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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public Inspection

	A F	For the 2009 calend		ar year, or tax year beginning , 2009, and ending							, 20	
	Вс	heck if ap	plicable	Please	C Name of organization			D Employ	er ic	identification number		
[_ ^			use IRS label or	Tiger Golf Gathering Foundation				20-3436505			
ļ	ן∟	Vame cha	nge	print or	Number and street (or P O box, if mail is not delivered to street addre	ss) Ro	om/suite	E Telephone number				
1	=	nitial retur		type. See	501 Old Greenville Hwy, Suite 8, PMB 330	İ	l	800-687-9716				
1	=	Ferminate		Specific	City or town, state or country, and ZIP + 4			F Group	Fye	mntic	<u> </u>	
i	110220					Numb		•	,,,			
										Cash Accrual		
		• Secti	on sur(c)(s)		tions and 4947 (a)(1) nonexempt chantable trusts must att pleted Schedule A (Form 990 or 990-EZ).	acıı	1	(specify)			Casii 🖭 Accidai	
							 	if the organization is not				
				. 4!	math animar and					-		
		Vebsite			gathering.com	7.507				cneal	ıle B (Form 990,	
-						<u> </u>		Z, or 990-				
		heck >		_	ation is not a section 509(a)(3) supporting organization and its	•	•	-			ian \$25,000 A	
					rn is not required, but if the organization chooses to file a ret				e re	turn		
					to determine gross receipts; if \$500,000 or more, file Form 990 i				\$	<u>;</u>	435,468	
J	P	art I	Revenu	ue, Exp	nses, and Changes in Net Assets or Fund Bala	ances	(See the	instruct	.ion	s for	Part I.)	
		1	Contributi	ons, gift	, grants, and similar amounts received				1	<u> </u>	225,461	
2010		2	Program s	service r	venue including government fees and contracts				2	L		
20		3	Membersh	hip dues	and assessments				3	Ĺ		
2		4	Investmen	nt incom				[4	i	<u> </u>	
•		5a	Gross amo	ount fro	sale of assets other than inventory	5а						
		ь			· · · · · · · · · · · · · · · · · · ·	5b						
DEC		c			sale of assets other than inventory (Subtract line 5b fro		5a)		5c	İ		
	9	6	•		ties (complete applicable parts of Schedule G) If any amount is from		•					
SCANNED	ē		•		including \$ 64,924 of contributions	J~	0.10011.110107					
¥.	Revenue	a				6a	2	10,007	, ·*			
复	۳ ا	L	· · · · ·			6b		42.810	•			
$\overline{\leqslant}$				•					. I	İ	(22.002)	
\mathcal{Q}		_ C) from special events and activities (Subtract line 6b from the control of the co		ва)	· · -	6c		(32,803)	
لا⊍		7a				7a			,			
		b	Less: cost	•		7b			_	ĺ		
	- 1	С	•	•	s) from sales of inventory (Subtract line 7b from line 7a	٠		· ·	7c	<u> </u>		
		8	Other reve	enue (de	cribe >				8_	L —		
		9	Total reve	enue. Ad	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<u></u>	•	9		192,658	
	- 1	10	Grants and	d similai	amquints pald fartach schedule)				10	<u> </u>	190,000	
		11	Benefits p	aid to p	for members				11	<u> </u>		
	S	12	Salaries, o	ther co	pensation, and employed benefits				12	L		
	Expenses	13			nd other payကိုမြူရုန် to ညိုမျှော့endent contractors				13_	<u> </u>		
	a	14	Occupano	y, rent,	tilities, and maintenance				14	L		
	ω	15	Printing, p	ublication	ns, aostage, and shipping			[15		3,364	
		16	Other expe	en ses-(e)	16	ĺ	1,909	
		17			dd lines 10 through 16				17		195,273	
•	_	18	Excess or	(deficit)	or the year (Subtract line 17 from line 9)				18		(2,615)	
	Net Assets	19			balances at beginning of year (from line 27, column							
	155				eported on prior year's return)		_		19	l	22,144	
	7	20	-	-	et assets or fund balances (attach explanation)				20			
	ž	21		-	balances at end of year. Combine lines 18 through 20				21		19,529	
1	D.	art II	Ralance	e Shee	s. If Total assets on line 25, column (B) are \$1,250,000	or moi	re file For	m 990 ir	ste:	ad of		
	re	al C II	Daiane	e onee	(See the instructions for Part II.)	0		inning of y			(B) End of year	
		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						156,		_	204,343	
	22		_		estments			130,	,41	23	204,343	
	23	Lai	nd and buil	aings .	A A A A A A A A A A A A A A A A A A A			40	272		1E EA2	
	24				Accounts Receivable/Undeposited Funds)	 		373	_	15,542	
	25							175,		-	219,885	
	26				be Accounts Payable)	<u> </u>	153,			200,356	
	27	' Ne	t assets o	r tund b	lances (line 27 of column (B) must agree with line 21)		1	22,	144	27	19,529	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



Par			uctions for Part II	1.)		Expenses
	t is the organization's primary exempt purpose?					uired for section
	ribe what was achieved in carrying out the org					c)(3) and 501(c)(4) nizations and section
	ner, describe the services provided, the number of program title.	of persons benefited, and o	other relevant info	rmation for	4947	(a)(1) trusts, optional hers)
	Providing financial support to the Clemson Universi	ty Foundation for the develor	oment and construc	ction of a	10.0	110.13 /
20	PGA tour quality practice area, clubhouse, and recru				ļ	

		ıncludes foreign grants, ch			28a	136,000
29	Providing additional financial assistance to Jordan I					
					ŀ	
		includes foreign grants, ch	eck here	▶ □	29a	20,000
30	Providing financial support to South Carolina Junior	Golf Foundation				
	·····					
	/O + A - D7 500 \ // //					
0.4	(Grants \$ 27,500) If this amount Other program services (attach schedule) .566.	Attached States	eck nere	_ ▶ ⊔_	30a	27,500
31		includes foreign grants, ch			31a	(6,500
32	Total program service expenses (add lines 28a	through 31a)	eck nere		32	190,000
Par		/ Employees. List each one e	ven if not compensa	ted. (See the		
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deferred compe	ns to plans &	(e) Expense account and other allowances
See /	Attached Statement	action to position		derented compe		outer anotherious
		1				
						· · · · · · · · · · · · · · · · · · ·
						1
				- "		
					-	
						<u> </u>
			· 			
	.,					
					_	
		1				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			age C
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	100	✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	,		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		_ ✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► None ; section 4912 ► None ; section 4955 ► None			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ► South Carolina			
42a	The organization's books are in care of ► Kellie Lanford Telephone no. ► 8	64-90	6-6200)
	Located at ▶ 26 Hydrangea Way, Simpsonville, SC ZIP + 4 ▶	296	81	
b	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		Yes	No
	account)?	42b		
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	:		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ► N/A			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		[Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		√
			-EZ	(2009)

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt char	xempt charital itable trusts mu	ole trusts only. A st answer questic	II sections 46–	on 49b
46	Old the organization engage in direct or indirect	t political campaign activiti	es on behalf of c	r in opposition to	Y	es No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46	_
47	Old the organization engage in lobbying activitie	s? If "Yes," complete Sche	dule C, Part II		47	─
	s the organization a school as described in section				48	1
	Did the organization make any transfers to an ex				49a	1
	f "Yes," was the related organization a section 5	· · · · · · · · · · · · · · · · · · ·			49b	
50	Complete this table for the organization's five hi	ghest compensated emplo	yees (other than	officers, directors,	rustees	and key
	employees) who each received more than \$100,	000 of compensation from			ter "Nor	1e."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	accou	xpense unt and lowances
None						
	\$100,000 of compensation from the organizatio					
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Comp	ensation
None						
						
				`		
d ·	Total number of other independent contractors e	each receiving over \$100,0	00▶		_	
	Under penalties of perjury, I declare that I have examinand belief hit is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is t	ying schedules and st pased on all information	atements, and to the bes	st of my kr any knowl	nowledge ledge
Sign Here	Signature of officer	vol, CPA		Date)	701	0
	Kellie A. Lanford, Treasurer Type or pnnt name and title					
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	mber (See in	istructions)
Prepare Use Oni	y yours if self-employed),			IN bono no b		
May the	address, and ZIP + 4 / IRS discuss this return with the preparer showing	n above? See instructions		hone no ▶	Yes	□ No
	, , , , , , , , , , , , , , , , , , ,			Fo		EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number **Tiger Golf Gathering Foundation** 3436505 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. a
Type I **c** Type III–Functionally integrated **d** Type III–Other **b** Type II e \square By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your US? (see instructions)) support? Yes Yes No No No Yes 220

_	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part	l.)		
	tion A. Public Support	T () ====	T				
C	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
6	Public support. Subtract line 5 from line 4.	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4 3 4 4 4 4 4	, 5	· · ·		
	tion B. Total Support				<u> </u>	<u> </u>	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				.,,	(0, 2000	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		, , ,				
11	Total support. Add lines 7 through 10 .	Fig. Oak		<u>, • •, </u>	<u></u>	* * * * * * * * * * * * * * * * * * * *	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				n 501(c)(3) ► [
	tion C. Computation of Public Su					 	
14	Public support percentage for 2009 (line			, column (f))		14	<u> %</u>
15	Public support percentage from 2008 Sch	•	•			15	%
	33¼ % support test—2009. If the organization qualifies	as a publicly s	supported organ	ıızation . ,			▶[
b	33% % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" the "facts-and-circumstan	09. If the organi acts-and-circun	zation did not d nstances" test,	heck a box on check this box	line 13, 16a, or and stop here.	16b, and line 14 Explain in Part	1 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a lifies as a public	and stop here. By supported or	Explain in Part ganization	IV how the

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

<u>~</u>	(Complete only if you check	ed the box of	i line 9 of Pa	<u> </u>			
	tion A. Public Support	T () () ()	a) cocc		() () ()		
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	160,266	220,352	216,180	212,158	225,461	1,034,417
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	81,945	116,384	121,365	186,352	210,007	716,053
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		200				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	242,211	336,736	_337,545	398,510	435,468	1,750,470
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	121,176	134,752	149,135	172,010	172,371	749,444
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			252			
	amount on line 13 for the year	<u> </u>	91	650		1100	1,841
С	Add lines 7a and 7b	- , -= -=	42			, ,	751,285
8	Public support (Subtract line 7c from line 6)	1. 图			: /²		999,185
-	tion B. Total Support	(-) 0005	#-> 000C	(-) 0007	(4) 0000	() 2222	(0 T : 1
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	242,211	336,736	337,545	398,510	435,468	1,750,470
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						1,750,470
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u> .	nd, third, fourth			
Sec	tion C. Computation of Public Su	· ·					
15	Public support percentage for 2009 (lin			ie 13, column ((f))	15	57.08 %
16	Public support percentage from 2008 \$			<u> </u>	<u> </u>	16	<u>5</u> 6.06 %
<u>Sec</u>	tion D. Computation of Investmen						
17	Investment income percentage for 200	•		-		17	%_
18	Investment income percentage from 20					18	<u> </u>
19a	17 is not more than 331/4 %, check this b	ox and stop he	re. The organi	zation qualıfies	as a publicly s	supported orga	nization 🕨 🔲
b	33%% support tests – 2008. If the organine 18 is not more than 33%%, check this	s box and stop	here. The orgai	nızatıon qualıfie:	s as a publicly :	supported orga	nization 🕨 🔲
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions 🕨 🗌

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open To Public

► Attach to Form 990 or Form 990-EZ. ► See separate instructions Employer identification number Name of the organization **Tiger Golf Gathering Foundation** 20 3436505 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations f g Special fundraising events С Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have (i) Name of individual (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (ii) Activity (iv) Gross receipts custody or control of or entity (fundraiser) from activity fundraiser listed in col (i) contributions? organization Yes No None Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing South Carolina

Pa	art II	Fundraising Events. Comore than \$15,000 on F								
			(a) Event #1 Golf Tourney (event type)	(b) Event #2 Auction (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))				
Revenue	1 2 3	Gross receipts Less: Charitable contributions Gross income (line 1	63,010			274,931 64,924				
	4	minus line 2) Cash prizes	93,499	116,508		210,007				
	5	Noncash prizes								
ses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Oirect	8	Entertainment								
	9	Other direct expenses	107,414	135,396		242,810				
	11	Direct expense summary. Ad Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u> ▶</u>	(242,810) (32,803)				
Pa	rt III	Gaming. Complete if than \$15,000 on Form	the organization ansv 990-EZ, line 6a. N	vered "Yes" to Form	990, Part IV, line 19,	or reported more				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Bè	1	Gross revenue	. ,							
nses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses .			<u> </u>					
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No					
	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7	<u></u> •					
9 a b	ls t	er the state(s) in which the o the organization licensed to c No," explain:	perate gaming activitie	s in each of these state	es?	. 9a				
10a b	We	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:								
11 12	ls t	es the organization operate g he organization a grantor, be med to administer charitable	gaming activities with no	onmembers?	a partnership or other	entity 11				

Sche	dule G (Form 990 or 990-EZ) 2009		F	Page 3
			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility	16.7 16.88 16.88		
	Name ►	*	the state of the s	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	- ,		
С	If "Yes," enter name and address of the third party: Name ▶	State of the State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
16	Address Gaming manager information		Jago plajani	
	Name ► Gaming manager compensation ► \$		12.16.	· .
	Description of services provided ▶	digital and		اهر،
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		7
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$,		

Tiger Golf Gathering Foundation 20-3436505 December 31, 2009

Form 990-EZ, Part I— Revenue, Expenses, and Changes in Net Assets or Fund Balances Line 16, Other Expenses

Board Meeting Expenses	\$ 111	
Supplies	\$ 610	
Storage Facility/Equipment Rental	\$ 540	
Bank Fees	\$ 80	
Website	\$ 185	
Telephone	<u>\$ 383</u>	
Total	\$1,909	

Form 990-EZ, Part III - Statement of Program Service Accomplishments

The corporation was formed to promote Clemson University's men's golf program through fund raising activities for the benefit of Clemson University; the design, construction and maintenance of a first-class golf practice facility on the Clemson University campus; providing funds to Clemson University to pay the costs associated with hiring and employing an assistant coach for the Clemson University Men's Golf team; providing financial support for Clemson University's Professional Golf Maintenance Program; and providing financial support for the South Carolina Junior Golf Foundation.

<u>Form 990-EZ, Part III – Statement of Program Service Accomplishments</u> <u>Line 31</u>

Providing financial support to the Clemson University Professional Golf Maintenance Program

Form 990-EZ, Part IV-List of Officers, Directors, Trustees, and Key Employees

Todd Lankford/President; 501 Old Greenville Hwy, Ste. 8, PMB 330, Clemson, SC 29631

Tim Kreger/Vice President, same as above

Grant Burns/Secretary; same as above

Jonathan Byrd/Director; same as above

Jordan Byrd/Director; same as above

Bill D'Andrea/Director; same as above

Kellie Lanford/Treasurer; same as above

Lucas Glover/Director; same as above

Rick Lucas/Director; same as above

Brian J O'Rourke/Director; same as above

Larry Penley/Director; same as above

Charles Warren/Director; same as above

Robert Russell/Director; same as above

Joe White/Director, same as above

None of the officers and/or directors receive compensation, contributions to employee benefit plans, or expense account or other allowances.

$\frac{Form~990\text{-}EZ~,~Part~V-Other~Information}{Lune~35}$

The live and silent auction generates interest in the community and encourages participation in the golf tournament which enables the organization to generate the funds necessary to provide financial assistance to the Clemson University Golf Program and other related programs.