CHANGE OF ACCOUNTING PERIOD

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

OMB No 1545-0047 2018

49306702815

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

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning J	UL 1, 2018 and	ending I	MAR 31,	2019					
B c	heck if pplicable	C Name of organization			D Employe	r identification	on number				
	Addres:	SOUTHWEST SECTION OF T	HE PGA		1						
	Name change Initial	Doing business as		Room/suite		86-028	0141				
	_return _Final _return/	Number and street (or P 0 box if mail is not del 10685 N. 69TH STREET	E Telephon	E Telephone number 480-443-9002							
	termin- ated	City or town, state or province, country, and	G Gross receip	ts\$	1,138,752.						
<u>_</u>	Amende	SCOTISDADE, AG 63234			H(a) Is this a	group return					
	Applica tion pending	Finame and address of principal officer MIC.	HAEL MILLER	1	for sub-	ordinates?	Yes X No				
		SAME AS C ABOVE	<u> </u>	$-\Delta L$	97``	ordinates include					
		F		or [4_] \52	-		(see instructions)				
	Website: ► WWW. SOUTHWEST. PGA. COM H(c) Group exemption number ► Form of organization: X Corporation Trust Association Other ► L Year of formation 1972 M State of legal domicile: AZ										
_	7.00		ssociation Other	L Year	of formation 1	.9 / 4 M Sta	ite of legal domicile; AZ				
		Summary	CFF	ותשעים	JLE O.						
çe	1 E	Briefly describe the organization's mission or most	significant activities 555	SCHED	<u>, 0 au</u>						
Activities & Governance	2 -	Check this box	ationed to appretions or disco	and of mor	a than 250/ of	to not oppose					
ver			ntinued its operations or dispos	sea or mor	e than 25% of	1 1	14				
g		Number of voting members of the governing body Number of independent voting members of the go	·	1.7		3	$\frac{14}{14}$				
୦ ୪		Total number of individuals employed in calendar y	5 , , , ,			5	11				
itie			/ear 2016 (Fart V, III le 2a)	4		6	0				
ž		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, co	olumn (C) June 12	1		7a	3,131.				
ĕ		Net unrelated business taxable income from Form	^ ^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Λ ^t		7b	2,081.				
	, D	vet difference business taxable income from Form	990-1, iii le 360/04 1	-U	Prior Yea		Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		77101 162	500.	0.					
Revenue		Program service revenue (Part VIII, line 1h)	<u> </u>	1,704,		1,128,256.					
š	10	nvestment income (Part VIII, column (A)	<u> </u>		969.	1,887.					
æ	11 (Other revenue (Part VIII, column (A), lines \$ 6d, 8c			576.	1,786.					
		Total revenue - add lines 8 through 11 (must equal		-	1,711,		1,131,929.				
						400.	1,950.				
		Benefits paid to or for members (Part IX, column (A	rants and similar amounts paid (Part IX, column (A), fines 1-8)								
s		Salaries, other compensation, employee benefits (I			671.	792.	521,886.				
Expenses		Professional fundraising fees (Part IX, column (A), I	• • • • • • • • • • • • • • • • • • • •	-		0.	0.				
per		Fotal fundraising expenses (Part IX, column (D), line	· .	0.							
Ã	1	Other expenses (Part IX, column (A), lines 11a 11d	· — — — — — — — — — — — — — — — — — — —		1,724,	506.	968,102.				
		Total expenses Add lines 13 17 (must equal Part I	•		2,402,		1,491,938.				
	ł	Revenue less expenses Subtract line 18 from line				396.>	<360,009.				
o Ses				В	eginning of Curr		End of Year				
sets or alances	20 1	Total assets (Part X, line 16)		<u> </u>	1,409,	863.	1,103,234.				
ASS P	21 1	Total liabilities (Part X, line 26)			1,168,	282.	1,221,662.				
Net Ass Fund B	22 1	Net assets or fund balances Subtract line 21 nom	i line 20		241,	581.	<118,428.				
Pa	irt II	Signature Block									
Und	er penal	ties of perjury, I declare that I have examined this rejurn,	including accompanying schedule	s and stater	nents, and to the	best of my kno	owledge and belief, it is				
true,	correct	, and complete Declaration of preparer (other than office	er) is based on all information of wh	hich prepare	r has any knowle	dge					
						2/14/	<u>کث</u>				
Sig	n	Signature of officer			Date						
Her	e	MICHAEL MILLER									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid	1 <u> </u>				, .	self-employed					
-	F	Firm's name			Firm'	s EIN 🛌					
Use	Only	Firm's address									
					Phor	е по					
May	the IR	S discuss this return with the preparer shown abo					Yes No				
8320	01 12-31	-18 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	ons.			Form 990 (2018)				

	1990 (2018) SOUTHWEST SECTION OF THE PGA	86-0280141	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE O.		
		-	
			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	• •	
4a	(Code) (Expenses S	NITIES FOR I	TS)
	AVAILABLE FOR MEMBERS OF THE SOUTHWEST SECTION TO ENCOUP PARTICIPATION IN THE GAME OF GOLF.		
			•
4b	(Code) (Expenses \$)
	EDUCATION: GOLF PROFESSIONALS ARE THE FOUNDATION OF GOLF		
	PROFESSIONALS ARE EXPERT INSTRUCTORS AND COMMUNITY LEADE		
	PROVIDE AFFORDABLE AND ACCESSIBLE GOLF TO EVERYONE, EVER		IIN
	THE SOUTHWEST SECTION. THE SOUTHWEST SECTION PROVIDES I		
	PROGRAMS TO ENSURE THAT THE GOLF PROFESSIONALS WILL REMA		
	FOREFRONT OF THE GAME PROVIDING ENJOYMENT TO MANY FOR GI	NERATIONS T	.'0
	COME.		
			
4c	(Code) (Expenses S) (Revenue	e\$	······)
			
	·		
		<u> </u>	
			
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
			
4d	Other program services (Describe in Schedule O)		<u> </u>
TU	(Expenses \$ Including grants of \$) (Revenue \$,	
4.	Total program service superses		

Form **990** (2018)



Form 990 (2018) SOUTHWEST SECTION OF THE PGA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	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		X
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable		2	2
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Ì		
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </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	!		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </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	١		Х
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444		х
1 2 2	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?	120		 -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			4.5
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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Form 990 (2018) SOUTHWEST SECTION OF THE PGA
Part IV Checklist of Required Schedules (continued)

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ī
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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		
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	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			٠,,
		28a		X
		28b		<u> </u>
С	, , , , , , , , , , , , , , , , , , , ,	00-		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in the rest, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		 ^ -
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
0.5	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L :	X _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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	To State menta regulating outer mornings and rax compliance (commutes)			
_			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 11			'
_	,		X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	71	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a	X	الاسا
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	If "Yes," enter the name of the foreign country			17
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<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		<u> </u>
	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 to file Form 8282?	7 .		
	1 1	7c		- -
u a	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?	 7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			- 1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_1
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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			'.
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a			١
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	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		
	If "Yes," enter the amount of tax exempt interest received or accrued during the year	120		74
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			() ()
	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			- 17
b	Enter the amount of reserves the organization is required to maintain by the states in which the			[5]
	organization is licensed to issue qualified health plans			- 4
С	Enter the amount of reserves on hand			ķ.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			اليا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O	Fa	000	(2019)
		rorm	ココリ	(2018)

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

	Charle of Schooled Congression as seemen as made to any line in this Part VI			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			لفقا
<u> </u>	tion A. Governing Body and Management		Yes	No
40	Enter the number of voting members of the governing body at the end of the tax year 14		res	NO
ıa	Enter the number of voting members of the governing body at the end of the tax year 14 14 If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delogated broad authority to an executive committee or similar committee, explain in Schedule 0			
	1 1 4 4			
b	Enter the Hamber of Young Mornocke II and Tay accord, who are independent			[]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		; ` X
_	officer, director, trustee, or key employee?		 	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
	of officers, directors, or trustees, or key employees to a management company or other person?	4	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6	Λ.	
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х	
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<u></u>	لــانـــ
_	The governing body?	8a	_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ц.,	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			Ι
		40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406	х	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	$\frac{\hat{x}}{x}$	
_	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	10-	x	!}-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>~</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	In Schedule O how this was done	12c	X	├─-
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		12
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	<u></u>	'
	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		<u>_</u>
.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IVa		1,1
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		:
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		! -
	List the states with which a copy of this Form 990 is required to be filed ►AZ			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	e only) avail	able
10	for public inspection. Indicate how you made these available. Check all that apply	o orny	avalli	abie
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	, ,	d funca-	oral	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ıman	cial	
20	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records SOUTHWEST SECTION CONTROLLER - 561.624.8400			
	300 AVE OF THE CHAMPIONS, #205, PALM BEACH GARDENS, FL 33418			

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

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

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ě						the	organizations	compensation
	hours for	direc				20		organization	(W 2/1099-MISC)	from the
	related	itee 0	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	<u>=</u>	nal tr		loyee	g e				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMEY LEWIS	10.00								_	
PRESIDENT		X	L_	Х	L	L	<u> </u>	0.	0.	0.
(2) JAY LARSCHEID	10.00								_	_
VICE PRESIDENT		Х	L	Х		L	_	0.	0.	0.
(3) MIKE SCULLY	10.00								_	_
SECRETARY		X	L	х		L		0.	0.	0.
(4) MATT ANZALONE	5.00					ł			_	_
DIRECTOR	<u> </u>	Х	Щ.		_	<u> </u>	_	0.	0.	0.
(5) GREG LEICHT	5.00									_
DIRECTOR		Х	<u> </u>		L	╙		0.	0.	0.
(6) TRAVIS MCCUTCHAN	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) LEE SMITH	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) DOUG HODGE	5.00	ļ				ŀ				_
DIRECTOR		Х	<u> </u>		_	Ь	<u> </u>	0.	0.	0.
(9) TRENT RATHBUN	5.00	 								
DIRECTOR		Х	L			<u> </u>	<u> </u>	0.	0.	0.
(10) DANNY MEDINA	5.00	 								_
DIRECTOR	 	X	<u> </u>		<u> </u>	<u> </u>	L	0.	0.	0.
(11) AL SUTTON	5.00	١								_
DIRECTOR		Х	<u> </u>		<u> </u>	<u> </u>	_	0.	0.	0.
(12) STEVE LEONARD	5.00								_	
DIRECTOR		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) MARK GURNOW	5.00	١.,							_	
DIRECTOR	5 00	X	<u> </u>		<u> </u>	ļ	ļ	0.	0.	0.
(14) DAVID ENGRAM	5.00	١,,								
DIRECTOR	40.00	X			_	-	<u> </u>	0.	0.	0.
(15) MICHAEL MILLER	40.00	-		١,,	1			100 000		_
EXECUTIVE DIRECTOR	40.00	 		Х	├—	-	<u> </u>	190,000.	0.	0.
(16) WILLIAM IBRAHIM	40.00	-			1	7,		122 202		_
SENIOR DIRECTOR OF OPERATI		├	<u> </u>		\vdash	Х	<u> </u>	132,292.	0.	0.
	I	1	1		l	1	ı	1	l i	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ghe	st (Compensated Employe	es (continued)		-
(A)	(A) (B) (C) (D) (E)					(F)					
Name and title	Average	(do		Pos heck) than	one	Reportable	Reportable	Estimate	ed
	hours per week	box	, unle	ss pe	rson	is bot	h an	1	compensation		
	(list any	⊢	T		<u> </u>	Π	,	from the	from related organizations	other compensa	
	hours for	direc				 -		1	(W-2/1099-MIS		
	related	stee or	nslee			ensa		(W-2/1099-MISC)	,	organizat	ion
	organizations below	la tru	onal tr		aloyee	m 93				and relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizati	ons
	<u> </u>	=	-	r	¥	= 5	ı.E.		<u> </u>		
		ĺ	1	l		Ì					
		-	<u> </u>			T					
		L_			_						
		-	<u> </u>		<u> </u>						
		_	├		├─	├					
		ł									
					\vdash			<u> </u>			
			L		L.						
	<u> </u>	L	L	l	<u> </u>	L		322,292.			
1b Sub-total								322,292.		0.	0.
c Total from continuation sheets to Part V	II, Section A							322,292.		0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th	1000	liete	nd al	hove	a) w/h	00.5				
compensation from the organization	iot iii iiited to ti	.030	. 11310	,	000	C) WI		cocived more triain wroc	,000 or reportable		2
										Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	•							•	the organization	_ _	
and related organizations greater than \$15										4 X	<u> </u>
5 Did any person listed on line 1a receive or a	· ·						elat	ted organization or indivi	dual for services		X
rendered to the organization? If "Yes," com- Section B. Independent Contractors	piete Scheaui	e J ī	or st	JCN	pers	son				5	
Complete this table for your five highest co	mnensated in	dene	ende	nt c	onti	racto	re 1	that received more than	\$100 000 of com	ensation from	
the organization Report compensation for										crisation nom	
(A)								(B)		(C)	
Name and business								Description of s	ervices	Compensation	n
COGNOS HR LLC, 17W 635 BI				ROZ	AD.	,				-	
SUITE 300, OAKBROOK TERRA	ACE, IL	6()				_	PEO		532,3	<u> 26.</u>
							ł				
·											
							Ì				
							\dashv				
							\dashv				
2 Total number of independent contractors (i	ncluding but n	ot lı	mıte	d to	tho	se lis	stec	d above) who received m	ore than		1
\$100,000 of compensation from the organi	=				_	1					Ę,
								<u> </u>		Form 990 (2	2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 575,329 2 a TOURNAMENT REVENUE 900099 575,329 Program Service Revenue 276,538. 162,111. **b** MEMBERSHIP DUES 900099 276,538. 162,111. c ADP - FUNDING 900099 79,326. d SPONSORSHIP REVENUE 900099 79,326. 900099 23,750. MANAGEMENT FEE INCOME 23,750 11,202. 11,202 900099 All other program service revenue 128,256. #] Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,842. 1,887. 45. other similar amounts) Income from investment of tax-exempt bond proceeds 4 9. 9. 5 Royalties (ı) Real (II) Personal 8,600. 6 a Gross rents 6,823. b Less rental expenses 1,777. c Rental income or (loss) 1,777. 1,289 488. 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 \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a 11d 1,131,929.1,048,939. 3,131. 79,859. Total revenue See instructions 12

Form 990 (2018) SOUTHWEST SECTION Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

3600	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	X
Do	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		15
	and domestic governments See Part IV, line 21	1,950.			
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				'.
4	Benefits paid to or for members				9 [
5	Compensation of current officers, directors,				
	trustees, and key employees	190,000.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	302,030.			
8	Pension plan accruals and contributions (include	11 004			
	section 401(k) and 403(b) employer contributions)	11,294.			
9	Other employee benefits	18,562.			
10	Payroll taxes			ļ	
11	Fees for services (non employees)				
а	Management	F 226			
b	Legal	5,226.			
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	26 330			
	column (A) amount, list line 11g expenses on Sch O)	26,339. 11,292.		-	
12	Advertising and promotion	20,723.			
13	Office expenses	20,723.			
14	Information technology				
15	Royalties	14,105.			
16	Occupancy	68,971.			
17	Travel	00,371.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest	12,395.			
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	35,141.			
23	Insurance	19,398.			
24	Other expenses Itemize expenses not covered				13, 1
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				[7] 134 148
_	amount, list line 24e expenses on Schedule 0) UNRELATED BUSINESS TAX	50.			1.1
a L	TOURNAMENT PRIZES	327,251.			
b	TOURNAMENT OPERATIONS	171,046.		-	
C 	FOOD AND BEVERAGE	104,880.		· -	
d		151,285.		_	
	All other expenses SEE SCH O Total functional expenses Add lines 1 through 24e	1,491,938.			
25	Joint costs. Complete this line only if the organization	1,401,900.			
26	, , , , , , , , , , , , , , , , , , , ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here from if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

Pa	πx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing	54,217.	1	7,946.
	2	Savings and temporary cash investments	206,586.	2	146,600.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	151,897.	4	21,546.
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees. Complete		-	<u> </u>
		Part II of Schedule L	· 	5	
	6	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	-		
Assets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
286	7	Notes and loans receivable, net	73,565.	7	73,565.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,932.	9	6,615.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 1,418,440. 10b 591,478.	050 665		
	b	Less accumulated depreciation [10b] 591,478.	859,666.	10c	826,962.
	11	Investments publicly traded securities	20.000	11	20.000
	12	Investments · other securities See Part IV, line 11	20,000.	12	20,000.
	13	Investments program-related See Part IV, line 11		13	
	14	Intangible assets	25 000	14	
	15	Other assets See Part IV, line 11	25,000.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,409,863. 75,377.	16	1,103,234.
	17	Accounts payable and accrued expenses	15,511.	17	42,200.
	18	Grants payable	307,013.	18	265,496.
	19 20	Deferred revenue	307,013.	19 20	203,490.
	21	Tax-exempt bond liabilities		21	
	22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	22	key employees, highest compensated employees, and disqualified persons			4
ğ	1	Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	507,079.	23	475,753.
	24	Unsecured notes and loans payable to unrelated third parties	001,0101	24	
	25	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	278,813.	25	438,205.
	26	Total liabilities. Add lines 17 through 25	1,168,282.	26	1,221,662.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	·		, ,
S		complete lines 27 through 29, and lines 33 and 34.	_		l
ü	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ò		and complete lines 30 through 34.	_		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
\ss	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
et A	32	Retained earnings, endowment, accumulated income, or other funds	241,581.	32	<118,428.
ž	33	Total net assets or fund balances	241,581.	33	<118,428.
	34	Total liabilities and net assets/fund balances	1,409,863.	34	1,103,234.
					Form 990 (2018)

	990 (2018) SOUTHWEST SECTION OF THE PGA	86-	<u>0280141</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	,	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>09.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	1,5	<u>81.</u>
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			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<11	8,4	<u> 28.</u> >
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u>.</u>		13
	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 reviewed	d on a	ļ		
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	$oxed{oxed}$	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			لالـــ
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 Au	tit		
	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 aud	ht		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2018)

832012 12-31-18

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Form 990-EZ. Open to

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ▲ Attach to Form 990 or Form 990-EZ.
 ▲ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

	,	arate mistractions), then					
		01(c)(4), (5), or (6) organiza	tions Complete Part III				
Nan	ne of orga					Emple	oyer identification number
_			ST SECTION OF TH				86-0280141
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 5	2/ 0	rganization.
		•	ation's direct and indirect politi	cal campaign activities	ın Part IV	. .	
		campaign activity expendit				▶ \$	
3	Voluntee	r hours for political campai	gn activities				
D.	-4 I D	Commisso if the own		don	(0)		
	art I-B		janization is exempt und		(3).	•	
		•	incurred by the organization un		_	▶ \$	
		•	incurred by organization manag	•)	▶\$	
	_		n 4955 tax, did it file Form 4720) for this year?			Yes No
		prrection made?					└─ Yes └─ No
		describe in Part IV	anization is exempt und	der section 501/cl	except section	501/	2/3/
_			-	· · · · · · · · · · · · · · · · · · ·	·		
		, ,	by the filing organization for se	,		▶ \$	
2		• •	ization's funds contributed to o	ther organizations for s	ection 527		
_	•	unction activities				> \$	
3		mpt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	••		
	line 17b					▶ \$	
		ling organization file Form	•				└─ Yes └─ No
5		•	nployer identification number (E		•		
			tion listed, enter the amount pa	• •			•
		·	omptly and directly delivered to		•	epara	te segregated fund or a
	political	action committee (PAC) If	additional space is needed, pro	vide information in Part	: IV		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political
					filing organizatio		contributions received and promptly and directly
					Turius II none, enti	er .u.	delivered to a separate
					1		political organization
							If none, enter -0-
	·						
							····
					1		
				1	1		

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018					86-	02801 4 1 Page 2
Part II-A Complete if the org	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (election under
section 501(h)).						
A Check ► L If the filing organiza	ition belong	s to an aff	iliated group (and list ii	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha	re of excess	s lobbying	expenditures)			•
B Check ▶ ☐ If the filing organiza	tion checke	ed box A a	nd "limited control" pro	ovisions apply	_	
	its on Lobb		nditures ints paid or incurred.	,	(a) Filing organization's	(b) Affiliated group totals
(The term expend	uitures int	ans amou	ants paid of incurred.	<i>'</i>	totals	1
1a Total lobbying expenditures to infli	uence publ	c opinion (grass roots lobbying)			i
b Total lobbying expenditures to infli	uence a leg	islative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add lines	1c and 1c	d)			
f_Lobbying nontaxable amount_Ent	er the amou	ınt from th	e following table in bot	h columns		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			8
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		11
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000]
						\$*
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a If zer	o or less, e	nter 0				
Subtract line 1f from line 1c If zero						
j If there is an amount other than ze	ero on eithei	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t	hat made a	section 5	01(h) election do not	have to complete all	of the five columns	below.
	See	the separ	ate instructions for li	nes 2a through 2f.)		
	Lobb	yıng Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))	1		<u></u>			
f Grassroots Johnwan expenditures						

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 SOUTHWEST SECTION OF THE PGA 86-028014 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(t)
	e lobbying activity	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				<u>ij</u>
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
,	Other activities?				
i	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				ij. j
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				14.1
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," Ol	R (b) Pari	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou ictions), and Part II B, line 1 Also, complete this part for any additional information	p list), Part II	I-A, lines 1 a	and 2 (see	
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Name of the organization

SOUTHWEST SECTION OF THE PGA

Employer identification number 86-0280141

organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value of and of year 5 Did the organization is property, subject to the organization's exclusive legal control? 5 Did the organization is property, subject to the organization's exclusive legal control? 6 Did the organization in grantses, 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 impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable purposes and for public use (e.g., noreation or enducation) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of a conservation easements and for public use (e.g., noreation or enducation) Preservation of a centred historic structure or a full number of conservation easements and the full advisor the full structure included in (a) Qualified conservation easements and centred historic structure included in (a) Runther of conservation easements modified, transferred, released, extringuished, or terminated by the organization during the tax year 1 Total number of conservation easements modified, transferred, released, extringuished, or terminated by the organization during the tax year was a full public process of the full public process of the full public process incurred in monitoring, inspection, handling of violations, and enforcement of the conservation easements modified, transferred, released, extringuished, or terminat	Par		d Funds or Other Similar Funds	or Accou	unts.Complete if the
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			(100 000) rolating to those items	_	\$
		·			<u> </u>

Sche		ST SECTION				_		0280141 Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Hi	storical T	reasures,	or Other	Similar A	ssets(continued)
3	Using the organization's acquisition, access	ion, and other record	ds, che	ck any of th	e following tha	it are a sigi	nificant use o	f its collection items
	(check all that apply)							
а	Public exhibition	C	ı 🖳		change progra	ams		
b	Scholarly research	•	, L_	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and expla	ın how	they further	the organizati	on's exem _l	pt purpose in	Part XIII
5	During the year, did the organization solicit of	or receive donations	of art, I	historical tre	easures, or oth	er sımılar a	assets	
	to be sold to raise funds rather than to be m							Yes No
Par	t IV Escrow and Custodial Arran		ete ıf th	ne organizat	ion answered	"Yes" on F	orm 990, Par	t IV, line 9, or
	reported an amount on Form 990, Pa	irt X, line 21						
1a	Is the organization an agent, trustee, custod	lian or other interme	diary fo	r contribution	ons or other as	sets not in	ncluded	
	on Form 990, Part X?							L Yes
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	g table				
								Amount
	Beginning balance						1c	
	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance							
	Did the organization include an amount on F					•	λ,	☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIII						<u> </u>	
Par	t V Endowment Funds. Complete			-				nock (-) Four years back
		(a) Current year	(b)	Prior year	(c) Two year	S DACK (a) Three years t	ack (e) Four years back
	Beginning of year balance				-			
	Contributions							
	Net investment earnings, gains, and losses	–						<u> </u>
đ	Grants or scholarships				-			
е	Other expenditures for facilities							
	and programs		-		+			-
t ~	Administrative expenses							
g	End of year balance Provide the estimated percentage of the cur	ront year and halan	ao (lino	1a column	(a)) hold as			
2	Board designated or quasi endowment	rent year end balan	% %	rg, coluinin	(a)) Held as			
a	Permanent endowment	%	′′					
	Temporarily restricted endowment	% %						
·	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	•	ation tl	hat are held	and administe	red for the	organization	1
Ou	by	ossion of the organiz		nat are ricio	and darriinste	700 101 1110	organization	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on	Schedule B	? ?			3b
4	Describe in Part XIII the intended uses of the							L
Pai	t VI Land, Buildings, and Equipn							
	Complete if the organization answere	ed "Yes" on Form 99	0, Part	IV, line 11a	See Form 990), Part X, Iır	ne 10	
	Description of property	(a) Cost or o			st or other		umulated	(d) Book value
	,	basis (investi		1 ' '	s (other)		eciation	',
1a	Land	· · · · · ·		1	21,425.	-		121,425.
	Buildings				15,052.	4.5	55,112.	659,940.
	Leasehold improvements				****			
	Equipment			1	81,963.	13	36,366.	45,597.
	Other							
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), line	10c)			826,962.

► 826,962. Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Complete if the organization answered "Yes	" on Form 990, Part IV, III	ne 11b See Form 990, Part)	K, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation		d-of-year market value
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests				
(3) Other				
(A)			<u>_</u>	
(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.		<u></u>		
Complete if the organization answered "Yes	" on Form 990 Part IV III	no 11c. Soo Form 000. Part V	Line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation		l-of-vear market value
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(5)53.00 07 7010000	5 5 5 6 6 6 6 6 6	. I. you
(1)	 			
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)	 			
(5)			-	
(6)	-			
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col. (8) line 13)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d See Form 990, Part X	(, line 15	
······································) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<u>,</u> .
Total. (Column (b) must equal Form 990, Part X, col (B) III Part X Other Liabilities.	ne 15)		•	
Complete if the organization answered "Vos"	on Form 990, Part IV, Iir	ne 11e or 11f See Form 990,	Part X, line 25	
Complete in the organization answered Tes				
(a) December of lightly	·	(b) Book value		
1. (a) Description of liability		(b) Book value		Q.
(a) Description of liability (1) Federal income taxes				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO		(b) Book value 438, 205.		
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4)				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4) (5)				i i i
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4) (5) (6)				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4) (5) (6) (7)				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4) (5) (6) (7) (8)				
1. (a) Description of liability (1) Federal income taxes (2) DUE TO ARIZONA GOLF NETWO (3) (4) (5) (6) (7)	DRK			

Pai	dule D (Form 990) 2018 SOUTHWEST SECTION OF T			
	t XI Reconciliation of Revenue per Audited Financial St		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 (
а	Net unrealized gains (losses) on investments	2a	⊣ ∤	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII)	_2d	4	
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b	- ∤	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:		5	
Ра	t XII Reconciliation of Expenses per Audited Financial S		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	_	
ь	Prior year adjustments	2b	4	
С	Other losses	2c	_	
d	Other (Describe in Part XIII)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		e 4, Part X, line 2	, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide	any additional information		
				-
	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Compensation Information

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

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

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

2018

Open to Public Inspection

SOUTHWEST SECTION OF THE PGA

Employer identification number 86-0280141

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			(1)
	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)			
				14
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
?	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	X	
				1,,
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 X Written employment contract			
	Independent compensation consultant X Compensation survey or study			"
	Form 990 of other organizations X Approval by the board or compensation committee			14
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			i,
	organization or a related organization			ایدا
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1 1
				15
	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			1
	contingent on the revenues of			`_
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III			3
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		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III	,		ξ. ξ.
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 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			لالـــا
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2018

86-0280141

SOUTHWEST SECTION OF THE PGA

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099 MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<u> </u>
(A) Name and Title		(I) Base compensation	(n) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	in column (B) reported as deferred on prior Form 990
(1) MICHABL MILLER	Ξ	190,000.	0	0	0	0	190,000.	0
EXECUTIVE DIRECTOR	Ξ	0	0	0.	0	0	0	0
	Ξ					ļ		
	Ξ							
	Ξ							
	Ξ						:	
	Ξ							
	(<u>ii</u>)							
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	(ii)							
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9, 30 0, 0,,,,,				2.1			Schedi	Schedule J (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOUTHWEST SECTION OF THE PGA

Employer identification number 86-0280141

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

SCHEDULE R (Form 990)

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OMB No 1545-0047

2018 Open to Public Inspection

Employer identification number 86-0280141Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. SOUTHWEST SECTION OF THE PGA Name of the organization Department of the Treasury Internal Revenue Service Part

Direct controlling 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 entity End-of year assets <u>e</u> Total income T Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(a)	(q)	(2)	Ð	(e)	(<u>6</u>	į
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5.1	z(b)(13) led
of related organization		foreign country)	section	status (if section		entity?	6
				501(c)(3))		Yes	Š
For Paperwork Reduction Act Notice, see the Instructions for Form	s for Form 990.				Schedule R (Form 990) 2018	(Form 990) 2018

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► !*

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86-0280141 Page 2

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Schedule R (Form 990) 2018 SOUTHWEST SECTION OF THE PGA

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

Schedule R (Form 990) 2018 General or Percentage managing ownership partner? Yes No 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 Section Section 512(b)(13) controlled entity? 3 × Percentage ownership 100.00% Yes Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) 580,924. Share of end-of-year assets Ξ 6 Disproportionale Yes No allocations? Ê Share of total income 97,163 ε Share of end of year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> CORP Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ϳ <u>e</u> Legal domicile (state or foreign country) 26 AZ Û Direct controlling entity € Primary activity PROMOTION OF THE SPORT OF GOLF (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> - 27-6869117 Name, address, and EIN of related organization ARIZONA GOLF NETWORK INC. Name, address, and EIN of related organization <u>a</u> SCOTTSDALE, AZ 85254 10685 N. 69TH STREET (a) 332162 10-02-18 Part IV

Page 3

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

1 During the tex year did the organization angue is one of the following transactions with one or more related organizations listed in Darts 11.1/2	se with one or more r	plated organizations listed	in Parte II.IV?	
				>
a Heceipt of (I) interest, (II) annutries, (III) royatries, or (IV) rent from a controlled entity	>			+
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				اد ×
d I cans or loan an arantaes to or for related organization(s)				×
 Loans or loan guarantees by related organization(s) 				1e Å
f Dividends from related organization(s)				# X
a Sale of assets to related organization(s)				1a X
				=
 Exchange of assets with related organization(s) 				
 Lease of facilities, equipment, or other assets to related organization(s) 				1, X
k Lease of facilities, equipment, or other assets from related organization(s)				×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			th X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			+ ×
o Sharing of paid employees with related organization(s)				to X
				╁
p Reimbursement baid to related organization(s) for expenses				1 _D
				×
				┿
r Other transfer of cash or property to related organization(s)				1- ×
				1s X
	who must complete t	his line, including covered	relationships and transaction thresholds	
1	14	(*)	47	
(a) Name of related organization	(u) Transaction type (a-s)	(c) Amount involved	(u) Method of determining amount involved	volved
(1) ARIZONA GOLF NETWORK INC.	A	1,842.CASH	CASH	
(2)				
(3)				
[4]				
וה				
(6)				
832163 10-02-18	2.7		Schedule F	Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 SOUTHWEST SECTION OF THE PGA

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)

(a) (b) (c) (d)	(q)	(0)	(p)	(e)	(£)	(6)	3	Ξ	3	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, payor)	501(c)(3)	Share of total	Share of end-of year	Dispropor honate allocations?	Disproper Code V-UBI General or Percentage Inomate amount in box 20 managing ownership	General c	Percentage gownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2018

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