FOR TAX YEAR 2023

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Westerheide & Company CPAs PC 11430 Gravois Road Saint Louis, MO 63126 (314)843-6555

Westerheide & Company CPAs PC

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Phone: (314)843-6555 | Fax: (314)843-4310

June 05, 2024

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS THE FIRST TEE OF GREATER ST. LOUIS PO BOX 15175 SAINT LOUIS, MO 63110

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (314)843-6555.

Sincerely,

JACK J WESTERHEIDE Westerheide & Company CPAs PC

Form 990)
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation	ns
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Department of the Treasury Do not enter social security numbers on this form as it r					is it may be	made p	oublic.		Open to Public			
Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
AF	or the	or the 2023 calendar year, or tax year beginning , 2023, an						and ending , 20				
B	heck if	applicable:	C Name of organization JU	NIOR GOLF FOUNDATIO	ON OF GRE	ATER ST.	LOUI	IS I	Employ	ver identification number		
A	ddress	change	Doing business as TH	E FIRST TEE OF GREA	ATER ST.	LOUIS				26-1557647		
<u></u> м	lame ch	hange	Number and street (or P.O. bo	ox if mail is not delivered to street addre	ess)		Room/suit	ie E	Telepho	one number		
<u> </u>	nitial ret	turn	PO BOX 15175							(314)533-6400		
E F	inal ret	urn/terminated	City or town, state or province	, country, and ZIP or foreign postal cod	le				G Gross r	receipts		
A	mende	d return	SAINT LOUIS, N	10 63110					\$	434,150		
A	pplicati	ion pending	F Name and address of principa	l officer: RYAN HILLENB	RAND			H(a) Is this a gro	oup return for	subordinates? Yes X No		
Same as C above H(b) Are all subordinates included										included? Yes No		
гт	ax-exe	mpt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1	l) or 52	7		lf "No," a	ttach a list.	See instructions		
JV	Vebsite	: WWM	.THEFIRSTTEESTLO	JIS.ORG				H(c) Group ex	emption nu	umber		
K F	orm of	organization: X	Corporation Trust Ass	ociation Other	L	Year of formatio	n: 200	8 M St	ate of legal	domicile: MO		
Pa	rt I	Summar	у									
	1	Briefly descr	ibe the organization's miss	ion or most significant activitie	es: <u>to im</u>	IPACT THE	E LIVI	ES OF YC	UNG P	OEPLE IN THE		
		GREATER	ST. LOUIS AREA BY	PROVIDING EDUCATION	ONAL PROG	RAMS THA	T BUI	LD CHAR	ACTER	, INSTILL		
nce		LIFE-ENH	ANCING VALUES AND	PROMOTE HEALTHY C	HOICES TH	IROUGH TH	IE GAN	IE OF GO	LF.			
Governance												
Ieve	2	Check this b	ox 🗌 if the organization of	discontinued its operations or o	disposed of m	nore than 25%	% of its	net assets.				
ő	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)					3	28		
ა ი	4			s of the governing body (Part					4	28		
itie	5	Total numbe	r of individuals employed ir	n calendar year 2023 (Part V,	line 2a)				5	9		
Activities &	6								6			
Ă	7a			Part VIII, column (C), line 12					7a	0		
	b			from Form 990-T, Part I, line					7b	0		
								Prior Year		Current Year		
	8	Contribution	s and grants (Part VIII, line	1h)				377	,275	316,282		
е	9	9 Program service revenue (Part VIII, line 2g) 89,451							73,284			
Revenue	10								9,982			
Re	11	Other revenue	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e	e)			(9)	,134)	(11,447		
	12	Total revenu	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						,592	388,101		
	13			IX, column (A), lines 1-3) .						0		
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)						0		
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A)), lines 5-10)			222	207	232,602		
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)						0		
xpenses	k	D Total fundra	ising expenses (Part IX, co	lumn (D), line 25)		21,944						
Ă	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)				137	643	164,070		
	18	Total expense	ses. Add lines 13-17 (must	equal Part IX, column (A), line	e 25)				,850	396,672		
	19	Revenue les	s expenses. Subtract line	18 from line 12				97,	,742	(8,571)		
es				₩			Begin	ning of Currer	t Year	End of Year		
ets c lanc	20	Total assets	(Part X, line 16)					417,	,061	405,851		
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)					9	,858	7,219		
Fund	22	Net assets o	or fund balances. Subtract	line 21 from line 20				407	,203	398,632		
Pa	rt II	Signatu	re Block									
				Irn, including accompanying schedules			of my know	ledge and belie	f, it is			
true,	correct,	, and complete. De	claration of preparer (other than off	icer) is based on all information of whic	ch preparer has ar	ny knowledge.			1			
		RYAN	HILLENBRAND							06-04-2024		
Sig	n	Signature of office	cer						Date			
Her	е	RYAN	HILLENBRAND, CHA	IRMAN								
		Type or print na										
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if F	PTIN		

Form	1 990 (2023) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 26-1557647 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
1	Briefly describe the organization's mission:
	TO IMPACT THE LIVES OF YOUNG POEPLE IN THE GREATER ST. LOUIS AREA BY PROVIDING EDUCATIONAL
	PROGRAMS THAT BUILD CHARACTER, INSTILL LIFE-ENHANCING VALUES AND PROMOTE HEALTHY CHOICES THROUGH
	THE GAME OF GOLF.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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.
4	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.
	The total expenses, and revenue, in any, for each program service reported.
4-	(Code:) (Expenses \$ 332,879 including grants of \$) (Revenue \$)
4a	
	EDUCATION PROGRAMMING SERVICES PROVIDED TO YOUTH IN THE METROPOLITAN AREA UTILIZING THE FIRST
	TEE'S LIFE SKILLS CURRICULUM.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 332,879
EEA	Form 990 (2023)

Form 990 (2023) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 26-1557647 Pa				
Pa	t IV Checklist of Required Schedules		1	
			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? See instructions	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 L	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		x
U	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			
Ŭ	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 donor-restricted endowments			
	or in 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,			
	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	x	
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 VIL	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		
40	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	10		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		
10	Part VIII, lines 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?	10		v
20-	If "Yes," complete Schedule G, Part III	19 20a		x
20а ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		x
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
				X

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Pa	rt 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.	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	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		х
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		х
34	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	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		1	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

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Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			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 returm 2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir	ed?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
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		
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				
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.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	•••••	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	•••••	14b		L
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 the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Forr	n 990 (2023) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 26-15576			age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28	-		
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3 4		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		<u>x</u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>x</u>
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		x
ia	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a		x
5	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<u></u>
•	the year by the following:			
а	The governing body?	8a	x	
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 organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion 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	х	
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	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on 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	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a h	The organization's CEO, Executive Director, or top management official	15a 15b	х	v
b	Other officers or key employees of the organization	15b		x
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		~
5	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?	16b		
Sec	tion C. Disclosure			
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed			
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)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ANNE KLEIN (314)533-6400, 5163 CLAYTON AVE, SAINT LOUIS, MO 63110			

Form 990 (2023) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 26-1557647 Page 7 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.								
See instructions for the order in which to list the persons above.								
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.								
(C)								

		(C)					
(A)	(B)	Position			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an				Reportable	Estimated amount
	hours			rector/trustee	e) compensation	compensation	of other
	per week				from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Indi or d	Officer	emp Key	1099-MISC/ 1099-NEC)	1099-MISC/	organization and
	related	vidu	. er	bloye	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director		Highest compensated employee Key employee		_	
	below	Istee		be be			
	dotted line)	ä		alec			
(1)JOHN_BARRINGER	2.00						
DIRECTOR		x			0	0	0
(2) JULIE FLYNN	2.00						
DIRECTOR		x	-		0	0	0
(3) BILL HOLLAND	2.00						
DIRECTOR		x			0	0	0
(4) TIM POWERS	2.00						
DIRECTOR		x			0	0	0
(5) FRED ROHLFING	2.00						
DIRECOR		x			0	0	0
(6) DAVE AMARNEK	2.00						
DIRECTOR		x			0	0	0
(7) ANTHONY HOUSKA	2.00						
DIRECTOR		x			0	0	0
(8) JOHN_CROWLEY	2.00						
DIRECTOR		x			0	0	0
(9) PATRICK ORUWARI	2.00						
DIRECTOR		x			0	0	0
(10)LUIS_RIVERO	2.00						
DIRECTOR		x			0	0	0
(11)BECKY_KINGSTON	2.00						
DIRECTOR		x			0	0	0
(12) DENNY O'NEILL	2.00						
DIRECTOR		x			0	0	0
(13)NEIL_RICHTER	2.00						
DIRECTOR		x			0	0	0
(14)MICHELLE_MITCHELL-BROMFMAN	2.00						
DIRECTOR		x			0	0	0
EEA							Form 990 (2023)

Form 990 (2023) JUNIOR GOLF FOUND	ATION OF GREATER ST			26-1557647	Page 7	
Part VII Compensation of Officers, Dire						
Independent Contractors	,, ,,,		, g		,	
Check if Schedule O contains a respo	onse or note to any line in	this Part V	/		🗆	
Section A. Officers, Directors, Trustees, Ke						
1a Complete this table for all persons required to be liste organization's tax year.	ed. Report compensation for t	he calendar	year ending with	or within the		
• List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no c		als or organ	izations), regardle	ss of amount of		
 List all of the organization's current key employees, 	, if any. See the instructions f	or definition	of "key employee			
 List the organization's five current highest compens 	sated employees (other than	an officer, d	irector, trustee, or	key employee)		
who received reportable compensation (box 5 of Form W-	2, box 6 of Form 1099-MISC,	and/or box	1 of Form 1099-NE	EC) of more than		
\$100,000 from the organization and any related organization	ons.					
 List all of the organization's former officers, key employed 	ployees, and highest comper	sated emple	oyees who receive	ed more than		
\$100,000 of reportable compensation from the organization	n and any related organizatio	۱S.				
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.						
See instructions for the order in which to list the persons at Check this box if neither the organization nor any relat		any current	officer, director, o	r trustee.		
	(C)					

		(C)						
(A)	(B)	Position				(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both a				Reportable	Reportable	Estimated amount
	hours	offic	er and a d	irector/trust	ee)	compensation	compensation	of other
	per week (list any					from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	or d	Institut	emp Key	Former Highest	1099-MISC/	1099-MISC/	organization and
	related	irect	tutio	emp	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	or director	Institutional trustee	employee Key employee	Former Highest compensated			
	below	stee	ruste	õ	pens			
	dotted line)		ě		ated			
(1) ANDY BYERS	2.00							
DIRECTOR		x				0	0	0
(2) LEONARD ADEWUNMI	2.00							
DIRECTOR		x				0	0	0
(3) BILL_GREENBLATT	2.00							
DIRECTOR		x				0	0	0
(4) JIM FERRICK	<u>2.0</u> 0							
DIRECTOR		x				0	0	0
(5) BLAKE ARMSTRONG JR.	2.00							
DIRECTOR		x				0	0	0
(6)NICK_RAGONE	2.00							
DIRECTOR		x				0	0	0
(7) CHARLES HYLAN	2.00							
DIRECTOR		x				0	0	0
(8) SCOTT MANNIS	2.00							
DIRECTOR		x				0	0	0
(9) WILLIAM SHEARBURN	2.00							
DIRECTOR		x				0	0	0
(10)KELLY_WITTENBRINK	2.00							
DIRECTOR		x				0	0	0
(11)BART BAUMSTARK	2.00							
SECRETARY		x	x			0	0	0
(12)JIM_TIGHE	2.00							
TREASURER		х	x			0	0	0
(13) JAMES CHALMERS	2.00							
VICE CHAIR		x	x			0	0	0
(14)RYAN_HILLENBRAND	2.00							
CHAIRMAN		x	x			0	0	0
EEA								Form 990 (2023)

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Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			s, ar	hd F	lighest Comp	ensated	Emplo	yees	(cont	inued
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unles er and	Pos eck mo ss pers d a dire	son is	han one both ar (trustee) employee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportat compensa from relat organizations 1099-MIS 1099-NEt	tion ted s (W-2/ SC/	cor fi orga	(F) ated am of other npensati rom the nization d organiz	ion and
(15)														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		•••			••		•						
C	Total from continuation sheets to Part VII, Sect			•••		• •		•						
2	Total (add lines 1b and 1c)	ot limited to	· · · o thos	· · e lis	 ted a	abo	 ve) w	/ho	0 received more t	nan \$100,0	0 000 of			0
	reportable compensation from the organization	tion												C
3	Did the organization list any former officer, direct	tor trustee	kev en	nolov		or h	iahest	cor	nnensated				Yes	No
-	employee on line 1a? If "Yes," complete Schedu						-					3		х
4	For any individual listed on line 1a, is the sum of re													
	organization and related organizations greater th											4		x
5	Did any person listed on line 1a receive or accrue													
	for services rendered to the organization? If "Yes	s," complete	Sched	lule 、	J for	suci	h pers	ion			<u></u>	5		х
Secti 1	on B. Independent Contractors Complete this table for your five highest con	mnensated	linder	enc	lent	con	tract	ors	that received mo	ore than \$1	100 000	of		
	compensation from the organization. Repo	-	-										tax y	ear.
	(A)								(B)			(C)		
	Name and business addres	SS							Description of servio	xes	(Compens	ation	
2	Total number of independent contractors (in	ncluding bu	ut not l	imit	ed to	o th	ose li	steo	d above) who					

received more than \$100,000 of compensation from the organization

Form 9	90 (20	23) JUNIOR GOLF FOUNDA	TION OF GREAT	ER ST. LOUIS		26-15576	47 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to any	line in this Part \	/111		[]
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	a				
()	b		b				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	: 157,784				
ษัฏ	d	Related organizations	b b				
ar A	е	Government grants (contributions)	9				
s, Milia	f	All other contributions, gifts, grants,					
er Si		and similar amounts not included above 11	158,498	<u>.</u>			
othe	g						
out		lines 1a-1f	g \$	-			
0.6	h	Total. Add lines 1a-1f	•••••	316,282			
			Business Code				
a		PARTICIPANT FEES	611710	73,284	73,284		
e rvio	b		-				
jram Serv Revenue	C		_				
Rev	d		-				
Program Service Revenue	e f	All other program service revenue	-				
L		Total. Add lines 2a-2f		73,284			
				75,204			
	3	Investment income (including dividends, interest other similar amounts)		9,982	9,982		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7a	Gross amount from (i) Securities	(ii) Other	_			
		sales of assets					
		other than inventory 7a		-			
	b	Less: cost or other basis					
nue		and sales expenses		-			
eve	C d	Gain or (loss) 7c	- ·				
Other Revenue		Net gain or (loss)					
Othe	04	events (not including \$ 157,784					
0		of contributions reported on line					
			3a 34,602				
	b		3b 46,049	-			
	c	Net income or (loss) from fundraising events		(11,447)		(11,447)
	9a	Gross income from gaming					
		activities. See Part IV, line 19)a				
)b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
			Da	_			
		3	0b				
	C	Net income or (loss) from sales of inventory .	<u> </u>				
			Business Code				
e	11a						
Miscellanous Revenue	b						
Scel	c d						
Ξ.		Total. Add lines 11a-11d					
	12			388,101	83,266	0	(11,447)
						· · · · ·	<u> </u>

3
2

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS Part IX Statement of Functional Expenses

360	tion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response or n			nust complete colum	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
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	211,263	170,493	20,385	20,385
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,178	5,178		
10	Payroll taxes	16,161	13,043	1,559	1,559
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	800		800	
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, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	33,366	33,366		
13	Office expenses	2,963	266	2,697	
14	Information technology	10,862	10,862		
15	Royalties				
16	Occupancy	30,997	30,997		
17	Travel	8,534	8,534		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,204		15,204	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	CAMPS, CLINICS, AND LIFE	13,435	13,435		
b	SUPPLIES EXPENSE	44,346	43,142	1,204	
С	PROGRAM BACKGROUND CHECK	1,005	1,005		
d	EDUCATION	560	560		
е	All other expenses	1,998	1,998		
25	Total functional expenses. Add lines 1 through 24e	396,672	332,879	41,849	21,944
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)				

	990 (20	23) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS	3 2	6-1557	7647 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	1		Beginning of year		End of year
	1	Cash - non-interest-bearing	364,761	1	405,851
	2	Savings and temporary cash investments	52,300	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 43,404			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		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	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	417,061	16	405,851
	17	Accounts payable and accrued expenses	9,858	17	7,219
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liał		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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		05	
	20		0.050	25	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	9,858	26	7,219
		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	407 202	27	209 622
anc	27		407,203	27	398,632
Bal	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	
pu		and complete lines 29 through 33.			
Ŀ	20	Capital stock or trust principal, or current funds		29	
sol	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
set	31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	407,203	32	398,632
Š	33	Total liabilities and net assets/fund balances	407,203	33	405,851
EEA					Form 990 (2023)

Form	990 (2023) JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS	26-155764	7	Pa	age 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		388,	101
2	Total expenses (must equal Part IX, column (A), line 25)	2		396,	672
3	Revenue less expenses. Subtract line 2 from line 1	3		(8,	571)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		407,	203
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 on Schedule O)	9	-		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		398,	632
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🛛 Accrual 🗍 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
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 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		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate 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 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 on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
•••	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b					
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits		3b		
EEA				0 990	(2023)
			1 0111	1 3 3 0	(2020)

SCHEDULE	Α
(Form 990)	

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.

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 26-1557647 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 9 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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 а 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 b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D)

(E) Total OMB No. 1545-0047

	le A (Form 990) 2023 JUNIOR GOLI					26-155764	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
	on A. Public Support	1		1	I	1	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	300,349	234,185	379,398	408,274	350,885	1,673,091
2	Tax revenues levied for the					,	
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	300,349	234,185	379,398	408,274	350,885	1,673,091
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						247,622
6	Public support. Subtract line 5 from line 4.						1,425,469
	on B. Total Support						_,,
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		234,185	379,398	408,274		
8		300,349	234,185	379,398	408,274	350,885	1,673,091
0	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		1,542	68		9,981	11,591
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.)	3,929					3,929
11	Total support. Add lines 7 through 10						1,688,611
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	1/000/011
13	First 5 years. If the Form 990 is for the o						-)(2)
15							
0 1	organization, check this box and stop her						•••••
-	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6		-			14	84.42 %
15	Public support percentage from 2022 Sch					15	90.75 %
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	lifies as a publi	icly supported	organization .			X
b	33 1/3% support test - 2022. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	rted organizatio	on		
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	-					
	-						
	Part VI how the organization meets the fa			-	-		
-	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			•	•		• •
	organization						
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see
	instructions						П
EEA							A (Form 990) 2023

Schedu	le A (Form 990) 2023 JUNIOR GOLE					26-15576	47 Page 3
Part							
	(Complete only if you checked th	e box on line	10 of Part I	or if the organ	nization failed	to qualify u	nder Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
D	received from other than disgualified						
	•						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0					•		
-	on B. Total Support	(1) 0040	(1) 0000	(1) 0004	(1) 0000	() 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fi	fth tax year as a	a section 501	(c)(3)
	organization, check this box and stop her	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	-		3. column (f))		15	%
16	Public support percentage from 2022 Sch		-			16	%
	on D. Computation of Investment Inc						,,,
17	Investment income percentage for 2023 (I		-	v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2023 (I			-		18	%
19a	33 1/3% support tests - 2023. If the orga					-	
194	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizati	-	-	-			
U U	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	-	-			-	

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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. 6 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a 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.) 10b

Schedule A (Form 990) 2023 JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

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Part	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	_		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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, describe how the powers to appoint and/or remove officers, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	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,	•		
Cast	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		Vaa	N
			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		
Sect	ion D. All Type III Supporting Organizations			
			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		
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		
3	By reason of the relationship described in line 2, above, 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		
Saat	ion E. Type III Eurotionally Integrated Supporting Organizations			

tion E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to	the method the	at the organization	used to satisfy the Integral Part	Test during the year (see instructions).
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- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- **b** Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- 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.

Schedule A (Form 990) 2023

2a

2b

3a

3b

Yes

No

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			,
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Section	
Secti	on 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		
Secti	on 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	ally int	egrated Type III support	ing organization
	(and instructions)			

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Check here if the current year is the organization's first as a non-functionally (see instructions).
EEA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Schedu	e A (Form 990) 2023 JUNIOR GOLF FOUNDATION OF			57647 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(B) Supporting Organic	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported organi	zations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
		Excess Distributions	Pre-2023	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		10 1010	
2	Underdistributions, if any, for years prior to 2023			
_	(reasonable cause required - <i>explain in Part VI).</i> See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			
EEA				Schedule A (Form 990) 2023

Schedule A (F	orm 990) 2023 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.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

Name of the organization	Employer identification number
JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS	26-1557647
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	ASCENSION		Person 🗵 Payroll 🗌					
	101 S HANLEY ROAD SUITE 1100 SAINT LOUIS MO 63105	\$15,000	Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	PURE INSURANCE		Person 🔟 Payroll					
	44 S BROADWAY WHITE PLAINS NY 10601	\$5,000	Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	HUSCH BLACKWELL LLC 190 CARONDOLET SUITE 600	\$ 5,000	Person x Payroll Noncash					
	SAINT LOUIS MO 63105		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	ASCENSION CHARITY CLASSIC 101 S HANELY RD SUITE 1100 SAINT LOUIS MO 63105	\$29,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5	THOMPSON CAPITAL PARTNERS 7676 FORSYTH AVE SUITE 2700	\$5,000	Person x Payroll Noncash					
	SAINT LOUIS MO 63105		(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6	AMERICA DIRECT MARKETING	¢	Person x Payroll					
	400 CHESTERFIELD CENTER CHESTERFIELD MO 63017	\$10,000	Noncash (Complete Part II for noncash contributions.)					

EEA

Employer identification number

26-1557647

Schedule B (Form 990) (2023
Name of organization

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

	ORGANIZATION OF GREATER ST. LOUIS	Em	ployer identification number 26-1557647
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MASTERCARD 100 MANHATTANVILLE ROAD	\$8,750	Person x Payroll Noncash
	PURCHASE NY 10577-2134		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KUHN FOUNDATION		Person 🗴 Payroll 🗌
	4568 MERAMEC BOTTOM ROAD SAINT LOUIS MO 63128	\$	 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
9	Name, address, and ZIP + 4 BART BAUMSTARK		Type of contribution Person
	510 OVERHILL DR	\$	-
	SAINT LOUIS MO 63130		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	STIFEL ONE FINANCIAL PLAZA	\$ 10,000	Person x Payroll Noncash
	SAINT LOUIS MO 63102		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PGA TOUR FIRST TEE FOUNDATION INC		Person <u>x</u> Payroll
	13000 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082	\$18,04	 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	WILLIAM SHEARBURN		Person <u>x</u> Payroll
	34 DROMARA RD	\$9,450	Noncash
	SAINT LOUIS MO 63124		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

JUNIOR	GOLF FOUNDATION OF GREATER ST. LOUIS		26-1557647
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BOB TOMASO 101 S HANLEY RD SAINT LOUIS MO 63105	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BILL HOLLAND 101 S HANLEY Saint Louis MO 63105	\$5,700	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	PSYCHIATRY CONSULTANT SERVICES 2388 SCHUETZ RD Saint Louis MO 63146	\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16	ASSURED PARTNERS 12645 OLIVE BLVD Saint Louis MO 63141	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

SCHEDULE D		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the orga		2023	
_		Part IV, line 6, 7, 8, 9, 10	-	Open to Public	
	nent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	tion	Inspection
	of the organization			Employer identifica	
TIINT	OR GOLE FOIN	DATION OF GREATER ST. LOUIS		26-15576	47
Pa			Funds or Other Similar Funds or Acc		- ,
		te if the organization answered "Yes" of			
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at	end of year		(2) 2002	
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	writing that the assets held in donor advised		
	0		ation's exclusive legal control?		. Yes No
6			advisors in writing that grant funds can be use		
	-		nor or donor advisor, or for any other purpose		
	-				. Yes No
Par		rvation Easements			
	Complet	te if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpose(s) of co	nservation easements held by the organiza	tion (check all that apply).		
	Preservation	of land for public use (for example, recreation	on or education) Preservation of a h	nistorically importa	nt land area
	Protection of	natural habitat	Preservation of a c	certified historic str	ucture
	Preservation	of open space			
2	Complete lines 2	a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation	
	easement on the	last day of the tax year.		Held a	t the End of the Tax Year
а	Total number of	conservation easements		. 2a	
b	Total acreage re	stricted by conservation easements		. 2b	
С	Number of conse	ervation easements on a certified historic st	ructure included on line 2a	. 2c	
d	Number of conse	ervation easements included on line 2c, acq	uired after July 25, 2006, and not		
	on a historic strue	cture listed in the National Register		. 2d	
3	Number of conse	ervation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during	the
	tax year				
4		s where property subject to conservation ea			
5	Does the organiz	ation have a written policy regarding the pe	riodic monitoring, inspection, handling of		
			tholds?		
6	Staff and volunte	er hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing conserva	ation easements du	uring the year
			·		
7	Amount of exper	nses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during	the year
8			e satisfy the requirements of section 170(h)(4	,,,,,,	
_					
9			tion easements in its revenue and expense st		ice
			e organization's financial statements that deso	cribes the	
Der		counting for conservation easements	of Art Historical Tracewas, or O	the su Cincileu A	
Par		-	of Art, Historical Treasures, or O	ther Similar A	Issets
- 10		te if the organization answered "Yes" of		holonoo ohoot wa	deo
1a			58, not to report in its revenue statement and		KS
			blic exhibition, education, or research in furth	erance or public	
L			Incial statements that describes these items.	ance chect work-	of
b	-		58, to report in its revenue statement and bal		
			c exhibition, education, or research in furthera	ance of public serv	10e,
	•	ving amounts relating to these items:		•	
				-	
n			acuras or other similar assets for financial a		
2	-	in received or neid works of art, historical treats required to be reported under FASB ASC	easures, or other similar assets for financial g	an, provide the	
		IS LEADINED TO DE LEDOLLEU ALIAEL LASIS ASL			

	b	Assets included in Form 990, Part X								
For	Pap	perwork Reduction Act Notice, see the Instruction	ns	fo	or F	For	m	99	90.	

Schedule D (Form 990) 2023

\$

\$

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SCHEDULE D

	e D (Form 990) 2023 JUNIOR GOLF FOUNDA				26-155		Page 2
Part	t III Organizations Maintaining Col	lections of Art, His	storical T	reasures, c	or Other Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, accession, a	and other records, check a	any of the fo	llowing that ma	ke significant use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or	exchange prog	gram		
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain how the	ev further the	organization's	exempt purpose in Part	t	
	XIII.			0			
5	During the year, did the organization solicit or rec	eive donations of art. his	orical treasu	ures, or other si	milar		
•	assets to be sold to raise funds rather than to be					. 🗌 Yes	No
Par		-	, organizatio			<u>. </u>	
	Complete if the organization ans		m 990 Pa	art IV line 9	or reported an arr	nount on I	Form
	990, Part X, line 21.				, or reported an an		onn
1a	Is the organization an agent, trustee, custodian or	other intermediary for co	ntributions of	or other assets	not		
iu						. 🗌 Yes	No
h	If "Yes," explain the arrangement in Part XIII and					. 🔤 ies	
b			idle.		۸	nount	
-						IOUNI	
C	Beginning balance						
d	Additions during the year						
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form						∐ No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explanatio	n has been p	provided on Pa	rt XIII	••••	
Part			000 D		•		
	Complete if the organization ans						
) Current year (b) P	rior year	(c) Two years ba	ck (d) Three years back	(e) Four	years back
1a	Beginning of year balance	·					
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 current y	vear end balance (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment %						
с	Term endowment %						
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.					
3a	Are there endowment funds not in the possessio		are held and	d administered	for the		
	organization by:	0				Γ	Yes No
	(i) Unrelated organizations?					. 3a(i)	
	(ii) Related organizations?					. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the org						
Par							
. and	Complete if the organization ans		m 990 P:	art IV line 1	1a See Form 990	Part X li	ne 10
	Description of property	(a) Cost or other basis (investment)		other basis	(c) Accumulated depreciation	(d) Book	value
10	Land	(- /			
1a 5							
b				42.404	42 404		
ر لہ	Leasehold improvements			43,404	43,404		
d							
e Tatal	Other		 	(2)			
i otal.	Add lines 1a through 1e. (Column (d) must equal	ı ⊢orm 990, Part X, line 1	UC, COlumn	(B)			

Schedule D (Form 990) 2023

EEA

Schedule D (For	,	JUNIOR GOLF FOUNDATION OF G	REATER ST. LOUI	IS 26-	-1557647	Page 3
Part VII		Other Securities				
	Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form	<u>ı 990, Part X, li</u>	ine 12.
		iption of security or category luding name of security)	(b) Book value		ethod of valuation: d-of-year market value	
(1) Financial of	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal For	rm 990, Part X, line 12, col.(B))				
Part VIII		 Program Related e organization answered "Yes" on Fol 	rm 990, Part IV, lin	e 11c. See Form	n 990, Part X, li	ine 13.
	(a) De	escription of investment	(b) Book value	(c) Me	ethod of valuation:	
	(-) -		(.,		d-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal For	rm 990, Part X, line 13, col. (B))				
Part IX	Other Assets					
	Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11d. See Form	<u>ı 990, Part X, li</u>	ine 15.
		(a) Description			(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal For	m 990, Part X, line 15 col. (B))				
Part X	Other Liabiliti					
	Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Pa	art X,
	line 25.	5	, ,		,	,
1.	(a) Description of	liability (b) Book	value			
(1) Federal i						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(h) must equal Form 00	0, Part X, line 25 col. (B))				
· · · · · ·		ns. In Part XIII, provide the text of the footnote t	o the organization's find	ancial statements that	reports the	
		tax positions under FASB ASC 740. Check her	-			
organizations	naomy ior uncertaill	tax positions under 1 AOD AOU 140. OHECK HEL		are the neer highligh	u u t All	$\cdot \cdot \cdot \square$

Schedu	e D (Form 990) 2023 JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS 2	6-1557647	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

		Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
		Complete if	the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if th organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2023	
Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public	
	f the organization		50 to www.iis.gov/F	0////39010111				Employer identifi	Inspection cation number	
JUNI	OR GOLF FOUN	DATION OF GRE	ATER ST. LOU	JIS				26-15	57647	
Par	t I Fundrai	sing Activities.	Complete if th	e organiza	ation ansv	vered "Yes" on	Form	990, Part IV	', line 17.	
	Form 99	0-EZ filers are n	ot required to	complete	this part.					
1	Indicate whether	the organization rais	ed funds through a	any of the foll	-					
а	Mail solicitatio			e		of non-governmen	-	5		
b		mail solicitations		f		of government gra	nts			
C L	Phone solicita			g	Special fun	draising events				
d 2a	<u> </u>	tion have a written or	oral agreement w	ith any individ	dual (includir	a officers director	s truste	265		
Lu	-	s listed in Form 990,	-	-		-			🗌 Yes 🗌 No	
b		0 highest paid individ	, .		•	0				
	compensated at	least \$5,000 by the c	organization.							
			[I		1				
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(Amount paid to or retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total										
3	List all states in v registration or lice	which the organizatio	n is registered or li	censed to so	olicit contribu	tions or has been n	otified	it is exempt from	۱ 	

			NIOR GOLF FOUNDATI			-1557647 Page 2
Pa	rt II	Fundraising Events. Com				•
		than \$15,000 of fundraising	•	d gross income on Forn	n 990-EZ, lines 1 and 6b	 List events with
		gross receipts greater than	\$5,000.	1	1	T
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF OUTINGS		None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e						
Revenue	1	Gross receipts	192,386			192,386
Re						
	2	Less: Contributions				
	3	Gross income (line 1				
		minus line 2)	192,386			192,386
	4	Cash prizes				
	5	Noncash prizes				
es	6	Rent/facility costs				
sua						
Ĕ	7	Food and beverages				
Direct Expenses						
Dir	8	Entertainment				
	9	Other direct expenses	46,049			46,049
	10	Direct expense summary. Add lin	U v			46,049
De	11 rt III	Net income summary. Subtract li				146,337
Га		Gaming. Complete if the or \$15,000 on Form 990-EZ, I	-	res on Form 990, Fait	in, line 19, or reported i	nore man
		\$13,000 011 0111 990-EZ, 1				
е			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Re	1	Gross revenue				
	-					
	2	Cash prizes				
enses						
)en:	3	Noncash prizes				
Direct Exp						
ect	4	Rent/facility costs				
D						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lin	nes 2 through 5 in column (o	d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	lumn (d)		
9		nter the state(s) in which the organiz				
		the organization licensed to conduc	ct gaming activities in each	of these states?	•••••	Yes No
	b lf'	"No," explain:				
40	a 14/	are any of the argonizations are the	a liconoco rovolecti ever	dod or torminated during	the toy yeer?	
10		ere any of the organization's gamin		-	-	Yes 🗌 No
	b lf'	"Yes," explain:				
	_					

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Employer identification number 26-1557647

01. Form 990 governing body review (Part VI, line 11)

THE ORGANIZATIONS GOVERNING BOARD HAS GRANTED AUTHORITY TO THE BOARD'S TREASURER TO REVIEW

AND APPROVE THE FORM 990 PRIOR TO SUBMISSION. THE FORM 990 IS MADE AVAILABLE FOR THE

ENTIRE PERIOD

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION AT THE END OF THE TAX YEAR HAD A CONFLICT OF INTEREST POLICY. THE POLICY

DEFINES CONFLICT OF INTETRESTS, IDENTIFIES THE CLASSES OF INDIVIDUALS WITHIN THE

ORGANIZATION COVERED BY THE POLICY, FACILITATES DISCLOISURES OF INFORMATION THAT MAY HELP

IDENTIFY CONFLICTS OF INTERESTS, AND SPECIFIC PROCEDURES TO BE FOLLOWED IN MANAGING

CONFLICTS OF INTERESTS.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD CHAIRMAN MEETS WITH THE EXECUTIVE DIRECTOR TO GO OVER A PERFORMANCE REVIEW. THE

CHAIRMAN MEETS WITH THE BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS VOTES ON THE SALARY,

RAISES, AND YEAR END BONUSES FOR THE EXECUTIVE DIRECTOR.

04. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS FORM 990, CONFLICT OF INTEREST AND BOARD MINUTES AVAILABLE UPON

REQUEST.

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization tv

OMB No. 1545-0047

TOL	а	lax	Exem	ρτ	Enti

For calendar year 2023, or fiscal year beginning

, 2023, and ending

2023

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN 26-1557647

, 20

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS Name and title of officer or person subject to tax

RYAN HILLENBRAND, CHAIRMAN

Type of Return and Return Information Part I

	i i jpe el liceta lla la la la la			
8038-C 3a, 4a, 3b, 4b ,	P and Form 5330 filers may enter dolla 5a, 6a, 7a, 8a, 9a, or 10a below, and th	rs a ie a s aj	g this Form 8879-TE and enter the applicable amount, if any, from the return. Form and cents. For all other forms, enter whole dollars only. If you check the box on line 1a , amount on that line for the return being filed with this form was blank, then leave line 1k pplicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- o o one line in Part I.	o, 2b,
1a	Form 990 check here 🗴	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	388,101
2a	Form 990-EZ check here	b	Total revenue , if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b	
Part	II Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax	
Under p	penalties of perjury, I declare that	1	am an officer of the above entity or I am a person subject to tax with respect to	(name
of entity	/)		, (EIN) and that I have examined a co	opy of the
	te. I further declare that the amount in Pa	rt I	es and statements, and, to the best of my knowledge and belief, they are true, correct, ar above is the amount shown on the copy of the electronic return. I consent to allow my	nd

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: cl	heck one	e box	only
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EEA

PIN: check one box	(only			
x I authorize	Westerheide & Company CPAs	to enter my PIN	57647	as my signature
	ERO firm name		Enter five numb do not enter all	/
agency(ies) re	ar 2023 electronically filed return. If I have indicated within egulating charities as part of the IRS Fed/State program, issure consent screen.			
filed retum. If	or person subject to tax with respect to the entity, I will en I have indicated within this return that a copy of the return d/State program, I will enter my PIN on the return's disclo	n is being filed with a state ager		
Signature of officer or p	person subject to tax		Date 06-0	4-2024
Part III Cert	tification and Authentication			
	inter your six-digit electronic filing identification wed by your five-digit self-selected PIN.	434256 12345	5	
		Do not ente	er all zeros	
	ve numeric entry is my PIN, which is my signature on the return in accordance with the requirements of Pub. 4163 as Returns.	2		
ERO's signature		Date	06-05-202	24
	ERO Must Retain This I	Form - See Instructions		

Form 990 Worksheet	Schedule A	, Line 5 - Exces	s 2% Limitat	ion Contribu	tors		
Worksheet	(This page is not filed with the return. It is for your records only.)						
Name(s) as shown on return	· ·	•		• •		Tax ID Number	
JUNIOR GOLF FOUNDATION OF GR	EATER ST. LOUIS					26-155764	7
2% of the amount on Schedule A, Part II, line 11,	column (f)						33,772
Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus
			15.000	15.000	15.000		the 2% limitation)
ASCENSION		12,500	15,000	15,000	15,000	57,500	23,728
PURE INSURANCE		5,500	5,500	5,000	5,000	21,000	
EMERSON		20,000	14,000			34,000	
HUSCH BLACKWELL LLC		5,500	5,500	5,000	5,000	21,000	
ASCENSION CHARITY CLASSIC		5,500	30,000	37,500	29,000	102,000	-
PNC BANK		5,500	5,500			11,000	
THOMPSON CAPITAL PARTNERS		12,500	12,500	12,500	5,000	42,500	
AMERICA DIRECT MARKETING		10,000	10,000	10,000	10,000	40,000	•
MASTERCARD		35,000	26,250	43,750	8,750	113,750	-
KUHN FOUNDATION		10,000	25,000	25,000	25,000	85,000	-
BART BAUMSTARK			5,500	10,000	10,000	25,500	
JOHN PETITE			5,000			5,000	
RON WEIL			10,000			10,000	
DICKS SPORTING GOODS FOUNDATION			5,000			5,000	
BOB L EMIG FOUNDATION			5,000			5,000	
STIFEL				5,000	10,000	15,000	
PGA TOUR FIRST TEE FOUNDATION I	NC			25,000	18,048	43,048	9,276
WILLIAM SHEARBURN				13,600	9,450	23,050	
BOB TOMASO				5,000	5,000	10,000	
BILL HOLLAND					5,700	5,700	
PSYCHIATRY CONSULTANT SERVICES					5,000	5,000	
ASSURED PARTNERS					5,000	5,000	

Total

_____247,622