Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u> </u>	or the	2018 calendar year, or tax year beginning	and	ending		
B c	heck if	C Name of organization SOUTHERN TEXAS PROF. (OLFERS ASSOCIAT	ION	D Employer identific	cation number
	Addre chang	FOUNDATION				~
	Name chang	Doing business as			76-0	466150
]Initial return	Number and street (or P 0 box if mail is not de	elivered to street address)	Room/suite	E Telephone number	,
	Final return	22305 GOSLING ROAD			(832) 442-2404
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,894,466.
	Ameno return	SPRING, TX 77389			H(a) Is this a group re	turn
	Application	F Name and address of principal officer TTI	OMAS HUTTON		for subordinates	າ ∐Yes X No
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
ΙŢ	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or 529	If "No," attach a	list (see instructions)
J V	Vebsi	e: ► N/A		<u> </u>	H(c) Group exemption	n number 🕨
			Association Other	L Year	of formation: 1994 N	State of legal domicile: TX
Pa	rt I	Summary		1		
ė	1	Briefly describe the organization's mission or mos	st significant activities SEE	SCHEDU	JLE O	
Activities & Governance						
ern			ontinued its operations or dispo	sed of mor	e than 25% of its net as	
é		Number of voting members of the governing body	• • •		3	<u>16</u>
85	l	Number of independent voting members of the gi	• • • • • • • • • • • • • • • • • • • •		4	16
ties	1	Total number of individuals employed in calendar	, , ,		5	0
tivi	l	Total number of volunteers (estimate if necessary	•		6	25
Ac	l	Total unrelated business revenue from Part VIII, o	. "		7a	0.
	b	Net unrelated business taxable income from Forn	n 990-1, line 38	1	7b	0.
		Contributions and grants (Dort VIII line 1h)		-	Prior Year	Current Year 236,586.
Revenue	l	Contributions and grants (Part VIII, line 1h)			194,146. 1,505,446.	1,593,666.
ven	l	Program service revenue (Part VIII, line 2g)	4 and 7d\	-	1,303,446.	368.
Re	l	Investment income (Part VIII, column (A), lines 3, 4	•		34,971.	44,179.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8	•		1,734,669.	1,874,799.
		<u>Total revenue - add lines 8 through 11 (must equa</u> Grants and similar amounts paid (Part IX, column			131,989.	123,343.
	l	Benefits paid to or for members (Part IX, column (• •		0.	0.
,,		Salaries, other compensation, employee benefits	' '		0.	0.
ses	l	Professional fundraising fees (Part IX, column (A),	, , , , , , , , , , , , , , , , , , , ,		0.	0.
Expenses	l	Total fundraising expenses (Part IX, column (D), III		0.	•	
Ex	l	Other expenses (Part IX, column (A), lines 11a-11a		<u> </u>	1,698,137.	1,661,844.
	l	Total expenses Add lines 13-17 (must equal Part			1,830,126.	1,785,187.
	l	Revenue less expenses Subtract line 18 from line	and the same of th	·	<95,457.	
or			KECEIVEL	В В	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2		535,802.	618,292.
AS d B	21	Total liabilities (Part X, line 26)	8 NOV 08 2019	. SO-SI	99,976.	92,854.
Fun	22	Net assets or fund balances Subtract line 21 from	n line 20	. ISS	435,826.	525,438.
	ırt II	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from Signature Block	OCDEN III	-		
	er pena	lties of perjuty, I declare that I have examined this return	n, indluding accompanying schedul			knowledge and belief, it is
true,	correc	t, and complete. Declaration of proparer (ot/ler than offic	cer) is based on all information of w	hich prepare	r has any knowledge	
		Will have				
Sıgr	1	Signature of officer			Date Nov	INAIC
Her	е		IVE DIRECTOR		1400	1/2017
		Type or print name and title	T		Date Const.	TI OTIM
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		funda anna	<u> </u>	ŀ	self-employe	d
	191E	Firm's name			Firm's EIN	
USE	Only	Firm's address			Dhogo so	
	, the !!	RS discuss this return with the preparer shown ab	nova? (saa instructions)		Phone no	Var Dir
vidy		1 HA For Panerwork Reduction Act Not			·····	Yes No

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION Form 990 (2018) FOUNDATION 76-0466150 Page 2 Part III Statement of Program Service Accomplishments \mathbf{X} ' Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 123,343.) (Revenue \$1,541,666. including grants of \$ THE SOUTHERN TEXAS PGA FOUNDATION RUNS SEVERAL GOLF PROGRAMS FOR JUNIORS THROUGHOUT THE YEAR. THE JUNIOR TOUR IS A COMPETITIVE TOURNAMENT PROGRAM FOR JUNIORS AGES 12-18. IN TOTAL, THE SOUTHERN TEXAS PGA FOUNDATION OPERATES MORE THAN 300 GOLF TOURNAMENTS, CLINICS, AND PROGRAMS. IN ADDITION, THE FOUNDATION RUNS A "LITTLE LINKSTERS" PROGRAM DESIGNED FOR AGES 7-12 OF ANY SKILL LEVEL. THIS IS AN INSTRUCTIONALLY BASED PROGRAM TARGETING THE RULES OF GOLF AND ETIQUETTE, AS WELL AS GOLF FUNDAMENTALS. THE PARTICIPANTS ARE ALSO GIVEN THE OPPORTUNITY TO PLAY IN ORGANIZED TOURNAMENTS. THE SOUTHERN TEXAS PGA FOUNDATION ANNUALLY AWARDS IN ADDITION, SCHOLARSHIPS TO PROMOTE THE ATTAINMENT OF HIGHER EDUCATION GOALS FOR (Code ______) (Expenses \$ ______ including grants of \$ ______) (Revenue \$ _____

Other program services (Describe in Schedule O)

including grants of \$ 1,541,666.

Total program service expenses

Form 990 (2018)

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2018) FOUNDATION
Part IV Checklist of Required Schedules

	•		Yeş	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	•		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	^	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
	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	1	Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		.,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	Lu		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
10	1c and 8a? If "Yes," complete Schedule G, Part II	_18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
20^	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	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	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		\mathbf{x}_{-}
3200	3 12-31-18		990	2018)

Form 990 (2018) FOUNDATION 76-0466150 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 Schedule K If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a Х 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, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV 280 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1 Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 54 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

832004 12-31-18

(gambling) winnings to prize winners?

Form 990 (2018)

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

Form	990 (2018) FOUNDATION 76-0466	150	Р	age 5
Pai				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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	_	X
b	If "Yes," enter the name of the foreign country	I		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	i i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	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	į		
	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		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		.,
a	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	.		v
_	to file Form 8282? If "You " indicate the number of Forms 9282 filed during the year.	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	}	
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e_ 7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v
	excess parachute payment(s) during the year? If "Yos " soo years (styles and file Form 4730, Schedule N	15	ļ	X
16	If "Yes," see instructions and file Form 4720, Schedule N	46		X_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	 	<u> </u>
	ii rea, complete rom 4720, conedule o		990	(2018)

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION Form 990 (2018) FOUNDATION 76-0466150 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website. Another's website. Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

S. TEXAS PGA SECTION CONTROLLER - 561-624-8400

300 AVENUE OF CHAMPIONS #205, PALM BEACH GARDENS, FL 33410

Form 990 (2018) FOUNDATION

76-0466150

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organize (A) Name and Title	(B) Average hours per	Average Position					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JEFF STRONG	2.00									
HONORARY PRESIDENT	2.00	X			<u> </u>			0.	0.	0.
(2) JIM NITTOLI	1.00							_	_	
PRESIDENTIAL APPOINTEE	1.00	X						0.	0.	0.
(3) DALE MORGAN	1.00							,	_	_
PRESIDENTIAL APPOINTEE	1.00	Х				_		0.	0.	0.
(4) BRYAN MINNICK	1.00								_	_
AT-LARGE ELECTED BY MEMBER	1.00	X						0.	0.	0.
(5) KELLY O'DONNELL	1.00							_		•
AT-LARGE ELECTED BY MEMBER	1.00	X						0.	0.	0.
(6) GREG GARNER	1.00	3,7								•
WESTERN CHAPTER PRESIDENT	1.00	Х			_			0.	0.	0.
(7) CHAD DONEGAN	1.00	ν,							_	0
WESTERN CHAPTER VICE-PRESI		X						0.	0.	0.
(8) DARRELL FUSTON	$\begin{array}{r} 1.00 \\ 1.00 \end{array}$	x						0.	0.	0
EASTERN CHAPTER PRESIDENT	1.00	^						U •		0.
(9) MARK DURANSKI	1.00	X						0.	0.	0.
EASTERN CHAPTER VICE-PRESI (10) JOHN GARCIA	1.00	^			-			0.	<u></u>	<u> </u>
SOUTHERN CHAPTER PRESIDENT	1.00	x						0.	о.	0.
(11) JEREMIAH CABRERA	1.00							0.		
SOUTHERN CHAPTER VICE-PRES	1.00	x						0.	0.	0.
(12) MATT FLORY	1.00									
INDEPENDENT DIRECTOR	1.00	X						0.	0.	0.
(13) MARC DEWALL	2.00									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(14) DOUG DESIVE	1.00									
VICE PRESIDENT	1.00	X		Х				0.	0.	0.
(15) JAMES BROWN	1.00	_								
SECRETARY	1.00	X		X				0.	0.	0.
(16) GLENN LEE	1.00	ļ								
PGA DISTRICT 12 DIRECTOR	1.00	X						0.	0.	0.
(17) THOMAS HUTTON	25.00									
EXECUTIVE DIRECTOR	25.00			X				0.	126,783.	24,078

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1,400 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 235,186 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 236,586 h Total. Add lines 1a-1f Business Code 900099 495,085. 495,085 2 a TOURNAMENT REVENUE Program Service Revenue 69,397 ь **SPONSORSHIP REVENUE** 900099 69,397 24,937. c MISCELLANEOUS REVENUE 900099 24,937. 4,170. 4,170. d REIMBURSED EXPENSES 900099 900099 77. 77. EDUCATION AND MEETING f All other program service revenue 593,666 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 368. 368. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 1,400. of contributions reported on line 1c) See 63,846 Part IV, line 18 19,667 b Less direct expenses c Net income or (loss) from fundraising events 44,179. 44,179. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 874,799.1 524,269 0. 113,944. Total revenue See instructions Form 990 (2018) 832009 12-31-18

76-0466150 Page 10

Form 990 (2018) FOUNDATION
Part IX Statement of Functional Expenses

Check if Schedule C contains a response or not to any line in the Part IX	Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A)	
Do not include amounts reported on lines 6b, 70 at la expenses Program service programs service programs service programs service programs service and domestic governments. See Part IV, line 21 and domestic governments. See Part IV, line 22 and domestic governments. See Part IV, line 22 and domestic governments. See Part IV, line 21 and domestic governments. See Part IV, line 22 and domestic governments. See Part IV, line 22 and domestic governments. See Part IV, line 22 and domestic governments. See Part IV, line 21 and foreign individuals. See Part IV, line 22 and foreign individuals. See Part IV, line 21 and foreign individuals. See Part IV, line 22 and foreign individuals. See Part IV, line 25 and foreign individuals. See Part IV, line 26 and see Part IV, line 27 and persons described in section 4958(R)(1)) and persons described in section 4958(R)(1) and persons described		Check if Schedule O contains a respon	nse or note to any line in			
and domestic governments. See Part IV, Inve 21 2 Grants and other assistance to domestic individuals. See Part IV, Inve 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Inve 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Pensons (as defined under section 4958(f)(1)) and persons (discribed in section 4958(f)(1) and persons (discr		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
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Individuals See Part IV, Ine 22 3 Garats and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Perison plain accurate and continuous (include section 40)(ki) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll stakes 11 Fees for services (non-employees) 1 Amanagement 1 Fees for services (non-employees) 2 Management 3 Legal 4 Lobbying 6 Professional fundrasing services. See Part IV, Ine 17 6 Investment management fees 9 Other (Ithe 11) amount sceeds 10% of line 25, column (A) amount, list line 11 g expenses on Sch 0) 12 Adventising and promotion 13 Office expenses 16 Occupancy 17 Travel 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Depreciation, depletion, and amontization 21 Insurance 22 Depreciation, depletion, and amontization 23 Insurance 24 Other expenses Itimize expenses not covered above (List miscellareous expenses in Itimize a propriets in the 24e Iffination of the 24 Expenses on School (b) amount, included above, including the propriets of the 11 payments to affiliates 20 Depreciation, depletion, and amontization 21 Interest 22 Depreciation, depletion, and amontization 23 Insurance 24 Other expenses Itimize expenses not covered above (List miscellareous expenses not covered above (List miscellareous expenses not school (b) amonting the propriets of the 24e Iffination of the 24e propriets on School (b) amonting the propriets of the 24e Iffination of the 24e Iffination of the 24e propriets on School (b) amonting the 24e Iffination of the 24e Iffination of School (b) amonting the 24e Iffination of School (b) amonting the 24e Iffina		and domestic governments See Part IV, line 21	8,348.	8,348.		
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organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqual/fled persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Penson plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management 1 Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other (If line 11) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) 2 Advertising and promotion 13 Office expenses 10 Coupanoy 17 Tavel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Expression of Coupanoy 14 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates 16 Occupanoy 17 Tavel 18 Payments to fravel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Payments to affiliates 14 Payments to affiliates 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Payments to affiliates 23 Payments to affiliates 24 Payments to affiliates 25 Payments to affilia		individuals See Part IV, line 22	114,995.	114,995.		
individuals See Part IV, lines 15 and 16 ### Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(8) Other salares and wages Pension plan accrusia and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroli taxes Teses for services (non-employees) ##################################	3	Grants and other assistance to foreign				
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for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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) TOURNAMENT OPERATIONS TOURNAMENT PRIZES TOURNAMENT PRIZES PROCESSING FEES 85,706.			91,009.	91,009.		
Conferences, conventions, and meetings Interest	18	• •				
Depreciation, depletion, and amortization 1,184. 592. 592.	10				<u>-</u>	
Payments to affiliates Depreciation, depletion, and amortization 1,184. 592. 592. Insurance 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) a TOURNAMENT OPERATIONS b TOURNAMENT PRIZES C PROCESSING FEES 85,706. 85,706.			211	211		
Depreciation, depletion, and amortization 1,184. 592. 592. Insurance 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) a TOURNAMENT OPERATIONS b TOURNAMENT PRIZES c PROCESSING FEES 172,335. 172,335. 285,706.			211.	211.		
Insurance 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) a TOURNAMENT OPERATIONS b TOURNAMENT PRIZES c PROCESSING FEES 172,335. 172,335. 285,706.		· ·	1.184.	592.	592.	
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) a TOURNAMENT OPERATIONS b TOURNAMENT PRIZES C PROCESSING FEES 172,335. 172,335. 285,706.		' ' '			3,2,1	
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) a TOURNAMENT OPERATIONS						· · · · ·
a TOURNAMENT OPERATIONS 473,481. 473,481. b TOURNAMENT PRIZES 172,335. 172,335. c PROCESSING FEES 85,706. 85,706.		above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
b TOURNAMENT PRIZES 172,335. 172,335. c PROCESSING FEES 85,706. 85,706.	•		473 481	473 481		
c PROCESSING FEES 85,706. 85,706.						
						
e All other expenses 11,309. 11,210. 99.					99	
25 Total functional expenses Add lines 1 through 24e 1,785,187. 1,541,666. 243,521. 0.						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.						
Check here following SOP 98-2 (ASC 958-720)						

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FOUNDATION

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 181,247. 463,949. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 4,765. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 11,670 basis Complete Part VI of Schedule D 10a 11,149 1,705. 521. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 352,850 149,057. 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 535,802 16 618,292. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 99,976. 92,854. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 99,976. 92,854. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 435,826. 525,438. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 435,826. 33 525,438. 33 Total net assets or fund balances 535,802 618,292. Total liabilities and net assets/fund balances

	990 (2018) FOUNDATION	76-04	<u> 166150</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	. Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,799</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,785	<u>,187.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	89	,612.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	435	,826.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	525	<u>,438.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	,			es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	
	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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		
	consolidated basis, or both			
	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	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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 Audıt		
	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	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

OMB No 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 76-0466150 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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)(in). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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 (ı) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION
Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION

Schedule A (Form 990 or 990 EZ) 2018	<u> POUNDATION</u>	·			76-046	6150 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)						
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization						
fails to qualify under the tests listed below please complete Part III)						
Section A. Public Support				т ————		<u>_</u>
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1 Gifts, grants, contributions, and		\			/	
membership fees received (Do not		\			/	
include any "unusual grants ")		 \				
2 Tax revenues levied for the organ-		\ \				
ization's benefit and either paid to		\		/	1	
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 35 The portion of total contributions						
by each person (other than a			1			
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	1			l .	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	(4) = 5 · ·		10/2010	(4) = 5 11	(0) = 0.10	(1) . 0 . 0
8 Gross income from interest,		/	,			
dividends, payments received on				\		
securities loans, rents, royalties,						
and income from similar sources				\		
9 Net income from unrelated business						
activities, whether or not the		/				
business is regularly carried on	/					
10 Other income Do not include gain						
or loss from the sale of capital				\		
assets (Explain in Part VI)				\		
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities	s, etc./(see instructi	ons)			12	
13 First five years. If the Form 990 is for	or the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n Š01(c)(3)	
organization, check this box and sto						▶□
Section C. Computation of Pub	lic Support Pe	rcentage			\	
14 Public support percentage for 2018			column (f))		14	%
15 Public support percentage from 201					15	%
16a 33 1/3% support test - 2018. If the	-			14 is 33 1/3% or r	nore, check ^t this bo	x and
stop here. The organization qualifies					/	▶
b 33 1/3% support test - 2017. If the	-			I line 15 is 33 1/3%	6 or more, check th	is box
and stop here. The organization qua					1	▶□
17a 10% -facts-and-circumstances te					· · · · · · · · · · · · · · · · · · ·	\
and if the organization meets the "fa					rt VI how the organ	zation
meets the "facts and circumstances	•					\ ►□
b 10% -facts-and-circumstances te	=					1
more, and if the organization meets				•		\
organization meets the "facts-and-ci		•	•			\ ▶⊨
18 Private/foundation. If the organization	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17i			
				Sche	edule A (Form 990	or 990-EZ) 2018
(\
						1

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	elow, please comp	nete Part II)				.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not		, = /		(5) 55 11	197 = 0 :0	(1)
	include any "unusual grants ")	381,073.	257,374.	235,718.	199,146.	236,586.	1,309,897.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,329,771.	1,360,363.	1,412,208.	1,411,296.	1,524,269.	7,037,907.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	251 045	142,950.	92,450.	94,150.	60 207	750 000
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	351,945.	142,950.	92,450.	94,150.	69,397.	750,892.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	2,062,789.	1,760,687.	1,740,376.	1,704,592.	1,830,252.	9,098,696.
7 a	Amounts included on lines 1, 2, and						0
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year	66,560.	57,393.	7,596.	27,256.	2,450.	161,255.
	Add lines 7a and 7b	66,560.	57,393.	7,596.	27,256.	2,450.	<u>161,255.</u>
	Public support. (Subtract line 7c from line 6)						8 937 441.
	ction B. Total Support	4 1 2 2 4					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,062,789.	1,760,687.	1,740,376.	1,704,592.	1,830,252.	9,098,696.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		01.	30.	100.	300.	047.
c	Add lines 10a and 10b	56.	61.	56.	106.	368.	647.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		01.	301	34,971.		79,150.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				34,3/1.		77,130.
13	Total support (Add lines 9, 10c, 11, and 12)	2,062,845.	1,760,748.	1,740,432.	1,739,669.	1,874,799.	9 178 493.
14		the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,
Sec	check this box and stop here ction C. Computation of Publi	ic Support Pe	rcentage				
15				column (fl)		15	97.37 %
16	Public support percentage from 2017					16	97.50 %
	Section D. Computation of Investment Income Percentage						
17		_		ne 13, column (f))		17	.01 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	► X
b	33 1/3% support tests - 2017. If the	-					and
20	line 18 is not more than 33 1/3%, che			•		-	
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018						

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION

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Part IV | Supporting Organizations

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

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- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also 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.)

Г		Yes	No
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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors trustees or membership of one or more supported examplestions have the newer to		162	INO
•	Did the directors, trustees, or membership of one or more supported organizations have the power to		ĺ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		ŀ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<b>├</b>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		-	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations		<del></del>	L
	den 217 in 17 pe in europei inig enganizatione		Van	N _a
4	Did the executation provide to each of its supported executations, but he lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<del>                                     </del>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	v (see instruction	e)	
2	Activities Test Answer (a) and (b) below.	y (see matraction		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
a			ŀ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	-	<del>-</del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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	3b		L

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	dule A (Form 990 or 990-EZ) 2018 FOUNDATION			76-0466150 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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		
_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		-	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		<u> </u>
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	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		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
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	ly integrate	d Type III supporting ord	ganization (see
	instructions)		FF- 3-13	`

	dule A (Form 990 or 990 EZ) 2018 FOUNDATION		7	6-0466150 Page 7
Pai	' 'ypo in Non i anotionally integrated ood	(a)(3) Supporting Orga	anizations (continued)	<del>,</del>
Sect	on D - Distributions	<del></del>		Current Year
_1_	Amounts paid to supported organizations to accomplish exe		<del>-</del>	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity	<del></del>	·	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets		<del></del>	
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		<del> </del>	<del></del>
8	Distributions to attentive supported organizations to which the	he organization is responsive	)	
	(provide details in Part VI) See instructions			
_9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
_3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
)	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,	·		
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c			4
8	Breakdown of line 7			
_	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Part VI	(Rollman or 990-EZ) 2018 FOUNDATION /6-0466150 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information
-	(See instructions )
<del> </del>	
	ر
<del></del>	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

Employer identification number

Schedule D (Form 990) 2018

FOUNDATION 76-0466150 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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) 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 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? 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 day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 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 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 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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	dule D (Form 990) 2018 FOUNDAT							76-04	6615	0 P	age 2
Pai	rt III   Organizations Maintaining C	ollections of A	rt, Histo	orical Tr	easures, d	or Oth	er Simila	ar Asse	ts(contil	nued)	
3	Using the organization's acquisition, accessi										s
	(check all that apply)										
а	Public exhibition	c	<b>:</b> 🗀 L	oan or exc	hange progra	ams					
b	Scholarly research	e	• 🗀 o	ther							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how the	y further th	he organizati	on's exe	mpt purpo	se in Pari	IIIX 1		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical trea	sures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the d	organizatio	n answered	"Yes" or	Form 990	, Part IV,	line 9, or	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	ontribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble							
		·	•						Amoun	t	
С	Beginning balance						1c	-			
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabi	lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII		-				•				]
Pai											
		(a) Current year	i	or year	(c) Two year		(d) Three v	ears back	(e) Four	r vears	back
1a	Beginning of year balance		) 1				· · · · · · · · · · · · · · · · · · ·				
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships	-									
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1a	. column (a	ı)) held as						
а	Board designated or quasi-endowment	,	%	,(-	-,,						
b	Permanent endowment ▶	%									
	Temporarily restricted endowment	^ %									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	are held a	nd administe	ered for t	he organiz	ation			
	by	out of the organiz		u.oo.a u			iro organiz		[	Yes	No
	(i) unrelated organizations								3a(ı)	163	140_
	(ii) related organizations								3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organizations	itions listed as requi	red on Sc	hedule B2					3b		
4	Describe in Part XIII the intended uses of the	=							(00)	1	
<u> </u>	t VI Land, Buildings, and Equipm		O TO THE TO								
	Complete if the organization answere		0 Part IV	line 11a S	See Form 990	) Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	d T	(d) Boo	k valu	
	bescription of property	basis (investi			(other)		preciation	۱ ۳	(4) 500	n value	5
1.	Land	223.0 (001	,	340.0			F. 00.4(1011				
	Buildings										—
ם	<del>-</del>			_				<del> </del>		<del></del>	
C	Leasehold improvements			1	1,670.	<del></del>	11,14	10			21
d	Equipment	-			T,0/0.		11,14	± J •			<u>21.</u>
<u>e</u>	Other		V anhum	- (0) 1: 1							21

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FOUNDATIO			76-0466150 Page
Part VIII Investments - Other Securities.			
Complete if the organization answered "Y  (a) Description of security or category (including name of secur	es" on Form 990, Part IV, II		
<del></del>	(b) Book value	(c) Method of Valuation	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests (3) Other		-	
(A)			
(B)	-		
(C)			····
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related	<b>l.</b>		
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
Table (Call (b) must sound Form 000, Part V call (B) has 12.)		<del></del>	
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990, Part IV, li	ne 11d. See Form 990. Part X	ine 15
	(a) Description	ino i i di occi omi occi, i diti X,	(b) Book value
(1) DUE FROM AFFILIATE		· <del></del>	149,057
(2)			227,001.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		<u></u> .	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B	) line 15 )	-· <u></u>	<b>▶</b> 149,057.
Part X Other Liabilities.			
Complete if the organization answered "Y	es" on Form 990, Part IV, II		Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B	) line 25.)		
2. Liability for uncertain tax positions in Part XIII, pro		a to the organization's financial	etatements that reports the
organization's liability for uncertain tax positions un			

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Schedule D (Form 990) 2018

	dule D (Form 990) 2018 FOUNDATION		<u>76-0466150</u> Page 4
Par			nue per Return.
	. Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	·
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	<del></del>
b	Add lines 4a and 4b		
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.1	4c   5
	t XII Reconciliation of Expenses per Audited Financial S		
	Complete if the organization answered "Yes" on Form 990, Part IV,	•	noco per metarn.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		'
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
ď	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	\	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	_4b	
b b	Other (Describe in Part XIII ) Add lines 4a and 4b	_4b	4c
с 5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> </u>	4c 5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	18)	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line t XIII Supplemental Information.	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5
5 Par	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line  t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	18) d 4, Part IV, lines 1b and 2b,	5

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Schedule G (Form 990 or 990-EZ) 2018 FOUNDATION 76-0466150 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events EAGLE POINT SOUTHERN (add col (a) through PRO-AM ST CHAPTER PRO col (c)) (event type) (event type) (total number) Revenue Gross receipts 46,650 5,225 13,371 65,246. 900 500 1,400. 2 Less Contributions 46,150 4,325 Gross income (line 1 minus line 2) 13,371 63,846. 4 Cash prizes 4,310 1,500 1,000 6,810. Noncash prizes 28 3,247 1,292 4,567. Direct Expenses Rent/facility costs 703. 703. Food and beverages 8 Entertainment 6,235 170 182 ,587. Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 19,667 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? No b If "No," explain __ Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 FOUNDATION 76	-0466150 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address ►	
16 Gaming manager information	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
	·
Director/officer Employee Independent contractor	
17 Mandatory distributions	V.
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$	•
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	

Schadula G	(Form 990 or 990 E7)	ECHIDATION LEVAS	PROF. GOL	LEKS ASSOCIALI	76-0466150 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		<del></del>	76-0466130 Page 4
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SCHEDULE I (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

# 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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.	SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION
	PROF.
	TEXAS
	SOUTHERN

	'
OMB No 1545-0047	2018

Open to Public Inspection

Employer identification number

**2** Schedule I (Form 990) (2018) 76-0466150 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part | General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government Part II

Page 2

76-0466150

FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule | (Form 990) (2018)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 93,875 (c) Amount of cash grant 32 (b) Number of recipients (a) Type of grant or assistance COLLEGE SCHOLARSHIPS

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

CHECKS ARE MAILED DIRECTLY TO THE UNIVERSITY WHERE THE SCHOLARSHIPS WILL BE

LINE 2:

PART I,

USED. UNIVERSITIES ARE THEN GIVEN INSTRUCTIONS TO SPLIT PAYMENTS OF THE

SCHOLARSHIPS ACROSS MULTIPLE TERMS TO ENSURE THE MONEY IS USED OVER THE

COURSE OF THE FULL ACADEMIC YEAR

Schedule I (Form 990) (2018) 35 832102 11-02-18

### 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.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

Employer identification number 76-0466150

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1 !		
_	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,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2018

Page 2

FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2018

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

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		(b) Dieakuowii oi v	77-2 ATIO/OF 1033-1911	oo compensation	other deferred	(b) rolltakable	(E) TOTAL OF COLUMNS	(r) compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
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# SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 76-0466150 Part III Supplemental Information Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

### **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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

Employer identification number 76-0466150

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO INTRODUCE AND PROVIDE YOUTH IN SOUTH TEXAS BROAD OPPORTUNITIES TO
EXPERIENCE THE GAME OF GOLF, DEVELOP THEIR TALENT AS PLAYERS AND
THEMSELVES AS INDIVIDUALS AND PROMOTE SCHOLARSHIP BENEFITS TO AS MANY
QUALIFIED CANDIDATES AS POSSIBLE. THE STPGA FOUNDATION WILL UPHOLD THE
HIGH DEGREE OF PROFESSIONALISM NECESSARY TO MOTIVATE YOUNG MEN AND
WOMEN TO STRIVE FOR PERSONAL INTEGRITY, HONOR, AND IDEALS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
YOUTH THAT HAVE DEMONSTRATED A HIGH LEVEL OF ACHIEVEMENT IN HIGH SCHOOL
AND COLLEGE, AND HAVE DEMONSTRATED A FINANCIAL NEED. SINCE 1999, THE
SOUTHERN TEXAS PGA FOUNDATION HAS AWARDED MORE THAN 340 SCHOLARSHIPS
VALUED AT OVER \$884,000.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR OF THE SOUTHERN TEXAS PGA SECTION REVIEWS THE
COMPLETED 990 RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO FILING. THE
LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION	Page 2
FOUNDATION FOUNDATION	Employer identification number 76-0466150
RETURN IS SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING	FOR FINAL
APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY DISCLO	SING ANY POTENTIAL
CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS NO EMPLOYEES. THE EXECUTIVE DIRECTOR	IS COMPENSATED BY
A RELATED 501(C)(6) TAX-EXEMPT ORGANIZATION, THE PROFESSI	ONAL GOLFERS
ASSOCIATION OF AMERICA SOUTHERN TEXAS SECTION. THE ORGAN	IIZATION REIMBURSES
A PORTION OF WAGES PAID TO THE EXECUTIVE DIRECTOR BY THE	RELATED ENTITY.
THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGAN	JIZATION'S
EXECUTIVE DIRECTOR BY THE RELATED ORGANIZATION INCLUDES R	EVIEW AND APPROVAL
BY THE BOARD, COMPARISON TO A COMPENSATION STUDY, AND DOC	CUMENTATION IN A
WRITTEN EMPLOYMENT CONTRACT APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC BY CONTACTING OUR OFFICE AND REQU	ESTING THAT IT BE
MADE AVAILABLE TO THEM.	
· ·	

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.

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number 76-0466150 SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part	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	ions. Complete if the organization ans	wered "Yes" on Form 990, Pa	rt IV, line 34, becau	se it had one or more re	elated tax-exempt

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

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Schedule R (Form 990) 2018

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SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION FOUNDATION

Schedule R (Form 990) 2018 FOUNDATION

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 Part III

Page 2

76-0466150

(a) (b) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
Legal domicile (state or foreign country)
<del> </del>
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

76-0466150 Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	S No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	in Parts II:1V?		
				19	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				9	×
c Gift, grant, or capital contribution from related organization(s)				<b>ئ</b>	×
d Loans or loan guarantees to or for related organization(s)				<b>1</b>	×
e Loans or loan guarantees by related organization(s)				16	×
				; 	-
† Dividends from related organization(s)				<b>=</b>	4
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				부	×
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				÷	×
k Lease of facilities, equipment, or other assets from related organization(s)				<b>4</b>	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X	
o Sharing of paid employees with related organization(s)				10 X	
p Reimbursement paid to related organization(s) for expenses				t X	
q Reimbursement paid by related organization(s) for expenses				Tq X	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				<b>-</b>	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
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76-0466150

Page.4

# SOUTHERN TEXAS PROF. GOLFERS ASSOCIATION

FOUNDATION

Schedule R (Form 990) 2018

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

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

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Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	SOUTHERN FOUNDATION	TEXAS	PROF.	GOLFERS	ASSOCIATION	76-0466150	Dago 5
Part VII	(Form 990) 2018 Supplemental Inform	mation.	J21				70 0400130	1 age 3
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