 m		% 7.16
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	283263			
а	·Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			6.84F08.00	輔於法類於
С	Media advertisements?				
d	Mailings to members, legislators, or the public?	<u></u>			
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?				<u> </u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i '	Other activities?				
J	Total Add lines 1c through 1i	1	<u> બૂલે</u> કે જે તરે જે		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				(
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	4.20.42			1
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<i>?\$</i> \$\$\$\$\$\$	
<u>Par</u>	till-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	· · ·	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	r? 3		
Par	t-III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	,
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	I "No," O	R (b) Par	t III-A, lii	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).		30		
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			l	
	expenditure next year?	, , , , , , , , , , , , , , , , , , ,	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
•	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	n list\ Part I	I-A lines 1 a	and 2 (see	
	uctions), and Part II-B, line 1. Also, complete this part for any additional information	p, r a.c.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110 2 (300	٠.
	RT II-B, SECTION 501(H) AVERAGING STATEMENT:				
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	•	Schedu	le C (Form	990 or 99	U-EZ) 2018

SCHEDULE D

(Form 990)

Department of the Treasury

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

Schedule D (Form 990) 2018

Name of the organization **Employer identification number** MINNESOTA SECTION PGA FOUNDATION 41-1810679 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ☐ Yes No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (II) Assets included in Form 990, Part X 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 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		TA SECTION							Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, or Oth	ner Sim	ilar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following that are a	significar	nt use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	•	a 🖳	Loan or exc	hange programs				
b	Scholarly research	•	e 🔲	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organization's ex	empt pur	rpose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other simil	ar assets	·	_	
	to be sold to raise funds rather than to be m							Yes	No
Pai	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered "Yes" o	n Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other assets no	t include	ed	_	
	on Form 990, Part X?							J Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table		_	_		
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e	-		
f	Ending balance					1f		 	
	Did the organization include an amount on F					•		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII								<u> </u>
Par	t V Endowment Funds. Complete		T .			1		l	
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Thre	e years back	(e) Four	ears back
1a	Beginning of year balance		<u> </u>			-			
þ	Contributions		ļ			 		ļ	
C	Net investment earnings, gains, and losses		<u> </u>			ļ			
d	Grants or scholarships		ļ			<u> </u>			
е	Other expenditures for facilities								
	and programs		.			-			
f	Administrative expenses		1						
g	End of year balance		<u> </u>		<u> </u>	<u> </u>			
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) held as				
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	% 							
2-	The percentages on lines 2a, 2b, and 2c sho	=		مامط مدم ا	and a decrease and fam.	tha area			
sа	Are there endowment funds not in the posse	ession of the organiz	zauon ina	at are neid a	ina administered for	trie orgai	nization	· 5	res No
	(i) unrelated organizations							3a(ı)	165 160
	(ii) unrelated organizations (iii) related organizations							3a(ii)	+-
h	If "Yes" on line 3a(ii), are the related organizations	stione lieted as requi	urad on S	chadula D2				3b	
4	Describe in Part XIII the intended uses of the	·						[30]	
Par			OWINGIL	iuiius					
	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990 Part 3	Cline 10			
	Description of property	(a) Cost or o	_			Accumula	ated	(d) Book	value
	becomplien of property	basis (invest			1 '	epreciation		,=, 5001	- 3.00
12	Land		-,		· · · · · · · · · · · · · · · ·				
b	Buildings				 				
	Leasehold improvements								
d	Equipment						- 		
	Other								
	Add lines 1a through 1e (Column (d) must e	gual Form 990, Pan	t X colur	nn (B). line 1	10c)		ightharpoonup		0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 MINNESOTA S	ECTION PGA	FOUNDATION	41	-1810679	Page
Part: VII Investments - Other Securities.		 -			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b See Form 990,	Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end	l-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests		•			
(3) Other					
(A)		-			
(B)					
(C)				•	
(D)					
(E)		_		·	
(F) ,			·		
(G)					
(H)			<u> </u>		
Total (Col. (b) must equal Form 990, Part X, col (B) line 12)		AN AREA LA LEGISTA AND AN AREA LA CAR	TALDER ALL	7/7/23 34 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	\$ 3 \$\$331
Part VIII Investments - Program Related.	L		- 1280 12 WY X 50 400 400 00000	139 25 0 0 1 CS	यन्य एक अस
Complete if the organization answered "Yes"	on Form 000 Part IV	lina 11a Saa Earm 990	Part V line 13		
(a) Description of investment	(b) Book value		raluation Cost or end	l-of-vear market v	value
	(b) Book value	(d) Wellied of V		or year marker t	
(1)					
(2)			4		
(3)					
(4)	,		*		-
(5)	1				-
(6)					
(8)		,			
(9)		V - 1, 40, 5075 C 3, 378 C 016	A \(_\^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 (1 to 2 150° - 15 V 500	! *** * *******************************
Total (Col (b) must equal Form 990, Part X, col (B) line 13)		- 1988 (1988)	ASTO BONDA	23 KWG-W. (486)	22 V V
<u>, Part IX.</u> Other Assets.					
Complete if the organization answered "Yes"		line 11d See Form 990,	Part X, line 15		
(a)	Description			(b) Book va	ilue
<u>(1)</u> .					
(2)					
(3)					'
(4)		`			
· (5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		•		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f See Forr	n 990, Part X, line 25		
1. (a) Description of liability		(b) Book value	2000年1000年		XIX A
(1) Federal income taxes			LEEL SAFELS THE		
(2) DUE TO AFFILIATE		257,566.			339
(3)					STATE
(4)					
			17 88 to 1 1880, do 1883	N = 1.00352 /5 Y Y Y X X X X X X X X X X X X X X X X	58888

(5) (6) (7) (8) 257,566. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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) 2018

Pa	edule D (Form 990) 2018 MINNESOTA SECTION PGA F	OUNDATION	41-1810679 P	age 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue		
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b		2b		
С	Recoveries of prior year grants	2c		
d		2d		
e			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а		4a		
b		4b		
c			4c	
5)	5	
	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expens		
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir		о рогиони	
1	Total expenses and losses per audited financial statements	10 124	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
2	Donated services and use of facilities	2a		
a				
b	• •	2b	 	
C		2c		
d	,	2d		
е	3		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	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	l	
b	Other (Describe in Part XIII)	_ 4b		
С			4c	
5		8)		
Pa	rt XIII Supplemental Information.	······		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line 2, Part XI,	
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information		
_				
		,		
		,		
		•		
		,		

SCHEDULE	ŧ
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

OMB No 1545-0017 Open to Public

► Attach to Form 990

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

		GO TO WWW II	S gov// Orilleso to	tile latest linoir	nation		
Name of the organization	SECTION	PGA FOUNDAT	ידוי				Employer identification number 41-1810679
Part I General Information on Grants at		IGA FOUNDAT	1011				41 10100/7
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization signs.	stance?	-			y for the grants or ass	sistance, and the selec	X Yes No
Part II Grants and Other Assistance to I	-				anization answered "\	fes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MINNESOTA GOLF ASSOCIATION 6550 YORK AVENUE SOUTH, SUITE 211 EDINA, MN 55435			69,251.	0.			TO UPHOLD AND PROMOTE THE GAME OF GOLF AND ITS VALUES FOR ALL GOLFERS IN MINNESOTA.
FIRST TEE TWIN CITIES 925 BASENJI CURVE SHAKOPEE, MN 55379			30,000.	0.			THE FIRST TEE IS AN INTERNATIONAL YOUTH DEVELOPMENT ORGANIZATION INTRODUCING THE GAME OF
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	•	•	le line 1 table	ı		<u> </u>	1.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

832101 11-02 18

Schedule I (Form 990) (2018) MINNESOTA SECT:	ION PGA F	'OUNDATION			41-1810679	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	Is Complete if the	e organization answ	ered "Yes" on Form	990, Part IV, line 22	•	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	ssistance
VALSPAR COLLEGE SCHOLARSHIP AWARDS	34	47,000.	. 0	воок		
	ļ					
	•					
	ļ					
Dark W. J. Surahamantal Information Design the original and	Dod No	a 2 Part III ashima	(h) and an ather	alah anal information	ı	
<u> </u>	quired in Fait i, iii	10 2, Fart III, Column	r(b), and any other a	odmona mornason		
	ION REOUI	RES THAT S	CHOLARSHIE	WINNERS	····	
	-					
		•				
Part III Grants and Other Assistance to Domestic Individuals Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non cash assistance (b) Method of valuation (book, FMV, appraisal, other)						
PART II, LINE 1, COLUMN (H):						
NAME OF ORGANIZATION OR GOVERNMENT	r: FIRST	TEE TWIN C	TIES			
(H) PURPOSE OF GRANT OR ASSISTANCE	E: THE FI	RST TEE IS	AN INTERN	IATIONAL		
YOUTH DEVELOPMENT ORGANIZATION IN	TRODUCING		OF GOLF AN	D ITS		
832102 11 02 18		33			Schedule I (Forn	n 990) (2018)

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

Internal Revenue Service Name of the organization

Department of the Treasury

MINNESOTA SECTION PGA FOUNDATION

Employer identification number 41-1810679

	artin Questions Regarding Compensation			₩
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		200	
	First-class or charter travel Housing allowance or residence for personal use	(A)		58
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	100		
				*
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,		級公	48
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		2507	200	YEAR
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	(5) 36% (9.4.8%)		
-	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	40,000	35.74	13 13
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study	3	. 38% 2. 38%	
	Form 990 of other organizations X Approval by the board or compensation committee	\? <u>}</u>		
	Total 550 of other organizations	يو المراجعة المراجعة المراجعة	200	, No.
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	33,5		
7	organization or a related organization	17.73	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
а	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
٠	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III	37 A 65	ક્રેક્ટેટેલેડ <u>ે</u>	CHESS
	The story of lines 4a c, list the persons and provide the applicable amounts for each item in art in	840.X		
	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	N. C.		
3	contingent on the revenues of	1388		
_	·	5a	2242	X
a	The organization? Any related organization?	5b		X
D	Any related organization? If "Yes" ^l on line 5a or 5b, describe in Part III	, <u>1</u> 1173	(A)	of Figure
	·			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			14
_	contingent on the net earnings of	6a	24.194a	X
	The organization?	6b		X
D	Any related organization?	(X1958)	5238.EG	-31/30I
-	If "Yes" on line 6a or 6b, describe in Part III			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	2/2/3	Z COM	X
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	\$7°\$4.6%	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		oeas	X
_	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	1807 1957 No	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		L

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

Schedule J (Form 990) 2018

MINNESOTA SECTION PGA FOUNDATION

41-1810679

Schedule J (Form 990) 2018 MINNESOTA SECTION PGA FOUNDATION 41-1810679

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 (B)(i) (D)	(F) Compensation in column (B)
, (A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Sonomo	(5)() (6)	reported as deferred on prior Form 990
(1) JEFF HINTZ	(1)	0.	0.	0.	0.	0.	0.	0.
CEO	(ii)	209,270.	0.	0.	0.	28,250.	237,520.	′ 0.
	(1)							
	(11)							
	(1)							
	(11)							
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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018	MINNESOTA SI	ECTION PGA FOU	NDATION		41-1810679	Page 3
Part III Supplemental Information			·· <u></u>			
Provide the information, explanation,	or descriptions required	for Part I, lines 1a, 1b, 3, 4	la, 4b, 4c, 5a, 5b, 6a, 6b, 7	7, and 8, and for Part II Also c	omplete this part for any additional information	
						·
					· · · · · · · · · · · · · · · · · · ·	
					· ·	
			· · · · · · · · · · · · · · · · · · ·			-
	MINNESOTA SECTION PGA FOUNDATION 41-1810679 on 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 of the part					
					Schedule J (Form	990) 2018

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SCHEDULE 0 (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization MINNESOTA SECTION PGA FOUNDATION Employer identification number 41-1810679

MINNESOTA BESTION TOA TOUNDATION 41 1010079
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT JUNIOR GOLFERS AND PROVIDE FINANCIAL ASSISTANCE FOR WORTHY
RECIPIENTS TO ATTEND COLLEGE. THE MINNESOTA FOUNDATION UPHOLDS THE CORE
VALUES: INTEGRITY, HONESTY, RESPECT, SELF-ASSURANCE, COURTESY, AND
PERSEVERANCE. THE MINNESOTA FOUNDATION AWARDS JUNIORS 18 OR YOUNGER
THAT HONOR THESE VALUES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO SUPPORT JUNIOR GOLFERS AND PROVIDE FINANCIAL ASSISTANCE FOR WORTHY
RECIPIENTS TO ATTEND COLLEGE. THE MINNESOTA FOUNDATION UPHOLDS THE CORE
VALUES: INTEGRITY, HONESTY, RESPECT, SELF-ASSURANCE, COURTESY, AND
PERSEVERANCE. THE MINNESOTA FOUNDATION AWARDS JUNIORS 18 OR YOUNGER
THAT HONOR THESE VALUES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR OF THE MINNESOTA SECTION PGA FOUNDATION REVIEWS THE
COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
PRIOR TO MEETINGS STARTING THE BOARD OF DIRECTORS ARE ASKED TO REMOVE
THEMSELVES IF A VOTE IS NEEDED THAT MAY BE A CONFLICT OF INTEREST FOR THEM
PERSONALLY.
•
FORM 990, PART VI, SECTION B, LINE 15:
990 PAGE 6, PART VI, QUESTION 15: ALL PERSONS ARE VOLUNTEERS OF THE
FOUNDATION AND ARE NOT PAID EMPLOYEES.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990 EZ) (2018) Name of the organization	Employer identification number 41-1810679
MINNESOTA SECTION PGA FOUNDATION	41-1810679
•	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AND OTHER G	COVERNING DOCUMENTS
AVAILABLE AT THE PUBLIC'S REQUEST BY CONTACTING THE MINNE	SOTA FOUNDATION
OFFICE.	
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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

OMB No 1545-0347

2018

Open to Public Inspection Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information Employer identification number 41-1810679 Name of the organization MINNESOTA SECTION PGA FOUNDATION Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (b) (d) **(f)** Name, address, and EIN (if applicable) Direct controlling Primary activity Legal domicile (state or Total income End of-year assets of disregarded entity entity foreign country) [Part II] Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling of related organization section status (if section entity foreign country) 501(c)(3)) Yes No PROFESSIONAL GOLFERS ASSOCIATION, MN SECTION - 41-1389218, 12800 BUNKER PRAIRIE ROAD, COON RAPIDS, MN 55448-1445 GOLF TOURNAMENTS MINNESOTA 501(C)(6) X

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

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Schedule R (Form 990) 2018	MINNESOTA	SECTION	PGA	FOUNDATION
Schedule R (Form 990) 2018	MINITEDOTA	DECTION	1 011	LOOMDELLON

Part iii I 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)	())	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	alloca		amount in box 20 of Schedule	managri partner	Percentag ownership
		country)		sections 512-514)		4	Yes	No	K 1 (Form 1065)	Yes N	<u> </u>
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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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of year assets	(h) Percentage ownership	ent	tion b(13) rolled t ty?
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Not	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		Х
ь	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				18		Х
9	Loans or loan guarantees by related organization(s)				10		Х
f	Dividends from related organization(s)				11		Х
g	Sale of assets to related organization(s)				1g	<u> </u>	Х
h	Purchase of assets from related organization(s)				1h		Х
- 1	Exchange of assets with related organization(s)				11		Х
J	Lease of facilities, equipment, or other assets to related organization(s)				11	L.,	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	L	Х
- 1	Performance of services or membership or fundraising solicitations for related organizations	inization(s)			11	<u> </u>	X
m	Performance of services or membership or fundraising solicitations by related orga	nızatıon(s)			1m	<u> </u>	Х
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	<u> </u>
						.	
P	Reimbursement paid to related organization(s) for expenses				1p	ļ	Х
q	Reimbursement paid by related organization(s) for expenses				19	ļ	X
	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount in	bevlov		
(1) I	PROFESSIONAL GOLFERS ASSOC, MN SECTION	N	180,000.				

(2) PROFESSIONAL GOLFERS ASSOC, MN SECTION 319,296. EXPENSE PAID (3) Schedule R (Form 990) 2018 832163 10 02 18

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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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are pariner 501 (c orgs) ali 3 sec :)(3) 5 ?	(f) Share of total income	(g) Share of end of year assets	Oispr tion alloca Yes	opor tions?	Gener manag partn Yes	(k) Percentage ownership

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