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Form **990-EZ**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** For 2009 calendar year, or tax year beginning **JULY 01**, 2009, and ending **JUNE 30**, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE TIGER TOWN PIG FESTIVAL, INC.</b>		<b>D</b> Employer identification number <b>59-3441004</b>
		Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite		<b>E</b> Telephone number
		<b>PO BOX 8797 6985</b>		<b>(863) 644-7765</b>
		City or town, state or country, and ZIP + 4 <b>LAKE LAND FL 33806 33807</b>		<b>F</b> Group Exemption Number. . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method. ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

**H** Check ☐ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 8b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **414,637**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>90,550</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	<b>22</b>
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . . <b>6a</b>	<b>323,191</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . . <b>6b</b>	<b>270,792</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . <b>6c</b>		<b>52,399</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>b</b> Less cost of goods sold . . . . . <b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>			
<b>8</b> Other revenue (describe ▶ See attachment #1) . . . . . <b>8</b>		<b>874</b>	
<b>9</b> <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶ <b>9</b>		<b>143,845</b>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . . <b>10</b>		<b>100,000</b>
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		<b>1,601</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		<b>998</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		<b>2,729</b>
	<b>16</b> Other expenses (describe ▶ See attachment #3) . . . . . <b>16</b>		<b>16,541</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶ <b>17</b>		<b>121,869</b>
<b>NET ASSETS</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		<b>21,976</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		<b>5,794</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . <b>20</b>		
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ▶ <b>21</b>		<b>27,770</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>4,965</b>	<b>30,920</b>
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶ See attachment #4) . . . . .	<b>829</b>	<b>6,850</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>5,794</b>	<b>37,770</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ See attachment #5) . . . . .	<b>0</b>	<b>10,000</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>5,794</b>	<b>27,770</b>

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

Form **990-EZ** (2009)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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What is the organization's primary exempt purpose? See attachment #6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

28 See attachment #7

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$	100,000	) If this amount includes foreign grants, check here .....	▶
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<b>28a</b>	100,000
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29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

**29a**

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

31a

**32 Total program service expenses** (add lines 28a through 31a)

32	100,000
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**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instr. for Part IV.)

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
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		
a 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b 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	X
c 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		
e 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	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	See attachment #9	
Located at		
Telephone no.		
ZIP + 4		
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 account)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 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	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ... ►

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ..... ►

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer: ILSE BUZZANCA Date: 10/28/10

Type or print name and title: ILSE BUZZANCA PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: David R. Ramos Date: 10/26/10 Check if self-employed: ☒

Firm's name (or yours if self-employed), address, and ZIP + 4: David R. Ramos, CPA EIN:   
4215 Old Road 37 Phone no.:   
Lakeland, FL 33813-1548 863-701-7885

May the IRS discuss this return with the preparer shown above? See instructions ... ☒ Yes ☐ No



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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar 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") . . . . .	50975	45020	89400	83235	90550	359180
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 . . . . .	158103	181461	218561	269789	323191	1151105
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .	209078	226481	307961	353024	413741	1510285
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	33500	30000	48500	37500	42500	192000
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 . . . . .						
c Add lines 7a and 7b . . . . .	33500	30000	48500	37500	42500	192000
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						1318285

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	209078	226481	307961	353024	413741	1510285
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					22	22
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .					22	22
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.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	209078	226481	307961	353024	413763	1510307

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	87.29 %
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	86.78 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☒

b **33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BARBEQUE FES (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts . . . . .	323,191			323,191
2	Less: Charitable contributions . . . . .				
3	Gross income (line 1 minus line 2) . . . . .	323,191			323,191
DIRECT EXPENSES	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .	15,231		15,231
	7	Food and beverages . . . . .	206,665		206,665
	8	Entertainment . . . . .	8,067		8,067
	9	Other direct expenses . . . . .	40,829		40,829
10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 270,792 )
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				52,399

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	X

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... **13a** %
- b** An outside facility ..... **13b** %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....**15a**

X

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

- c**
- If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**17a**

X

- 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 ► \$ \_\_\_\_\_

# SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.			Employer Identification Number 59-3441004

Description of Other Revenue	Amount
CLEAR OUT VOIDED CHECKS	874
Total	874

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

**For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.**

THE TIGER TOWN PIG FESTIVAL, INC.

59-3441004

**Totals**

Attachment 5: page 1 - 990-EZ Page 1, Part II, Line 26

**For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.**

Employer Identification Number

59-3441004

**Totals**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

**For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.**

Employer Identification Number

59-3441004

Total	16,541
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**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.			
Name of Organization		Employer Identification Number			
THE TIGER TOWN PIG FESTIVAL, INC.		59-3441004			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
	JUNIOR LEAGUE OF GREATER LAKELAND 90 LAKE MORTON DR LAKELAND FL 33801 GIRL'S INC. 1220 W. HIGHLAND ST LAKELAND FL 33801	85,000  15,000	CHARITABLE CONTRIBUTION  CHARITABLE CONTRIBUTION		
		100,000			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		85,000			2010-03
		15,000			2010-03
Total		100,000			

## PRIMARY EXEMPT PURPOSE

Attachment 6: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.	Employer Identification Number 59-3441004

### Primary Purpose

MONEY IS RAISED AND CONTRIBUTED TO OTHER 501 (c) (3) ORGANIZATIONS. CIVIC AND COMMUNITY PRIDE ARE BOLSTERED THROUGH THE HOSTING OF THIS CITY- WIDE EVENT.



## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.	Employer Identification Number 59-3441004
Part III - Statement of Program Service Accomplishments	
Grants and allocations 100,000	Amount includes foreign grants   Program service expenses 100,000

### Exempt Purpose Achievements

COORDINATE AND DIRECT AN ANNUAL BARBEQUE COOK-OFF CHAMPIONSHIP. ALL PROFITS ARE DISTRIBUTED TO OTHER CHARITABLE ORGANIZATIONS.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.			
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.			Employer Identification Number 59-3441004	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
ILSE BUZZANCA 4302 FORREST HILLS DRIVE LAKELAND, FL 33813	PRESIDENT	0	0	0
NICK NICHOLAS 731 HAMILTON PLACE DRIVE LAKELAND, FL 33813	1ST VICE PRESIDENT	0	0	0
CECELIA CHRISTIAN 3015 BUCKINGHAM DRIVE LAKELAND, FL 33803	2ND VICE PRESIDENT	0	0	0
LU FITZWATER 1151 EAST HIGHLAND DRIVE LAKELAND, FL 33813	SECRETARY	0	0	0
LINDA MASON 1383 CRESCENT WOODS LOOP LAKELAND, FL 33813	TREASURER	0	0	0
DARA BROOMFIELD 2717 COVENTRY AVENUE LAKELAND, FL 33813	DIRECTOR	0	0	0
NANCY CATTARIUS 5049 LAKE-IN-THE-WOODS BLVD. LAKELAND, FL 33813	DIRECTOR	0	0	0
PAULA DOCKERY 101 MAIN STREET, WEST LAKELAND, FL 33801	DIRECTOR	0	0	0
FRANK BUZZANCA 4302 FORREST HILLS DRIVE LAKELAND, FL 33813	DIRECTOR	0	0	0
ROOSTER CURRY PO BOX 5408 LAKELAND, FL 33807	DIRECTOR	0	0	0
BOB DONAHAY 228 S. MASSACHUSETTS AVE LAKELAND, FL 33801	DIRECTOR	0	0	0
KAY HARRIS FIELDS PO BOX 1975 LAKELAND, FL 33802	DIRECTOR	0	0	0
TERESA OLINGER 4511 CINDY ROAD LAKELAND, FL 33809	DIRECTOR	0	0	0
AMY ROYAL 2206 HAWTHORNE TRAIL LAKELAND, FL 33803	DIRECTOR	0	0	0
H. WILLIAM TINSLEY 4501 CLEMENTS ROAD LAKELAND, FL 33811	DIRECTOR	0	0	0
JOY WILLIAMS 6002 CRICKET DRIVE LAKELAND, FL 33813	DIRECTOR	0	0	0
KERRIE HALL	DIRECTOR	0	0	0

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.			
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.			Employer Identification Number 59-3441004	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
1041 SOUTH BLVD. LAKELAND, FL 33803 KRISTIN PHILLIPS	DIRECTOR	0	0	0
2425 JONILA AVENUE LAKELAND, FL 33803 ANNIE SULLIVAN	DIRECTOR	0	0	0
606 WOODWARD STREET LAKELAND, FL 33803 BILL WALTERS	DIRECTOR	0	0	0
3007 BUCKINGHAM AVENUE LAKELAND, FL 33803 TINA WINNETT	DIRECTOR	0	0	0
6015 WOODHAVEN DRIVE LAKELAND, FL 33811		0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization THE TIGER TOWN PIG FESTIVAL, INC.	Employer Identification Number 59-3441004
Part V - Line 42a	

Individual Name ..... LINDA MASON  
or  
Business Name:

Street Address ..... PO BOX ~~8797~~ 6985

U.S. Address:

Zip code 33807 City LAKELAND State FL  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (863) 644-7765

Fax Number .....