

**FOR TAX YEAR 2025**

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Westerheide & Company CPAs PC

11430 Gravois Road

Saint Louis, MO 63126

(314)843-6555

Return of Organization Exempt From Income Tax

2025

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS, THE FIRST TEE OF GREATER ST. LOUIS, PO BOX 15175, SAINT LOUIS, MO 63110. Includes tax-exempt status (501(c)(3)), website (WWW.THEFIRSTTEESTLOUIS.ORG), and principal officer (SCOTT MANNIS).

Part I Summary

Summary table with 22 rows. Rows 1-7a describe mission and governance. Rows 8-12 show revenue (Total: 485,293). Rows 13-19 show expenses (Total: 343,438). Rows 20-22 show net assets (Total: 547,666).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for SCOTT MANNIS, CHAIRMAN. Includes signature line and date field.

Paid Preparer Use Only section for MICHAEL WESTERHEIDE, MICHAEL WESTERHEIDE, Westerheide & Company CPAs PC, 11430 Gravois Road, Saint Louis MO 63126.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part 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 PEOPLE 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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 274,587 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**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 \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 274,587

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

| Part 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 return . . . . .  | 2a  | 13 |   |   |
| 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  |    |   | X |
| 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  |    |   | X |
| b  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |   |   |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | 5a  |    |   | X |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | 5b  |    |   | X |
| c  | 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  |    |   | X |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 6b  |    |   |   |
| 7  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |   |   |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | 7a  |    | X |   |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | 7b  |    | X |   |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | 7c  |    |   | X |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | 7d  |    |   |   |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | 7e  |    |   | X |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | 7f  |    |   | X |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | 7g  |    |   | X |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | 7h  |    |   | X |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | 8   |    |   |   |
| 9  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |   |   |
| a  | 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   | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |   |   |
| a  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | 10a |    |   |   |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | 10b |    |   |   |
| 11   | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |   |   |
| a  | 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.) . . . . .  | 11b |    |   |   |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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 . . . . .  | 12b |    |   |   |
| 13   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |   |   |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |   |   |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | 13b |    |   |   |
| c  | Enter the amount of reserves on hand . . . . .   | 13c |    |   |   |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | 14a |    |   | X |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .  | 14b |    |   |   |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | 15  |    |   | X |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | 16  |    |   | X |
| 17   | <b>Section 501(c)(21) organizations.</b> 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? . . . . .<br>If "Yes," complete Form 6069. | 17  |    |   |   |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Column 1a, Column 1b, Yes, No. Rows include questions 1a through 9 regarding governing body members, family relationships, and mailing addresses.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 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.
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.

MARY SWANSON (314)533-6400, 5163 CLAYTON AVE, SAINT LOUIS, MO 63110

**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 the 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.

| (A)<br>Name and title              | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                    |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1)LEONARD ADEWUNMI<br>DIRECTOR    | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (2)BLAKE ARMSTRONG Jr.<br>DIRECTOR | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (3)ANDY BYER<br>DIRECTOR           | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (4)RYAN HILLENBRAND<br>CHAIRMAN    | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (5)DAVE AMARNEK<br>DIRECTOR        | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (6)BILL HOLLAND<br>DIRECTOR        | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (7)ANTHONY HOUSKA<br>DIRECTOR      | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (8)BECKY KINGSTON<br>DIRECTOR      | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (9)DENNY O'NEILL<br>DIRECTOR       | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (10)NEIL RICHTER<br>DIRECTOR       | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (11)JOHN CROWLEY<br>DIRECTOR       | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (12)PATRICK ORUWARI<br>DIRECTOR    | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (13)LUIS RIVERO<br>DIRECTOR        | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (14)BRETT BRONENKAMP<br>DIRECTOR   | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 the 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.

| (A)<br>Name and title                        | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) TYLER JOHNS<br>DIRECTOR                  | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (2) JESSE KLEIN<br>DIRECTOR                  | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (3) FACUNDO OYENARD<br>DIRECTOR              | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (4) AARON SESTRICH<br>DIRECTOR               | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (5) ROBERT TYNES<br>DIRECTOR                 | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (6) BRIAN KORNMANN<br>DIRECTOR               | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (7) TONY MCDONALD<br>DIRECTOR                | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (8) MARK MILTON<br>DIRECTOR                  | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (9) BILL RUDD<br>DIRECTOR                    | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (10) ANDREW RUSHING<br>DIRECTOR              | 2.00  | X   |                       |         |              |                              | 0      | 0   | 0  |   |
| (11) JAMES CHALMERS<br>TREASURER             | 2.00  | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (12) SCOTT MANNIS<br>CHAIRMAN                | 2.00  | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (13) MICHELLE MITCHELL-BROMFMAN<br>SECRETARY | 2.00  | X   |                       | X       |              |                              | 0      | 0   | 0  |   |
| (14)   |   |   |                       |         |              |                              |        |   |  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (24) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| (25) -----   |   |   |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 0   | 0  | 0   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts   | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |                      |  |                                      |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |                      |  |                                      |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   | 188,270              |  |                                      |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |                      |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions) . .   | <b>1e</b>   |                      |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above         | <b>1f</b>   | 235,414              |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b>   | \$                   |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |   |                      | 423,684                                      |                                      |   |  |
| Program Service<br>Revenue  |  | Business Code   |                      |  |                                      |   |  |
|   | <b>2a</b> PARTICIPANT FEES   | 611710  | 64,529               | 64,529                                       |                                      |   |  |
|   | <b>b</b> _____   |   |                      |  |                                      |   |  |
|   | <b>c</b> _____   |   |                      |  |                                      |   |  |
|   | <b>d</b> _____   |   |                      |  |                                      |   |  |
|   | <b>e</b> _____   |   |                      |  |                                      |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |   |                      |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .   |  |   | 64,529               |  |                                      |   |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |   | 7,744                | 7,744  |                                      |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                              |   |                      |  |                                      |   |  |
|   | <b>5</b> Royalties . . . . .   |   |                      |  |                                      |   |  |
|   | <b>6a</b> Gross rents . . . . .  | <b>6a</b>   | (i) Real             |  |                                      |   |  |
|   |  |   | (ii) Personal        |  |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   | <b>b</b> Less: rental expenses . . . . .   | <b>6b</b>   |                      |  |                                      |   |  |
|   | <b>c</b> Rental income or (loss)   | <b>6c</b>   |                      |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   |                      |  |                                      |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory . . . . .                   | <b>7a</b>   | (i) Securities       |  |                                      |   |  |
|   |  |   | (ii) Other           |  |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   |  |   |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .                                 | <b>7b</b>   |                      |  |                                      |   |  |
| <b>c</b> Gain or (loss) . . . . .   | <b>7c</b>  |   |                      |  |                                      |   |  |
| <b>d</b> Net gain or (loss) . . . . .   |  |   |                      |  |                                      |   |  |
| <b>8a</b> Gross income from fundraising<br>events (not including \$ 188,270<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>  |   | 62,016               |  |                                      |   |  |
|   |  | <b>b</b> Less: direct expenses . . . . .                        | <b>8b</b>            | 72,680                                       |                                      |   |  |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . |                      | (10,664)                                     |                                      | (10,664)  |  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  | <b>9a</b>  |   |                      |  |                                      |   |  |
|   |  | <b>b</b> Less: direct expenses . . . . .                        | <b>9b</b>            |  |                                      |   |  |
|   |  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>10a</b>   |   |                      |  |                                      |   |  |
|   |  | <b>b</b> Less: cost of goods sold . . . . .                     | <b>10b</b>           |  |                                      |   |  |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . . |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue  |  | Business Code   |                      |  |                                      |   |  |
|   | <b>11a</b> _____   |   |                      |  |                                      |   |  |
|   | <b>b</b> _____   |   |                      |  |                                      |   |  |
|   | <b>c</b> _____   |   |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue . . . . .   |   |                      |  |                                      |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .   |  |   |                      |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .   |  |   | 485,293              | 72,273                                       | 0                                    | (10,664)  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising 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 . . . . .  | 174,677               | 137,177                         | 18,750                                 | 18,750                      |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .   | 481                   | 481                             |  |                             |
| 10   | Payroll taxes . . . . .   | 13,355                | 10,487                          | 1,434                                  | 1,434                       |
| 11   | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a  | Management . . . . .  |                       |                                 |  |                             |
| b  | Legal . . . . .   |                       |                                 |  |                             |
| c  | Accounting . . . . .  | 2,504                 |                                 | 2,504                                  |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | 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 . . . . .   | 27,444                | 27,444                          |  |                             |
| 13   | Office expenses . . . . .   | 4,034                 | 221                             | 3,813                                  |                             |
| 14   | Information technology . . . . .  | 8,824                 | 8,824                           |  |                             |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   | 30,241                | 30,241                          |  |                             |
| 17   | Travel . . . . .  | 5,199                 | 5,199                           |  |                             |
| 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 . . . . .   | 19,614                |                                 | 19,614                                 |                             |
| 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.)   |                       |                                 |  |                             |
| a  | <b>CAMPS, CLINICS, AND LIFE</b>   | 18,429                | 18,429                          |  |                             |
| b  | <b>SUPPLIES EXPENSE</b>   | 37,620                | 35,068                          | 2,552                                  |                             |
| c  | <b>PROGRAM BACKGROUND CHECK</b>   | 1,016                 | 1,016                           |  |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses _____  |                       |                                 |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e. . . . .  | 343,438               | 274,587                         | 48,667                                 | 20,184                      |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |  | (A)   |         | (B)         |         |
|-----------------------------|--|---|---------|-------------|---------|
|                             |  | Beginning of year   |         | End of year |         |
| Assets                      | 1  | Cash - non-interest-bearing   | 171,896 | 1           | 204,723 |
|                             | 2  | Savings and temporary cash investments  | 236,613 | 2           | 346,856 |
|                             | 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)   |         | 6           |         |
|                             | 7  | Notes and loans receivable, net   |         | 7           |         |
|                             | 8  | Inventories for sale or use   |         | 8           |         |
|                             | 9  | Prepaid expenses and deferred charges   |         | 9           |         |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 43,404  |             |         |
|                             | b  | Less: accumulated depreciation  | 43,404  | 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                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 408,509   | 16      | 551,579     |         |
| Liabilities                 | 17   | Accounts payable and accrued expenses   | 2,698   | 17          | 3,913   |
|                             | 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          |         |
|                             | 22   | Loans and other 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      |         | 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 of Schedule D   |         | 25          |         |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 2,698   | 26          | 3,913   |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |         |             |         |
|                             | 27   | Net assets without donor restrictions   | 405,811 | 27          | 547,666 |
|                             | 28   | Net assets with donor restrictions  |         | 28          |         |
|                             | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |         |             |         |
|                             | 29   | Capital stock or trust principal, or current funds  |         | 29          |         |
|                             | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |         | 30          |         |
|                             | 31   | Retained earnings, endowment, accumulated income, or other funds  |         | 31          |         |
|                             | 32   | <b>Total net assets or fund balances</b>  | 405,811 | 32          | 547,666 |
|                             | 33   | <b>Total liabilities and net assets/fund balances</b>   | 408,509 | 33          | 551,579 |

**Part XI Reconciliation of Net Assets**

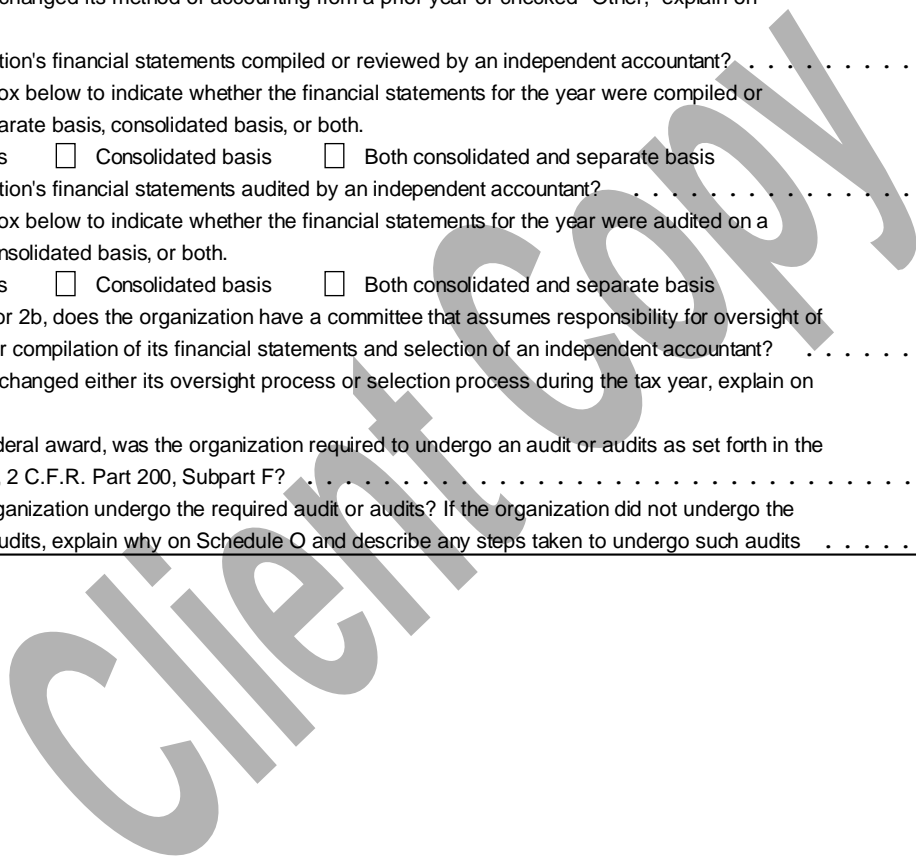
Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |         |
|----|--|----|---------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 485,293 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 343,438 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 141,855 |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 405,811 |
| 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  |         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 547,666 |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| c  | 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? . . . . .<br>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? . . . . .   |     | X  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .  |     |    |



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2025**

**Open to Public  
Inspection**

|   |                                       |
|---|---------------------------------------|
| <b>Name of the organization</b>             | <b>Employer identification number</b> |
| JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS | 26-1557647                            |

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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  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: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2025 (88.46%); 15 Public support percentage from 2024 Schedule A, Part II, line 14 (83.55%); 16a 33 1/3% support test - 2025 (checked); 17a 10%-facts-and-circumstances test - 2025; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," 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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations (continued)**

|           |   | Yes        | No |
|-----------|---|------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |            |    |
| <b>a</b>  | 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? | <b>11a</b> |    |
| <b>b</b>  | A family member of a person described on line 11a above?  | <b>11b</b> |    |
| <b>c</b>  | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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? <i>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.</i> | <b>1</b> |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | 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)? <i>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).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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? | <b>1</b> |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> | By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |   |           |  |
|----------|---|-----------|--|
| <b>1</b> | <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>  |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>  |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organization. <i>Complete line 3 below.</i>  |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental supported organization. <i>Describe in Part VI how you supported a governmental supported organization (see instructions). (see instructions).</i>   |           |  |
| <b>2</b> | <b>Activities Test. Answer lines 2a and 2b below.</b>   |           |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |  |
| <b>b</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? <i>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.</i>   | <b>2b</b> |  |
| <b>3</b> | <b>Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.</b>  |           |  |
| <b>a</b> | Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>  | <b>3a</b> |  |
| <b>b</b> | Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |  |
| <b>c</b> | Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  | <b>3c</b> |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |
| Section 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):  |                |                             |
| a                                | Average monthly value of securities  | 1a             |                             |
| b                                | Average monthly cash balances  | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| Section 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | <b>Total annual distributions.</b> Add lines 1 through 5.   | <b>6</b>            |
| <b>7</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>7</b>            |
| <b>8</b>                         | Distributable amount for 2025 from Section C, line 6  | <b>8</b>            |
| <b>9</b>                         | Line 7 amount divided by line 8 amount  | <b>9</b>            |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2025</b> | <b>(iii)<br/>Distributable<br/>Amount for 2025</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2025 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2025   |                                     |   |  |
| <b>a</b> From 2020 . . . . .   |                                     |   |  |
| <b>b</b> From 2021 . . . . .   |                                     |   |  |
| <b>c</b> From 2022 . . . . .   |                                     |   |  |
| <b>d</b> From 2023 . . . . .   |                                     |   |  |
| <b>e</b> From 2024 . . . . .   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2025 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2020 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2025 from Section D, line 6: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2025 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2021 . . . .  |                                     |   |  |
| <b>b</b> Excess from 2022 . . . .  |                                     |   |  |
| <b>c</b> Excess from 2023 . . . .  |                                     |   |  |
| <b>d</b> Excess from 2024 . . . .  |                                     |   |  |
| <b>e</b> Excess from 2025 . . . .  |                                     |   |  |

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Client Copy

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization

**JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS**

Employer identification number

**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).

Name of organization

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Employer identification number

26-1557647

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | HUSCH BLACKWELL LLC<br>190 CARONDOLET SUITE 600<br>SAINT LOUIS, MO 63105          | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | THOMPSON CAPITAL PARTNERS<br>7676 FORSYTH AVE SUITE 2700<br>SAINT LOUIS, MO 63105 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | AMERICA DIRECT MARKETING<br>400 CHESTERFIELD CENTER<br>CHESTERFIELD, MO 63017     | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | BART BAUMSTARK<br>510 OVERHILL DR<br>SAINT LOUIS, MO 63130                        | \$ 7,040                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | DICKS SPORTING GOODS FOUNDATION<br>345 COURT STREET<br>CORAOPLIS, PA 15108        | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | BOB L EMIG FOUNDATION<br>2811 BARRETT PINES LANE<br>BALLWIN, MO 63021             | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS</b> | Employer identification number<br><b>26-1557647</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | STIFEL<br><br>ONE FINANCIAL PLAZA<br><br>SAINT LOUIS, MO 63102                | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | BOB TOMASO<br><br>101 S HANLEY RD<br><br>SAINT LOUIS, MO 63105                | \$ 10,600                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | JAMES CHALMERS<br><br>807 OAKWAY PLACE<br><br>SAINT LOUIS, MO 63122           | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | ERIC HOLLAND<br><br>106 TREVILLIAN AVENUE<br><br>SAINT LOUIS, MO 63122        | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | LENOIR CHARITABLE TRUST<br><br>120 S CENTRAL AVE<br><br>SAINT LOUIS, MO 63105 | \$ 100,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | THE BUDDY FUND<br><br>2827 CLARK AVENUE<br><br>SAINT LOUIS, MO 63103          | \$ 30,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

Employer identification number

26-1557647

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                             | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 13         | BRIAN WARNER<br>49 PORTLAND DR<br>SAINT LOUIS, MO 63131       | \$ 5,700                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | MARK MILTON<br>11004 MANCHERSTER RD<br>SAINT LOUIS, MO 63122  | \$ 5,600                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | JESSE KLEIN<br>12 LYNNE CT<br>SAINT LOUIS, MO 63132           | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | BLAKE ARMSTRONG<br>40 BRIGHTON WAY<br>SAINT LOUIS, MO 63105   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | AARON SESTRICH<br>16562 CENTERPOINTE DR<br>WILDWOOD, MO 63040 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | TRIAD BANK<br>10375 CLAYTON RD<br>SAINT LOUIS, MO 63130       | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS</b> | Employer identification number<br><b>26-1557647</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 19         | ANDREW RUSHING<br><br>32 JEFFERSON ROAD<br><br>SAINT LOUIS, MO 63119 | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | TONY MCDONALD<br><br>658 WESTLEDGE CT<br><br>SAINT LOUIS, MO 63131   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS</b> | Employer identification number<br><b>26-1557647</b> |
|--|---|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br><small>(See instructions.)</small> | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____   | _____                |

Name of organization

**JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS**

Employer identification number

**26-1557647**

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

Supplemental Financial Statements

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

Open to Public Inspection

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

Name of the organization: JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS
Employer identification number: 26-1557647

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 43,404                          | 43,404                       |                |
| d Equipment   |                                      |                                 |                              |                |
| e Other   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              |                |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)             | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .   |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . . |                |  |

**Part VIII Investments - Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . . |                |  |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) _____   |                |
| (2) _____   |                |
| (3) _____   |                |
| (4) _____   |                |
| (5) _____   |                |
| (6) _____   |                |
| (7) _____   |                |
| (8) _____   |                |
| (9) _____   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . . |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . |                |  |

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



**Part XIII** Supplemental Information (continued)

Client Copy



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1                        | (b) Event #2 | (c) Other events              | (d) Total events                |
|-----------------|--|-------------------------------------|--------------|-------------------------------|---------------------------------|
|                 |  | <b>GOLF OUTINGS</b><br>(event type) | (event type) | <b>None</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 250,286                             |              |                               | 250,286                         |
|                 | <b>2</b> Less: Contributions . . . . .   |                                     |              |                               |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 250,286                             |              |                               | 250,286                         |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                                     |              |                               |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |                                     |              |                               |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .   |                                     |              |                               |                                 |
|                 | <b>7</b> Food and beverages . . . . .  |                                     |              |                               |                                 |
|                 | <b>8</b> Entertainment . . . . .   |                                     |              |                               |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 72,680                              |              |                               | 72,680                          |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                                     |              |                               | 72,680                          |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                     |              |                               | 177,606                         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |  | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|---|--|---|---|---|--|
|   |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|   | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|   | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|   | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|   | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |  |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |  |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**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)**

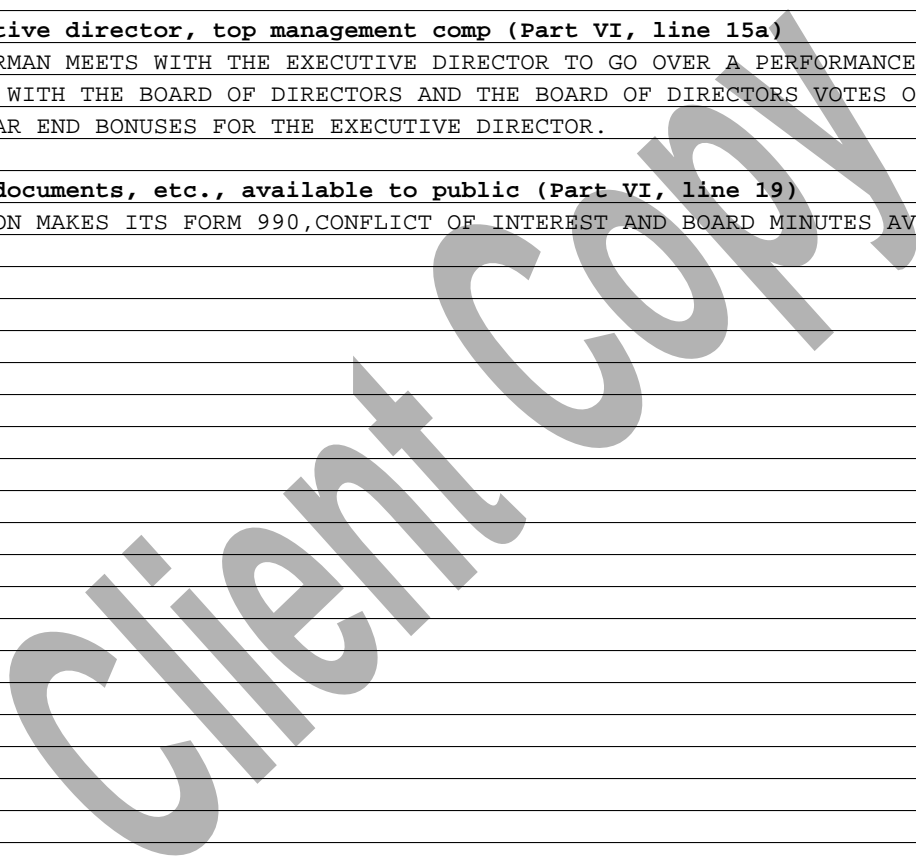
THE ORGANIZATION AT THE END OF THE TAX YEAR HAD A CONFLICT OF INTEREST POLICY. THE POLICY DEFINES CONFLICT OF INTETRESTS, IDENTIFIES THE CLASSES OF INDIVIDUALS WITHIN THE ORGANIZATION COVERED BY THE POLICY, FACILITATES DISCLOISURES OF INFORMATION THAT MAY HELP IDENTIFY CONFLICTS OF INTERESTS, AND SPECIFIC 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.



# IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20

# 2025

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS**

**26-1557647**

Name and title of officer or person subject to tax

**SCOTT MANNIS, CHAIRMAN**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|   |   |                          |
|---|---|--------------------------|
| <b>1a</b> Form 990 check here . . . . . <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .    | <b>1b</b> <u>485,293</u> |
| <b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>         | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                         | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>       | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>         | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>           | <b>b Balance due</b> (Form 8868, line 3c) . . . . .                                     | <b>5b</b> _____          |
| <b>6a</b> Form 990-T check here . . . . . <input type="checkbox"/>          | <b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> _____          |
| <b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>           | <b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b> _____          |
| <b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>           | <b>b FMV of assets at end of tax year</b> (Form 5227, item D) . . . . .                 | <b>8b</b> _____          |
| <b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>           | <b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b> _____          |
| <b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>       | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____         |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I 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 copy of the

2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my 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: check one box only

I authorize Westerheide & Company CPAs to enter my PIN 57647 as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date 05-13-2026

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

XXXXXX 49141

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MICHAEL WESTERHEIDE

Date 05-14-2026

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

(This page is not filed with the return. It is for your records only.)

**2025**

Name(s) as shown on return

Tax ID Number

JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS

26-1557647

2% of the amount on Schedule A, Part II, line 11, column (f) ..... 42,509

| Name                              | (a)<br>2021 | (b)<br>2022 | (c)<br>2023 | (d)<br>2024 | (e)<br>2025 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|-----------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| ASCENSION                         | 15,000      | 15,000      | 15,000      |             |             | 45,000       | 2,491  |
| PURE INSURANCE                    | 5,500       | 5,000       | 5,000       | 5,000       |             | 20,500       |  |
| EMERSON                           | 14,000      |             |             |             |             | 14,000       |  |
| HUSCH BLACKWELL LLC               | 5,500       | 5,000       | 5,000       | 5,000       | 5,000       | 25,500       |  |
| ASCENSION CHARITY CLASSIC         | 30,000      | 37,500      | 29,000      |             |             | 96,500       | 53,991   |
| PNC BANK                          | 5,500       |             |             |             |             | 5,500        |  |
| THOMPSON CAPITAL PARTNERS         | 12,500      | 12,500      | 5,000       | 5,000       | 5,000       | 40,000       |  |
| AMERICA DIRECT MARKETING          | 10,000      | 10,000      | 10,000      | 10,000      | 10,000      | 50,000       | 7,491  |
| MASTERCARD                        | 26,250      | 43,750      | 8,750       |             |             | 78,750       | 36,241   |
| KUHN FOUNDATION                   | 25,000      | 25,000      | 25,000      | 25,000      |             | 100,000      | 57,491   |
| BART BAUMSTARK                    | 5,500       | 10,000      | 10,000      | 5,175       | 7,040       | 37,715       |  |
| JOHN PETITE                       | 5,000       |             |             |             |             | 5,000        |  |
| RON WEIL                          | 10,000      |             |             |             |             | 10,000       |  |
| DICKS SPORTING GOODS FOUNDATION   | 5,000       |             |             | 5,000       | 15,000      | 25,000       |  |
| BOB L EMIG FOUNDATION             | 5,000       |             |             | 10,000      | 5,000       | 20,000       |  |
| STIFEL                            |             | 5,000       | 10,000      | 15,000      | 5,000       | 35,000       |  |
| PGA TOUR FIRST TEE FOUNDATION INC |             | 25,000      | 18,048      |             |             | 43,048       | 539  |
| WILLIAM SHEARBURN GALLERY         |             | 13,600      | 9,450       | 14,967      |             | 38,017       |  |
| BOB TOMASO                        |             | 5,000       | 5,000       | 6,500       | 10,600      | 27,100       |  |
| BILL HOLLAND                      |             |             | 5,700       | 7,944       |             | 13,644       |  |
| PSYCHIATRY CONSULTANT SERVICES    |             |             | 5,000       |             |             | 5,000        |  |
| ASSURED PARTNERS                  |             |             | 5,000       |             |             | 5,000        |  |
| JAMES CHALMERS                    |             |             |             | 5,200       | 5,000       | 10,200       |  |
| ERIC HOLLAND                      |             |             |             | 5,000       | 5,000       | 10,000       |  |
| LENOIR CHARITABLE TRUST           |             |             |             |             | 100,000     | 100,000      | 57,491   |
| THE BUDDY FUND                    |             |             |             |             | 30,000      | 30,000       |  |
| BRIAN WARNER                      |             |             |             |             | 5,700       | 5,700        |  |
| MARK MILTON                       |             |             |             |             | 5,600       | 5,600        |  |
| JESSE KLEIN                       |             |             |             |             | 5,000       | 5,000        |  |

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

(This page is not filed with the return. It is for your records only.)

**2025**

Name(s) as shown on return

**JUNIOR GOLF FOUNDATION OF GREATER ST. LOUIS**

Tax ID Number

**26-1557647**

2% of the amount on Schedule A, Part II, line 11, column (f) ..... 42,509

| Name            | (a)<br>2021 | (b)<br>2022 | (c)<br>2023 | (d)<br>2024 | (e)<br>2025 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|-----------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| BLAKE ARMSTRONG |             |             |             |             | 5,000       | 5,000        |  |
| AARON SESTRICH  |             |             |             |             | 5,000       | 5,000        |  |
| TRIAD BANK      |             |             |             |             | 5,000       | 5,000        |  |
| ANDREW RUSHING  |             |             |             |             | 5,000       | 5,000        |  |
| TONY MCDONALD   |             |             |             |             | 5,000       | 5,000        |  |

Total

215,735