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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Activities & Governance

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benefit trust or private foundation) Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending C Name of organization Check if applicable TENNESSEE GOLF FOUNDATION D Employer identification number Address change Doing Business As 58-1893478 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 400 FRANKLIN ROAD (615) 790-7600 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-Amended return **FRANKLIN** TN 37069-8204 G Gross receipts \$ 6.784,157 tions. Application pending Name and address of principal officer Х H(a) Is this a group return for affiliates? Yes No RICHARD J HORTON, 400 FRANKLIN RD, FRANKLIN, TN 37069 H(b) Are all affiliates included? X 501(c) (If "No," attach a list (see instructions) Tax-exempt status 3) ◀ (insert no) 4947(a)(1) or J Website: ► GOLFHOUSETENNESSEE COM H(c) Group exemption number X Corporation Trust Other > K Form of organization Association L Year of formation M State of legal domicile TN Part I Summary Briefly describe the organization's mission or most significant activities THE MISSION IS TO PROMOTE GOLF AND ITS LIFE ENHANCING VALUES WITH AN EMPHASIS ON TEACHING AND THE DISADVANTAGED Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 9 Number of independent voting members of the governing body (Part VI, line 1b) . 9 Total number of employees (Part V, line 2a). 5 48 Total number of volunteers (estimate if necessary) . . . 6 80 Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 2,192,960 4.020.910 Program service revenue (Part VIII, line 2g) 1.062.334 915,200 investment income (Part VIII, column (A), lines 3, 4, and 7d). -285,748 -344,327 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). -205,685 -183,918 Total revenue—add lines 8 through 11 (must equal Part VHI Column (A), line 12) 2,763,861 4,407,865 Grants and similar amounts paid (Part IX, colpmn (A), lines 1-3) 133,815 93,861 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee penefits (Part IX, column) 902,462 835,784 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25). Other expenses (Part IX, column (A), lines 1114 1,742,302 3,626,396 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 2,778,579 4,556,041 Revenue less expenses Subtract line 18 from line 12 -14,718 -148,176 **End of Year** Beginning of Current Year Total assets (Part X, line 16) . . 11,801,276 13,581,771 Total liabilities (Part X, line 26). 14.311

运记 22	Net assets or fund balances. Subtract line 21 from line 20	. <u> </u>		<u>1</u> 1,786,9	365 13,	<u>571,649</u>
Part II	Signature Block					
NNEC ign Here 2	Under penalties of perjury, I declare that I have examined this return, incluand belief, it is true, correct, and complete Declaration of preparer (other Signature of officer Type or print name and title	than officer) is based on			er has any knowledge	
Paid Preparer' Use Only	Preparer's signature Firm's name (or yours If self-employed) BEACON PLANNING SERVICES	8/16/2010 LLC	Check if self- employed	►X (Preparer's identifying num see instructions) P00396697 S2-1843857	ber

3016 HEDRICK ST, NASHVILLE, TN 37203

May the IRS discuss this return with the preparer shown above? (see instructions).

Form **990** (2009)

▶ (615) 297-2551

if self-employed),

Pa	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	TO PROMOTE GOLF AND ITS LIFE ENHANCING VALUES WITH AN EMPHASIS ON TEACHING YOUTH AND
	THE DISADVANTEGED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 512,611 including grants of \$ 9,400) (Revenue \$ 526,265)
	THE JUNIOR TOUR MISSION IS TO FOSTER THE GROWTH AND DEVELOPMENT OF JUNIOR GOLFERS OF VARYING
	AGES AND ABILITY LEVELS TO BE THE BEST PLAYERS, STUDENTS, AND CITIZENS ON AND OFF THE COURSE IN 2009
	OVER 1,200 JUNIOR GOLFERS PLAYED OVER 5,000 ROUNDS OF GOLF IN ADDITION, THE JUNIOR GOLF ACADEMY WAS
	ATTENDED BY OVER 400 JUNIOR GOLFERS, WITH OVER 100 RECEIVING A FULL OR PARTIAL SCHOLARSHIP.
4b	,
	THE LITTLE COURSE CONTINUED TO PROVIDE TOUNRAMENTS AND OVER 18,000 ROUNDS WERE PLAYED IN 2009.
	IN ADDITION OVER 600 YOUNG GOLFERS PARTICIPATED IN PROGRAMS TAUGHT AT THE LITTLE COURSE. ALSO, THE
	RESEARCH OF DIFFERENT TURFGRASSES USED ON GOLF COURSES CONTINUES AT THE LITTLE COURSE.
	••••••

4.	(Octor
4C	(Code:) (Expenses \$ 162,710 including grants of \$ 0) (Revenue \$ 38,243)
	THE FIRST TEE PROGRAM STARTED IN 2001 IN NASHVILLE CONTINUES TO GROW. OVER 800 STUDENTS PARTICIPATED
	AT THE TENNESSEE FIRST TEE PROGRAMS IN NASHVILLE, CHATTANOOGA, TRI-CITIES AREA, AND CLARKSVILLE.

	•

4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 2,778,095 including grants of \$ 84,461) (Revenue \$ 60,722)
4e	Total program service expenses ► 3,780,460

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4	Ī	Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		J	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ŀ	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
40	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		V
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	VII, VIII, IX, or X as applicable	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		â	
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			ł
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	}		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
42	addresses the organization's liability for uncertain tax positions under FIN 48? <i>If</i> "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			·
12	Schedule D, Parts XI, XII, and XIII.	12	X	
428	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	12	â	
IFM	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<u> </u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	}	LX
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	_	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
			$\alpha \alpha \alpha$	

58-1893478 Part IV **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. 28c 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.......... 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 34 Χ Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

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Form 9	00 (2009) TENNESSEE GOLF FOUNDATION	58-1893478	F	age 5
-Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Ì
	U.S. Information Returns. Enter -0- if not applicable	70		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
20	gaming (gambling) winnings to prize winners?	· · <u>1c</u>	X	├
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	48	ŀ	}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X.	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	20	 ^	
	instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	:		
•	this return?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		 	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ	ŀ	
	account)?	. 4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		ļ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	<u>5b</u>	↓	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		Į.	1
•	Prohibited Tax Shelter Transaction?	. <u>5c</u>	 	┼
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible?	<u>6a</u>	-	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	Organizations that may receive deductible contributions under section 170(c).	00	 	┼
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	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	1		\vdash
•	required to file Form 8282?	. 7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. <u>7g</u>	<u> </u>	↓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		l	
_	required?	. <u>7h</u>	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ł	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	;		
9	organization, have excess business holdings at any time during the year?	· · _8_	 	╁
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b	\vdash	
10	Section 501(c)(7) organizations. Enter.	. 30	+-	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	1	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	}	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	Ĺ	
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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。Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		*	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_6_		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			į
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	L	Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
-			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	l	l
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	x	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100	 ^	_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ĺ	ļ.	
100	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	-	 ^
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b		-
Sect	the organization's exempt status with respect to such arrangements?	TOD	<u> </u>	Ь
<u> 5eci</u> 17	List the states with which a copy of this Form 990 is required to be filed ► TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nha.		
10		iny)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the state of t	st		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► BARBARA SIRCY, GOLF HOUSE TN (615) 790-76	00		
	400 FRANKLIN RD, FRANKLIN, TN 37069-8204			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per week	Position or director	Institutional trustee	hec	k all	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
KIRK BAILEY BOARD CHAIRMAN	2.	x				- 12		0	0	0
TIM JACKSON BOARD MEMBER	2	х						0	0	0
JIM SEABURY BOARD MEMBER	2.	x						0	o	0
LEWIS FOSTER BOARD MEMBER	2.	х						0	0	0
KEN CROWDER BOARD MEMBER	2.	х						0	0	0
HUNT GILLILAND BOARD MEMBER	2	x						0	0	
BOARD MEMBER	2	х						0	0	
LOREN ROBERTS BOARD MEMBER	2	х						0	0	
MIKE KAPLAN BOARD MEMBER	2	x						0	0	
RICHARD J HORTON EXECUTIVE DIRECTOR	50				x	Х		241,010		20,216
										-

|--|

	Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Position (check all that app						Reportable	Reportable		Estimat	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	()	amount other compense from the organizat and rela organizat	ation ne tion ited
											<u> </u>		
						<u> </u>							
<u>1b</u>		<u> </u>					<u> </u>	<u>. </u>	<u> </u>	<u> </u>	0		0
<u> </u>	Total number of individuals (including but no reportable compensation from the organization)		se lis	ted a	abov 1	e) w	ho re	ceiv	ed more than \$	100,000 in		· · · · · · · · · · · · · · · · · · ·	
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc										3	Yes	No X
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	ım of reportable	com	pen	satio	n ar	nd oth	ner c	ompensation fro	om [4	X	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5		
Sec	tion B. Independent Contractors	00, 00p.0.0			•	-	,, p.c.		· · · · · · · · · · · · · · · · · · ·	:· <u>-</u> :	<u> </u>	l	
1	Complete this table for your five highest corcompensation from the organization.	mpensated inde	pend	lent	cont	racto	ors th	at re	ceived more tha	an \$100,000 o	f	-	
	(A) Name and business a	address							(B) Description of ser	vices	Compe	(C) ensation	
													0
								_					0
								-					0
					_			\vdash				.	0
	Total number of independent contractors (in	scluding but not	limit	od t	the	ال مء	eted	abou	e) who received	, - 			0
2 	more than \$100,000 in compensation from			eu (, iiiQ	30 II	Sieu						

Total revenue. See instructions.

-528,245

0

0

4,407,865

915,200

58-1893478

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) but are not required to complete columns (B), (C), and (D). (C) (D) Do not include amounts reported on lines 6b, Management and Total expenses Program service Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . 84,461 84,461 2 Grants and other assistance to individuals in the U.S See Part IV, line 22 9,400 9,400 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0 0 Benefits paid to or for members. Compensation of current officers, directors, 174,151 87,075 trustees, and key employees. 261,226 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 449,789 186,272 186,850 76,667 7 Pension plan contributions (include section 401(k) 3,685 and section 403(b) employer contributions) 16,113 9.320 29,118 8,565 40,018 250 48.833 9 14,645 24,545 7,628 10 Payroll taxes 46.818 11 Fees for services (non-employees): b 4.850 4.850 9,800 9,800 0 0 Professional fundraising services. See Part IV, line 17 62,416 62,416 0 g 1,975 1,975 12 62,002 9.648 4,735 76,385 13 Office expenses 9,900 2,461 14 Information technology 12,361 ol 15 103,005 82,404 20,601 16 Occupancy. 7.904 16,531 29,985 5,550 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3.825 19 Conferences, conventions, and meetings 3.825 1.284 20 1,284 21 143,696 114,813 28.883 22 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 503,211 JUNIOR TOURNAMENTS/ACADEMY 503,211 b LITTLE COURSE 327.044 327,044 162,710 c FIRST TEE 162,710 2,106,359 2,106,359 GOLF TOURNAMENTS d e SOCIETY OF TN/CIM CLUB/CELEBRATION DINNERS 49,636 16,296 33.340 f All other expenses 27,854 25,022 2,832 3,780,460 554,297 221,284 25 Total functional expenses. Add lines 1 through 24f 4,556,041 Joint costs. Check here ▶ | If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . .

Par	t X	Balance Sheet			58-18934/8 Page 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	289,975	_2	659,458
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	_		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	_7_	0
SS	8	Inventories for sale or use	22,615	8	22,615
⋖	9	Prepaid expenses and deferred charges		9	
] 1	10a	Land, buildings, and equipment: cost or 10a 4,516,319			
1		other basis Complete Part VI of Schedule D			
	b	Less: accumulated depreciation <u>10b</u> 2,191,719	2,446,106	10c	2,324,600
1	11	Investments—publicly traded securities	9,042,480	11	10,574,998
1	12	Investments—other securities. See Part IV, line 11	0	12	0
1	13	Investments—program-related. See Part IV, line 11	0	13	0
1	14	Intangible assets	0	14	0
1.	15	Other assets See Part IV, line 11	100	15	100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,801,276	16	13,581,771
_ <i>·</i>	17	Accounts payable and accrued expenses		17	
1.	18	Grants payable		18	
_ / ·	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
8 2	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
a Di		employees, highest compensated employees, and disqualified			
٦		persons. Complete Part II of Schedule L	- "	22	
	23	Secured mortgages and notes payable to unrelated third parties	14,311	23	10,122
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
2	25	Other liabilities. Complete Part X of Schedule D	0	25	0
2	26	Total liabilities. Add lines 17 through 25	14,311	26	10,122
		Organizations that follow SFAS 117, check here ► X and			
Sa		complete lines 27 through 29, and lines 33 and 34.			
잍	27	Unrestricted net assets			44 700 000
<u>a</u>	2 <i>1</i> 28	Temporarily restricted net assets	10,130,228 656,737		11,720,093
	20 29				851,556
šļ'	23	Permanently restricted net assets	1,000,000	29	1,000,000
Ē		Organizations that do not follow SFAS 117, check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.			
g s	30	Capital stock or trust principal, or current funds		30	
ş S	31	Paid-in or capital surplus, or land, building, or equipment fund	···	31	
£ 3	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž ;	33	Total net assets or fund balances	11,786,965	33	13,571,649
	34	Total liabilities and net assets/fund balances	11,801,276	34	13,581,771

Pari	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			• ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b_	Χ	
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?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1		
	Schedule O.	i		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Sing'e Audit Act and OMB Circular A-133?	_3a		Х
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 in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

ΓΕΝ	NES:	SEE GOLF FO	DUNDATION							58-1	893478		
Pai	tΙ	Reason	for Public Ch	arity Status (All org	anizatio	ns must (complete	this par	t) See ir	nstructio	ns.		
The (orgar			ation because it is: (Fo									
1	Ш	A church, co	nvention of chur	rches, or association o	f churche	s describ	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3		A hospital or	a cooperative h	iospital service organia	zation des	scribed in	section '	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ition operated in conju	nction wit	h a hospi	tal descri	bed in se i	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	ion operated for	the benefit of a collect (Complete Part II)	je or univ	ersity owr	ed or ope	erated by	a governi	mental u	nit descri	ibed	•••••
6	\Box			ernment or governmer	ntal unit d	escribed i	n section	170(b)(1	I)(A)(v).				
7		An organizat	ion that normall	y receives a substantia (1)(A)(vi). (Complete F	al part of					or from th	e genera	al publi	ic
8			, ,	in section 170(b)(1)(omplete F	Part II)						
9	岗	-		y receives: (1) more th				om contri	butions r	nembers	hip fees	and o	ross
J		receipts from support from	n activities relate gross investme	ed to its exempt function ent income and unrelated after June 30, 1975.	ons—subj ed busine	ect to cer ess taxabl	tain exce _l e income	otions, an (less sec	d (2) no ration 511 t	nore thar	n 33 1/3	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test t	for public	safety. Se	ee sectio	n 509(a)(4).			
11				nd operated exclusive									
		509(a)(3). CI	heck the box tha	blicly supported organ at describes the type o	f supporti	ing organı	zation an	d comple		1e throug			
		a Type		Type II c		III–Func	•	-		_	• •		
е	Ш			y that the organization									
		•		on managers and othe	r than on	e or more	publicly	supported	organiza	ilions des	scribed ii	1 Secu	UII
			section 509(a)(2			100 45 -4	:4 := = T	a I Tima	II. an Tun	حديد الله			
f		_		a written determinatior	i from the	IRS that	it is a Typ	е і, туре	ii, or Typ	e III supp	oorung		
~		•	, check this box	the organization acce	nted anv	aift or con	 Itribution 1	from any	of the				
g		following per		the organization acce	pica any	giit Oi Ooi	in bullon	ii Oili Gily	01 1110				
		• .		or indirectly controls,	either alo	ne or toge	ther with	persons	described	l in (ii)		Yes	No
		• • •	•	verning body of the su		_		·			11g(i)		
		(ii) A fami	ly member of a	person described in (i	above?						11g(ii)		
		• •		y of a person describe							11g(iii)		
h		Provide the t	following informa	ation about the suppor							T 6.00	A	
(1)		e of supported	(ii) E!N	(iii) Type of organization (described on lines 1–9		organization sted in your	1	ou notify	1	ls the tion in col	1 ' '	Amount support	OI
	org	anization	above or IRC section			document?	col (i)	of your	(i) organi	zed in the			
				(see instructions))		N-		port?		\$? No.	4		
	<u> </u>				Yes	No	Yes	No	Yes	No	+		
													0
											-		0
													0
													0
													0
Tota	.1												0

Par	(Complete only if you checked to				1)(A)(IV) and	170(D)(T)(A)(VI)			
Sect	ion A. Public Support	and box on min	30, 7, 0, 0 0,							
Cale	ndar 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.")						0			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:				0			
4 5	Total. Add lines 1 through 3 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)	0	0	0	0	0	0			
6	Public support. Subtract line 5 from line 4.						. 0			
	ion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7 8	Amounts from line 4	0	0	0	0	0	0			
9	sources						0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0			
11	Total support. Add lines 7 through 10.						0			
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	•)(3) . >			
Sect	ion C. Computation of Public Support									
14 15	Public support percentage for 2009 (line 6, c Public support percentage from 2008 Scheo	dule A, Part II, I	ine 14			14 15	0.00%			
16a b	and stop here. The organization qualifies as a publicly supported organization									
17a b	box and stop here. The organization qualification of the organization qualification more, and if the organization meets the "facts-and-circumstances test—2008. or more, and if the organization meets the "facts-and-circumstances test—2008. or more, and if the organization meets the "facts-and-circumstances test—2008."	es as a publicly If the organiza facts-and-circu nstances" test. If the organiza facts-and-circu	y supported org tion did not cho mstances" test The organizat tion did not cho mstances" test	ganization eck a box on lir t, check this bo ion qualifies as eck a box on lir t, check this bo	ne 13, 16a, or x and stop he a publicly sup ne 13, 16a, 16t x and stop he	16b, and line 14 re. Explain in P ported organiza o, or 17a, and li re. Explain in F				
18	Private foundation. If the organization did not ch	eck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	ee instructions	. ▶ 🔲			

990 or 990-EZ) 2009 TENNESSEE GOLF FOUNDATION
Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	<u>ne box on line</u>	9 of Part I.)				_
	tion A. Public Support	(-) 0005	# \ 0000	4-) 0007 T	(4) 2000	(a) 2000	(D. Total
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				İ		
	membership fees received (Do not				4 545 444	4 200 045	0.405.000
	include any "unusual grants.") .	1,781,021	1,586,051	1,613,408	1,745,111	1,380,015	8,105,606
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	174,700	260,296	191,275	159,235	161,405	946,911
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities						
J	furnished by a governmental unit to the					Ì	
	organization without charge						0
6	Total. Add lines 1 through 5	1,955,721	1,846,347	1,804,683	1,904,346	1,541,420	9,052,517
	Amounts included on lines 1, 2, and 3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		1,00 1,0 1,0	,,	
	received from disqualified persons	71,925	460,122	107,051	180,028	179,700	998,826
					7		
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						_
_	amount on line 13 for the year	71,925	460,122	107,051	180,028	179,700	998,826
С 8	Add lines 7a and 7b	71,925	400,122	107,051	100,020	179,700	990,020
0					1	,	8,053,691
Sec	line 6)						0,000,001
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , , , ,						
9	Amounts from line 6	1,955,721	<u>1,846,347</u>	1,804,683	1,904,346	1,541,420	9,052,517
10a	Gross income from interest, dividends,						
	payments received on securities loans,	İ					
	rents, royalties and income from similar				26,247	167,795	194,042
b	sources				20,247	107,793	194,042
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						C
_	Add lines 10a and 10b	0	0	0	26,247	167,795	194,042
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or					}	
	loss from the sale of capital assets						
	(Explain in Part IV.)			<u> </u>			
13	Total support. (Add lines 9, 10c, 11,	;					
	and 12.)	1,955,721					
14	First five years. If the Form 990 is for the organization	-					
	organization, check this box and stop here		· · · · ·				<u> ▶ </u>
Sec	tion C. Computation of Public Support					,,	
15	Public support percentage for 2009 (line 8, co	olumn (f) dıvıde	ed by line 13, c	olumn (f))		15	87.10%
16	Public support percentage from 2008 Schedu			<u> </u>	·	16	82.58%
Sec	tion D. Computation of Investment Inc					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (line			ie 13, column (f))	17	2.10%
18	Investment income percentage from 2008 Sc	hedule A, Part	III, line 17			18	0 26%
19a	33 1/3% support tests-2009. If the organiza						nd line 17 is
	not more than 33 1/3%, check this box and s						⊳ <u> </u> ×
b	33 1/3% support tests-2008. If the organization d						
	line 18 is not more than 33 1/3%, check this box ar	nd stop here. Th	e organization q	ualifies as a pub	licly supported o	rganization	▶
20	Private foundation. If the organization did no	ot check a box	on line 14 19:	a or 19b chec	k this box and	see instruction:	s ▶ 「

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

 Inspection

	or the organization			Employer lactionation families
	IESSEE GOLF FOUNDATION			58-1893478
Par			r Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d	lonor advisors in writing that th	e assets held in	donor advised
·	funds are the organization's property, subje-	_		
e	Did the organization inform all grantees, doi		•	
6			•	
	used only for charitable purposes and not for			
-	purpose conferring impermissible private be			
Par	Conservation Easements. Comp	olete if the organization answ	vered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all	that apply).	
	Preservation of land for public use (e.g.	· · · —		an historically important land area
		· · · · =		
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	ation held a qualified conserva	tion contribution	in the form of a conservation
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ea			2b
c	Number of conservation easements on a ce			2c
d	Number of conservation easements include		20 III (a)	2d
3	Number of conservation easements modifie	* *		
3	_	d, transferred, released, exting	juisiled, or term	mated by the organization
	during the tax year			
4	Number of states where property subject to		,	
5	Does the organization have a written policy		-	- F-1 F-1
	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing	i conservation e	asements during the year
	•			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing con	servation easen	ments during the year
	▶ \$			
8	Does each conservation easement reported	I on line 2(d) above satisfy the	requirements of	f section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization r			
•	balance sheet, and include, if applicable, th	•		
	the organization's accounting for conservati		janization o miai	Total statements that assumpts
Par			res or Other Si	imilar Assets
	Complete if the organization answere			mmai 700000i
4-				
та	If the organization elected, as permitted und			
	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und			
	historical treasures, or other similar assets I		ation, or researd	on in furtherance of public
	service, provide the following amounts relat	-		
	(i) Revenues included in Form 990, Part VI			
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of	fart, historical treasures, or oth	ner similar asset	ts for financial gain, provide the
	following amounts required to be reported u	nder SFAS 116 relating to the	se items:	•
а	Revenues included in Form 990. Part VIII. II	ne 1		🕨 💲
b	following amounts required to be reported u Revenues included in Form 990, Part VIII, II Assets included in Form 990, Part X			> \$

e Other

	TENNESSEE GOLF	FOUNDATION				58-	1893478			
	dule D (Form 990) 2009									Page 2
Par	t III Organizations Maintainin	g Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (continu	ued)
3	Using the organization's acquisitionuse of its collection items (check a		other reco	rds, chec	k any of th	e follow	ving that are a	significa	nt	
а	Public exhibition	ii tilat apply).	d \square	l oan c	r exchang	e nroar	ams			
	=				•					
b	Scholarly research		e	Other						
С	Preservation for future gener	rations								
4	Provide a description of the organic Part XIV	zation's collections	and expl	ain how th	ey further	the org	janization's exe	mpt pur	pose in	l
5	During the year, did the organization						·	ar	_	1
	assets to be sold to raise funds rat								Yes	No
Par	t IV Escrow and Custodial A					answe	ered "Yes" to I	Form 99	90, Par	rt
	IV, line 9, or reported an a									
1a	Is the organization an agent, truste	e, custodian or oth	er interm	ediary for	contribution	ons or c	ther assets no	t	_	_
	included on Form 990, Part X?							_ [_] ,	Yes 🔝	No
b	If "Yes," explain the arrangement in	n Part XIV and con	plete the	following	table:					
								Amount	t	
С	Beginning balance					. 10	;			
d	Additions during the year					10	1			
е	Distributions during the year				•	16	 			
f						11	+			0
	-						•		. 15	,
2a	Did the organization include an am		Part X, II	ne 217 .				`	Yes X	No
b	If "Yes," explain the arrangement in									
Pari	t V Endowment Funds. Com	plete if the organ	uzation a	ınswered	"Yes" to	Form:	<u>990, Part IV, I</u>	<u>ine 10.</u>		
		(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years ba	ack (e)	Four years	s back
1a	Beginning of year balance							ļ		
b	Contributions									
С	Net investment earnings, gains,									
_	and losses									
d	Grants or scholarships									
	•		-							
е	Other expenditures for facilities									
_	and programs				······				,	
f	Administrative expenses						<u> </u>			
g	End of year balance	0	<u> </u>	이			,			
2	Provide the estimated percentage	of the year end bal	ance held	l as.						
а	Board designated or quasi-endown	nent 🕨	%							
b	Permanent endowment	%								
С	Term endowment	%								
3a	Are there endowment funds not in		he organ	zation tha	at are held	and ad	lministered for	the		
	organization by	россовом от							Yes	No
	(i) unrelated organizations							3a(i		110
	• •				•					├──
	(ii) related organizations					•		3a(ii	~	
þ	If "Yes" to 3a(ii), are the related org							3b		<u> </u>
4	Describe in Part XIV the intended i									
Part	VI Investments—Land, Bui	ldings, and Equ	ipment.	See For	n 990, Pa	art X, li	ne 10			
	Description of investment	(a) Cost or of (investm			or other (other)	, ,	Accumulated epreciation	(d) l	Book valu	ie
1a	Land		0		427,141				42	7,141
b	Buildings		0		2,330,242		895,833			4,409
c	Leasehold improvements		0		0		0		-,,.0	, ,,,,,,
ď	Facilians and	•	0		857,590		691,368		16	6,222
•	Equipment	•	v		001,000		991,000			4,44

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

604,518

▶

901,346

166,222

296,828

2,324,600

TENNESSEE GOLF FOUNDA Schedule D (Form 990) 2009	HON	58-189	93476 Page 3
Part VII Investments—Other Securities.	See Form 990, Part X,	line 12.	1 4 9 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation -year market value
Financial derivatives			
Closely-held equity interests	0		
Other	0		
	0		
	0		-
	0		
	0	 	
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	(L	
Part VIII Investments—Program Related	. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value		od of valuation f-year market value
·	0)	· · · · · · · · · · · · · · · · · · ·
	0		
	C		
	C		
	C)	
		· · · · · · · · · · · · · · · · · · ·	
	<u></u>		
	<u>C</u>		·
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	() () () () () () () () () () () () () (<u>) </u>	······································
Part IX Other Assets. See Form 990, Pa			(b) Book value
UTILITY DEPOSIT	Description		100
OTILITY DEPOSIT		·-···	
	······································		
			(
Total. (Column (b) must equal Form 990, Part X, co		<u> </u>	. •
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount	_	
Federal income taxes		0	
		0	
		0	

Part X Other Liabilities. See Form 990), Part X, line 25.
1. (a) Description of liability	(b) Amount
Federal income taxes	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

TENNESSEE GOLF FOUNDATION

Sched	ule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		4,407,865
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	ļ	4,556,041
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_		148,176
4	Net unrealized gains (losses) on investments	4		1,932,860
5	Donated services and use of facilities	5		
6	Investment expenses	6_		
7	Prior period adjustments	7_		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net) Add lines 4 through 8	9_		1,932,860
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u> </u>	1,784,684
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per	Return	
1	Total revenue, gains, and other support per audited financial statements	-	1	6,723,914
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	360		
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	-	2e	2,316,049
3	Subtract line 2e from line 1	-	3	4,407,865
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b.			
b	Other (Describe in Part XIV)	 -		
_C	Add lines 4a and 4b.	· -	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 Poture	4,407,865
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es p	1	4 020 220
1	Total expenses and losses per audited financial statements	F	' 	4,939,230
2	Donated services and use of facilities			
a				
b	Other losses	\dashv	<u>:</u> ,	
۲ 0	Other (Describe in Part XIV)	180	ļ	
d e	Add lines 2a through 2d		2e	383,189
3	Subtract line 2e from line 1	 	3	4,556,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	F	-	4,000,041
	Investment expenses not included on Form 990, Part VIII, line 7b			
a	Other (Department of the property)			
D C	Add lines 4a and 4b.	\dashv	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· -	5	4,556,041
	t XIV Supplemental Information		<u> </u>	4,000,041
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information			
PAR	T XII, LINE 2D - FROM FORM 990 PART VIII, LINES 7B & 8B			
PAR	T XIII, LINE 2D - FROM FORM 990 PART VIII, LINES 7B & 8B			
			••••••	
••••				

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.

Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

Open To Public Inspection

	NESSEE GOLF FOUNDATION					58-189	
	Fundraising Activities Co	mplete if the	organizatı	on answe	ered "Yes" to Forn		
Par	Form 990-EZ filers are not						
1	Indicate whether the organization rai	sed funds thro			-	• • •	
а	Mail solicitations		==		of non-government	-	
b	Internet and email solicitations				of government grar	nts	
С	Phone solicitations		g 💹 S	pecial fund	draising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 990	•			, ,		Yes X No
b	If "Yes," list the ten highest paid indit to be compensated at least \$5,000 b			sers) purs	uant to agreements	s under which the f	undraiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
			Yes	No			
			ļ	<u> </u>	0	0	0
					0	0	0
			<u> </u>		0	0	0
					0	0	0
					0	0	. 0
					0	0	0
	·				0	0	0
					0	0	0
					0	0	0
					0	0	0
Tota	. ,			▶	o	0	0
3 TN_	List all states in which the organizati registration or licensing.	-				·	
			• • • • • • • • • • • • • • • • • • • •				
				·			

Pa	rt l		s. Complete if the organ			
		more trian \$15,000	(a) Event #1 THE VINNY (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	592,300	0		592,300
Rev	3	contributions	430,895	0		430,895
	Ľ	minus line 2)	161,405	0		161,405
	4	Cash prizes	0	0	0	0
	5	Noncash prizes .	0	0	0	0
nses	6	Rent/facility costs	143,849	0		143,849
Direct Expenses	7	Food and beverages .	_27,895	0		27,895
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses	211,193	0		211,193
	1	Direct expense summary.				(382,937)
Pa	rt I	Gaming. Complete	if the organization answ			eported more
	Т	than \$15,000 on Fo	rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,gc	bingo/progressive bingo	(6, 00.0. gammig	col (a) through col (c))
	1	Gross revenue				0
ses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
Direct E	4	Rent/facility costs				0
<u>ā</u> —	5	Other direct expenses				0
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary.	Add lines 2 through 5 in o	column (d)		(0)
	8	Net gaming income summ	ary Combine line 1, colu	mn d, and line 7	<u></u>	0
9		Enter the state(s) in which the state is the organization licensed to			?	Yes No
t) l' -	f "No," explain				
10a		Vere any of the organization f "Yes," explain	's gaming licenses revoke	ed, suspended or termina	ted during the tax year?	10a
11		Does the organization operate	•			11
12		s the organization a grantor, ormed to administer charitab				12

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in.			;
а	The organization's facility	- 1		
b	An outside facility	.]]		
14	Enter the name and address of the person who prepares the organization's gaming/special events books			İ
	and records:	ļ		
		1		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			1
.04	revenue?	15a		1
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	100		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			1
	- ,			
	Name ▶			
	Address •			
16	Gaming manager information:			
	Name ▶			Ì
				į
	Gaming manager compensation > \$0			
				,
	Description of services provided •			
	Director/officer Employee Independent contractor			i i
4-				
17	Mandatory distributions.			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			لــــا
L	retain the state gaming license?	17a		
D	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.			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULEI (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	5007	Onen te Bublie
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Inspection

Employer identification number

JR GOLF PROGRAM JR GOLF PROGRAM IR GOLF PROGRAM JR GOLF PROGRAM JR GOLF PROGRAM JR GOLF PROGRAM IR GOLF PROGRAM ž (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 58-1893478 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 O 0 0 (e) Amount of non-cash assistance 5,000 5,000 5,000 C 5,000 32,400 5,000 5,000 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed the selection criteria used to award the grants or assistance? . . . General Information on Grants and Assistance (c) IRC section if applicable 501C3 501C3 **501C3 501C3** 501C3 501C3 50103 (p) EIN ENNESSEE GOLF FOUNDATION KNOXVILLE AREA JR GOLF FIRST TEE OF CLARKSVILLE MID-SOUTH JR GOLF ASSOC FIRST TEE OF NASHVILLE FIRST TEE OF CHATTANOOGA 1 (a) Name and address of organization FIRST TEE OF WILLIAMS CREEK FIRST TEE OF TRI-CITIES WILLIAMS CREEK TN or government CHATTANOOGA TN **CLARKSVILLE TN** KNOXVILLE TN NASHVILLE TN BRISTOL TN Part I

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

Enter total number of section 501(c)(3) and government organizations.

Enter total number of other organizations

. . . .

Schedule I (Form 990) 2009

TENNESSEE GOLF FOUNDATION Schedule I (Form 990) 2009					58-1893478 Page
Part III Grants and Other Assistance to Individuals in the United States. (United States. Com	plete if the organiza	ition answered "Yes" to	in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0				
	0				
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part		vide the information	=	e 2, and any other additional information	onal information
8	ORGANIZATION				
NO INDIVIDUALS RECEIVED OVER \$ 5,000					
		! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					Schedule I (Form 990) 200

SCHÈDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

58-1893478 TENNESSEE GOLF FOUNDATION Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 1a 990. Part VII. Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . . . 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b h Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a The organization?...... 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a The organization? 6b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was 8 subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9 Regulations section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(R) Breakdown of W	7.7 2 20/pc 1000 MISC	a change of				
		ייים חובמעממייים מו	۱۱:	3	(C) Retirement and			(F) Compensation
(A) Name		(I) base compensation	(ii) Bonus & incentive compensation	(iil) Other reportable	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	reported in prior Form 990 or
				compensation				Form 990-EZ
RICHARD LHORTON	()	231,540	7,945	1,525	12,250	1,966	261	256.550
	(ii)			0		0		0
	()	0	О	0	0	0	0	0
	(E)	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0		0
	€		0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	<u>(E)</u>	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Œ	0	0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
- , 	ε	0	0	0	O	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
-	ε	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

58-1893478

TENNESSEE GOLF FOUNDATION

TEMPLOOF OF TOURS
PAGE 2, PART III, LINE 4D - OTHER PROGRAMS SUCH AS GOLF TOURNAMENTS, INCLUDING A LONG TERM AGREEMNET FOR
GOLF COURSE USE, AND GOLF MANAGEMENT ARE PERFORMED EACH YEAR TO PROMOTE GOLF IN TN
PAGE 6, PART VI, SECTION B, LINE 11A - REVIEWED BY EXECUTIVE DIRECTOR
PAGE 6, PART VI, SECTION B, LINE 12C AND 15 - BOARD REVIEW FOR EXECUTIVE DIRECTOR
PAGE 6, PART VI, SECTION C, LINE 19 - NO DOCUMENTS AVAILABLE TO THE PUBLIC
PAGE 10, PART IX, LINE 24F - DUES/SUBSCRIPTIONS - 4,063
PAGE 10, PART IX, LINE 24F - EQUIPMENT REPAIRS - 13,563
PAGE 10, PART IX, LINE 24F - REGIONAL DIRECTORS EXPENSES - \$ 10,228

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions. ► Attach to your tax return. Attachment Sequence No 67

Name(s) shown on return TENNESSEE GOLF FOUNDATION	Business or activ	vity to which this fo	orm relates		Identifying number 58-1893478			
Part I Election To Expense Certain	Proporty Und	lor Section 17	<u> </u>		30-1033470			
Note: If you have any listed property, or						1	\$250,000	
						. 2	Ψ230,000	
						3	\$800,000	
4 Reduction in limitation Subtract line 3 from						4	0	
5 Dollar limitation for tax year Subtract line							<u>_</u>	
				ica illing		5	250,000	
separately, see instructions		(b) Cost (business use only)			(c) Elected of		200,000	
(a) Bassiphon of proporty		(2) 000	. (240000 400	<u> </u>	(0) =:00:00			
7 Listed property Enter the amount from line	29			7				
8 Total elected cost of section 179 property.						8	0	
9 Tentative deduction Enter the smaller of I						. 9	0	
10 Carryover of disallowed deduction from line						10		
11 Business income limitation. Enter the small	•					11		
12 Section 179 expense deduction. Add lines						12	0	
13 Carryover of disallowed deduction to 2010	Add lines 9 and	10. less line 12		▶ 13		0		
Note: Do not use Part II or Part III below for lis				•				
Part II Special Depreciation Allowa				lude listed p	roperty) (See	instru	ictions.)	
14 Special depreciation allowance for qualified							•	
· · · · · · · · · · · · · · · · · · ·			•			14		
15 Property subject to section 168(f)(1) election						15		
16 Other depreciation (including ACRS)						16		
Part III MACRS Depreciation (Do no	t include listed	property) (Se	e instruction:	s)				
		Section A						
		Section A						
17 MACRS deductions for assets placed in se	ervice in tax years		ore 2009		•	. 17	132,548	
17 MACRS deductions for assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in set 18 If you are electing to group any assets placed in the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group and the group are electing to group any assets placed in the group and the gr		s beginning befo				17	132,548	
	ced in service du	s beginning befo	into one or m	nore		17	132,548	
18 If you are electing to group any assets place general asset accounts, check here.	ced in service du	s beginning before the second	into one or m	nore 	🕨 🔲		132,548	
18 If you are electing to group any assets place	ced in service du Service During	s beginning beforing the tax year	unto one or m	nore neral Depre	▶ ☐			
18 If you are electing to group any assets place general asset accounts, check here . Section B - Assets Placed in	Service During (b) Month and	s beginning beforing the tax year 2009 Tax Year (c) Basis for	Using the Ge	nore 	🕨 🔲		(g)	
18 If you are electing to group any assets place general asset accounts, check here.	Service During (b) Month and year placed	s beginning beforing the tax year 2009 Tax Year (c) Basis for depreciation	unto one or m	nore • neral Depred (e)	ciation System			
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Form 4562 (2009) TENNESSEE GOLF FOUNDATION 58-1893478 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? Yes No (c) Business/ (a) (b) (d) (e) Basis for dep-**(f)** (g) (h) (1) Type of property Date placed investment use Cost or reciation (business/ Recovery Method/ Depreciation Elected section 179 percentage (list vehicles first) in service other basis investment use only) Convention deduction period cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use: 9,035 5 YUK0N 12/11/2003 100% 9,035 **200DB HY** 592 8/10/2007 CHEVY 100% 36,213 36,213 5 4,800 SL/GDS HY CADILLAC 2/1/2008 100% 23,197 23,197 5 SL/GDS HY 4,639 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 10,031 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (b) (c) **(f)** (a) (d) (e) during the year (do not include commuting Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Х 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Amortization (a) (b) Date (c) (d) (e) **(f)** Description of costs amortization Amortizable Code Amortization for Amortization period section or percentage this year Amortization of costs that begins during your 2009 tax year (see instructions)

Amortization of costs that began before your 2009 tax year . . .

Total. Add amounts in column (f) See the instructions for where to report .

43

** 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Mor	nth Extension, complete only Part I and check this box Automatic) 3-Month Extension, complete only Part II (:. (on name 2 of ti	his foi	. ▶ <u>[X</u> rm)		
		already been granted an automatic 3-month extension of					
Part I		nsion of Time. Only submit original (no copies nee					
A corporation	•	nd requesting an automatic 6-month extension—check t	this box and co	mple	te ▶ [
All other co		ers), partnerships, REMICs, and trusts must use Form 76	004 to request	an ex	tension of	_	
Electronic of the return electronical returns, or a	Filing (e-file). Generally, you on the second below (6 months for a yelf (1) you want the additional acomposite or consolidated Fo	can electronically file Form 8868 if you want a 3-month a corporation required to file Form 990-T). However, you conclude (not automatic) 3-month extension or (2) you file Forms rm 990-T. Instead, you must submit the fully completed concenting of this form, visit www.irs.gov/efile and click on	cannot file Form 990-BL, 6069, and signed pag	n 886 or 88 ge 2 (8 70, group Part II) of	one	
Type or	Name of Exempt Organization			Employer identification number			
print	TENNESSEE GOLF FOUNDA		58-1893478				
File by the		te no If a P O box, see instructions					
due date for filing your	400 FRANKLIN ROAD	1710					
return See instructions	· ·	and ZIP code For a foreign address, see instructions	TNI	270	200 0004		
	FRANKLIN		TN	3/(069-8204		
	-	parate application for each return)		$\overline{}$			
X Form 9	90	Form 990-T (corporation)		닏	Form 4720		
Form 9	90-BL	Form 990-T (sec 401(a) or 408(a) trust)			Form 5227		
Form 9	90-EZ	Form 990-T (trust other than above)			Form 6069		
Form 9	90-PF	Form 1041-A			Form 8870		
Telepho	anization does not have an off	FAX No ► (615) 790-8600 ice or place of business in the United States, check this rganization's four digit Group Exemption Number (GEN) If it is for part of the group, check this	box	•	▶[If this and attach a		
1 I requuntil	iest an automatic 3-month (6 n 8/15/2010 the organization's return for	nonths for a corporation required to file Form 990-T) extended in the exempt organization return for the organization return for the organization.		ve. T	he extension		
-	calendar year 2009 or						
▶∟] tax year beginning	, and ending			···		
2 If this	tax year is for less than 12 mo	onths, check reason Initial return Final return	n Chang	je in a	accounting per	iod	
3 a If this	application is for Form 990-BL	, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	any nonrefundable credits. See			3a	\$		
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			ax			_ -	
<u>paym</u>	ents made. Include any prior y	ear overpayment allowed as a credit		3b	\$		
c Bala	nce Due. Subtract line 3b from	line 3a Include your payment with this form, or, if requir	ed,				
depo	sit with FTD coupon or, if requi	red, by using EFTPS (Electronic Federal Tax Payment	Ì				
	m). See instructions			3c	\$	0	
	you are going to make an elect instructions.	tronic fund withdrawal with this Form 8868, see Form 84	53-EO and Fo	rm 88	79-EO		
			· ·				