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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 benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury

Open to Public Inspection

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		For t	the 2009 calen	dar year,	or tax year begin	nning 10/03	<u> </u>	, 2009, and endi	ng 9	/30		2010			
Blace use												ication Numbe	r		
<b>⇒</b>			Address change	Please use IRS label	TIGER MISS	STNG LINK	FOUNDATTON	J		34-	18272	209			
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4		$\vdash$	lame change	or type. See	17552 FM 1					· ·					
-		Ш"	nitial return	specific Instruc-	TYLER, TX				903-858-1008						
-		ד∐	ermination	tions.		• -									
מ		[ ] A	Amended return	_					<b>G</b> Gross receipts \$ 2,087,298						
		$\Box_{P}$	Application pending	F Name a	and address of princip	al officer JEF	F CARTER		H(a) Is th	H(a) Is this a group return for affiliates? Yes X No					
				1	AS C ABOVE					all affiliates incl		□Υ	es No		
		Ta	x-exempt statu			(insert no.)	4947(a)(1	) or 527	If 'N	o,' attach a list	(see insti	ructions) —			
		_			ERLINK.ORG	(mscrt no.)	1 13 17 (4)(1	7 6 62.	   	ip exemption no	ımbar 🕨				
Š.	<u>.</u>					<del>1</del> . — —		1					TX		
3i	<u>_</u>		m of organization	X Corpora	ation Trust	Association	Other ►	L Year of Form	ation 19	JO INIS	state of le	gal domicile	<u> </u>		
	<u>Pa</u>	<u>rt I</u>	Summa												
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	ĔΙ		ELIMINAT	ING IN	JBREEDING_C	F_CAPTIVE	_TIGERS,_S	UPPORTING.	TIGER.	_CONSER!	OLTAN	N LINSIT	U		
	۱۶	2	Check this bo	ox ► 🗍	if the organization	on discontinue	d its operations	or disposed of m	ore than	25% of its	assets				
	<u>ت</u> ا	3			nbers of the gove						3		5 2		
	စ္မ	4	Number of in	depender	nt voting membe	rs of the gover	ning body (Part	VI, line 1b)			4		2		
	<b>≗</b>	5	Total number	r of emplo	yees (Part V, Iir	ne 2a)					5		13		
	Activities & Governance	6			teers (estimate ii						6		25		
	۲	7 a	a Total gross <sup>°</sup> u	ınrelated l	business revenue	e from Part VII	I, column (C), lir	ne 12			7a		26,559.		
_		Ŀ	Net unrelated	d business	s taxable income	from Form 99	0-T, line 34				7 b		<u> </u>		
										<b>Prior Year</b>		Curren	t Year		
		8	Contributions	and gran	nts (Part VIII, line	e 1h)				2,080,5	56.		18,842.		
	홀	9		_	nue (Part VIII, lin					125,1			96,394.		
	Revenue	10	•		art VIII, column			269.		1,500.					
1	2	11			III, column (A), l			e)		10,2			26,559.		
		12			ines 8 through 1					2,216,2			73,295.		
-	$\neg$	13			ounts paid (Part			. ( ,,,							
		14	•		members (Part			\ E 10\	<u> </u>	160 1	61	Λ.	56,103.		
	စ္က	15			nsation, employe			), lines 5-10)		469,1					
ZOTA,	ğ	16 a	a Professional	fundraisir	ng fees (Part IX,	column (A), lu	ne 11e)		ļ	122,3	372.	12	27,114.		
=	흷	1	<b>b</b> Total fundrais	sing expe	nses (Part IX, co	olumn (D), line	25) ►	901,831.							
2	<u> </u>	17							_	1,511,4	143.	1,35	59,008.		
מ		18.	KEUE	AFO.	IX, column (A), l in <b>és</b> 13-17 (must	equal Part IX	column (A) line	25)		2,102,9			52,225.		
5	1	19	Payanus lass		es btract line	10 from line 1		C 20,		113,2			21,070.		
	$\overline{}$		Revenue less	3 2011	Subtract line	16 HOITIME TA	<u> </u>	·· <del></del>							
=	0.0	2367	FEB 1 6		ဖြ				Beg	ginning of Y		End of			
•	Assets or Balancos	20	Total assets							1,147,9			13,296.		
	뒱	21	OGDE	es (PlantyX	(, line 26)				-	1,187,5			31,824.		
	žZ	22.	_Net-assets-e	r-fund-bal	ances Subtract	line 21 from lii	ne 20			-39,5	<u> </u>		<u>81,472.</u>		
ſ	Pa	rt II	Signat	ure Blo	ck			·							
_			Under penaltie	es of perjury.	I declare that I have a Declaration of prepare	examined this retur	n, including accompan	ying schedules and st	atements, a	ind to the best o	of my kno	wledge and bel	ef, it is		
			true, correct	and complete	Declaration of prepa	irer (other than office	cer) is based on all int	ormation of which pre	parer has a	ny knowledge	,				
9	Sig	ın		h						1 2	-//	1-20	1/		
	He		Signature	of officer			<del></del> -			Date					
			<b>▶</b> 13	riAN	Werne	( FX	Prutive	Director	_						
			Type or p	orint name an		<u> </u>	<i></i>	Director				_			
-	_		1,75-3-6					Date		Chael: if	Pre	eparer's identify e instructions)	ing number		
	D-1	L.		ح	Lisa V.	Kolum.	~~~			Check if self-	(se	e instructions)			
	Pai Pre		Preparer's	_				2.10	'. ઘ	employed P	Ц.,	/3			
		:- rer':	signature		SA G. ROBIN			L			IN/	/A			
	Us		Firm's name (		LOB MORGAN	<del></del>									
	Os On		yours if self- employed),		1 ESE LOOP	323 STE	300			EIN - N	1/A				
	_ • • •	_	address, and ZIP + 4	TYL	ER, TX 757	01-9609				Phone no	(903		880		
Ī	May	/ the	IRS discuss th	his return	with the prepare	er shown above	e? (see instruction	ons)				X Yes	No		
_		_			rwork Reduction					TEEA0113	L 12/29/	o9 Form	990 (2009)		

Form 990 (2009) TIGER MISSING LINK FOUNDATION	34-1	<u>827209</u>	<del>)</del>	Page 2
Partill Statement of Program Service Accomplishments				
1 Briefly describe the organization's mission:				
SEE SCHEDULE O				
~				
2 Did the organization undertake any significant program services during the year which were not listed	on the prior			
	on the prior	$\Box$	v [V]	A1 -
Form 990 or 990-EZ?			Yes X	No
If 'Yes,' describe these new services on Schedule O			627	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	services?		Yes X	No
If 'Yes,' describe these changes on Schedule O				
4 Describe the exempt purpose achievements for each of the organization's three largest program servi and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	ces by expen	ses. Sect	ion 501(c)	(3)
and 501(c)(4) organizations and section 494/(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported	and allocatio	ns to othe	ers, the to	tal
expenses, and revenue, if any, for each program service reported				
4a (Code) (Expenses \$ 1,027,645. including grants of \$	) (Revenue	\$	87,5	40.)
SEE SCHEDULE O				
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4b (Code) (Expenses \$ including grants of \$	) (Revenue	\$		)
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4c (Code) (Expenses \$ including grants of \$	) (Revenue	\$		١
/ (Code) (Expenses V	., (1.0000100	*		
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Ad Other program services (Describe in Schedule O.)				
4d Other program services (Describe in Schedule O.)	ė		`	
(Expenses \$ including grants of \$ ) (Revenue	٠,			
4e Total program service expenses ► 1, 027, 645.				

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х **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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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 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 addresses
the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X No 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 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 Х 15 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 Х 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 X 17 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 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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34-1827209 Form 990 (2009)' TIGER MISSING LINK FOUNDATION Partily Checklist of Required Schedules (continued) No Yes 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 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule 1 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25. Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I . 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b X Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Schedule L, Part III 28 Was the organization a party to a business transation 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 282 **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV 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, Part IV 28c Х 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 conservation contributions? If 'Yes,' complete Schedule M 30 X Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 Х

Form 990 (2009) BAA

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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Form 990 (2009) TIGER MISSING LINK FOUNDATION 34-182720	9	F	Page <b>5</b>
Part 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 U.S.Information Returns Enter -0- if not applicable1a			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	]		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a 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  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
this return? . <b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3a 3b	X	<del>-</del>
	30	_^_	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			<u> </u>
provided to the payor?	7a 7b		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	76		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Х	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?	8		-
9 Sponsoring organizations maintaining donor advised funds.	<u> </u>		-
a Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<del> </del>
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b	ļ	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	1		
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨		
11 Section 501(c)(12) organizations. Enter	ł		
a Gross income from other members or shareholders	{		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u></u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Page 6 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.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 5	1		
b	Enter the	number of voting members that are independent	1b 2			
2	Did any o	ifficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee? SEE SCHEDULE O	elationship with any other		_ <u></u>	
	Did the o	rganization delegate control over management duties customarily performed by or is, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3	_	х
		s, directors of trustees, or key employees to a management company of other persinganization make any significant changes to its organizational documents	0117	4		X
4		prior Form 990 was filed?		-		
5	Did the o	rganization become aware during the year of a material diversion of the organization	n's assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		6_	X	
7 a	Does the	organization have members, stockholders, or other persons who may elect one or body? SEE SCHEDULE O	more members of the	7a	х	
t	•	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ing	ertaken during the year by			
a	The gove	rning body?		8a	Х	
	•	nmittee with authority to act on behalf of the governing body?		8ь	Х	
		any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		х
		Policies (This Section B requests information about policies not				
	enue Code	•	required by the internal			
Teve	enue Coue	)	<del> </del>		Yes	No
10 :	Does the	organization have local chapters, branches, or affiliates?		10 a		Х
		loes the organization have written policies and procedures governing the activities	of such chanters, affiliates			
	and bran	ches to ensure their operations are consistent with those of the organization?	or such chapters, anniates,	10 b		
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	X	
		in Schedule O the process, if any, used by the organization to review this Form 99				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х	
		ers, directors or trustees, and key employees required to disclose annually interests	that could give rise	12b	Х	
C	Does the	organization regularly and consistently monitor and enforce compliance with the position of the compliance with the compliance	olicy? If 'Yes,' describe in	12c	Х	
		organization have a written whistleblower policy?		13	X	
		organization have a written document retention and destruction policy?		14		X
		rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
		nization's CEO, Executive Director, or top management official	.6131011	15 a	Х	
		icers of key employees of the organization SEE SCHEDULE O		15 b	-;-	
•		o line 15a or 15b, describe the process in Schedule O (See instructions )		.55		
			touch a touchla			İ
16	Did the contity du	rganization invest in, contribute assets to, or participate in a joint venture or simila ring the year?	r arrangement with a taxable	16 a		X
l	in joint v	nas the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		
Sec		Disclosures				
		states with which a copy of this Form 990 is required to be filed NONE				
	Section (	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vaılab	le for	public
	$\Box$	website Another's website X Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public. SEE SCHEDULE O	ments, conflict of interest pol	ісу, аі	nd fina	ancial
20	State the	name, physical address, and telephone number of the person who possesses the WERNER 17552 FM 14 TYLER TX 75706 903-858-1008				
					_	_

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Form 990 (2009)

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 organizations'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 employees'
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average hours per week	Po Individual trustee or director	Institutional trustee		Key employee	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		
MONTE SMITH												
DIRECTOR	0	<u>X</u>						0.	0.	0.		
JEFF CARTER PRESIDENT	0	x		Х				52,903.	0.	0.		
SUSAN ANDING DIRECTOR	0	Х						0.	0.	0.		
CHELSEA MAUTE SECRETARY	0			х				24,560.	0.	0.		
JENNIFER REDDINGTON TREASURER	0			X				32,400.	0.	0.		
TERRI WERNER	<b>├</b>	<del>                                     </del>	$\vdash$			<del></del>	<del>                                     </del>	32,400.		<u> </u>		
KEY EMPLOYEE	0				X	l		90,090.	0.	0.		
BRIAN_WERNER KEY EMPLOYEE	0				х			141,930.	0.	0.		
	<u> </u>											
						_						

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Part VII   Section A. Officers, Directors, Trust	tees, k	(ey	Em	1plo	ye	es,	an	d Highest Con	npensated Em	ployees (cont.)	
(A)	(B)			(c)				(D)	(E)	(F)	
Name and Title	Average hours		tion (		k all t	hat a		Reportable	Reportable	Estimated	
	per week	or d	Inst	Officer	Key	를 를	Former	the organization (W 2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the	
		rect	t to	Ĕ	emp	nest o	ner	(W 2/1099-MISC)	(W-2/1099 MISC)	organization and related	
		Individual trustee or director	nal t		employee	e om				organizations	
		stee	Institutional trustee		•	Highest compensated					
			ř			ated					
	ļ		H	_		_	┡		<del>-</del>		
	ĺ	ĺ			ĺ	ĺ	ĺ		ı		
		-	├	-	_	_	-			<del>                                       </del>	
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				<u> </u>	<del> </del>		_				
	_			$\vdash$		<del> </del>	┢				
	1										
1 b Total	<u> </u>					1	<b>•</b>	341,883.	0	. 0.	
2 Total number of individuals (including but not limited	d to tho	se li	stec	abo	ove)	wh	o re	·———		<del></del>	
from the organization > 1									, , , , , , , , , , , , , , , , , , , ,	,	
				_						Yes No	
3 Did the organization list any former officer, director	or truet	00	بما	amr	alov	ΔΔ.	or h	inhest compensat	ed employee		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	ndividua	il .	·	CITIF	лоу	сс,	0, 1,	ignest compensat	cu ciripioyee	3 X	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portable	cor	npe	nsa	tion	and	doth	er compensation	from		
the organization and related organizations greater the individual	nan \$15	0,00	10?	IT 'Y	es'	com	ipiet	e Scheaule J for s	sucn	4 X	
5 Did any person listed on line 1a receive or accrue c		ماء	n fr.				oloto	d organization for	r conucos		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	nedule .	l for	SUC	h pe	ariy erso	n_	eiaie	eu organization ioi		5 X	
Section B. Independent Contractors	_										
1 Complete this table for your five highest compensate compensation from the organization.	ed inde	pend	dent	cor	ntrac	ctors	s tha	it received more t	han \$100,000 of		
								<u> </u>			
(A) Name and business addres	c							Description (B)	) of Services	<b>(C)</b> Compensation	
Description of Oct vices								or octvices	Compensation		
								·			
				-							
2 Total number of independent contractors (including	but not	lımı	ted	to th	nose	list	ted a	above) who receiv	ed more than		
\$100,000 in compensation from the organization	0										

Pai	t VIII   Statement of Revenue				
		(A) Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1 a Federated campaigns     1 a       b Membership dues     1 b     9,594.       c Fundraising events.     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e	7			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f	1,948,842.			
뽕	Business Code				
<u> </u>	2a GATE FEES	77,946.	77,946.		
ACE REV	b MISCELLANEOUS	18,448.	18,448.		
Ĕ	d				
ä	e				
흏	f All other program service revenue				<u> </u>
&	q Total. Add lines 2a-2f	96,394.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>				
	(i) Real (ii) Personal		<del>-</del>	<del></del>	1
	<u> </u>				
	6a Gross Rents				
i	<b>b</b> Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 1,500.				
:	b Less: cost or other basis and sales expenses				
	c Gain or (loss) 1,500.				
	d Net gain or (loss)	1,500.	1,500.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
2	See Part IV, line 18				
물	<b>b</b> Less direct expenses <b>b</b>				
ò	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 . a				
	<b>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances 40, 562.				
	b Less cost of goods sold b 14,003.				
	c Net income or (loss) from sales of inventory	26,559.	<del>-</del>	26,559.	}
	Miscellaneous Revenue Business Code	20,000.	<del></del>	20,000.	<del> </del>
	11 -				
	11a				<del>                                     </del>
	b				<del>                                     </del>
	· ·	<del>-</del>			<del>                                     </del>
	d All other revenue				<del> </del>
	e Total. Add lines 11a-11d	<u> </u>			
	12 Total revenue. See instructions	2,073,295.	97,894.	26,559.	0.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		CAPCHIOCO	general expenses	CAPCHISCS
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	337,675.	306,819.	30,856.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	76,204.	76,204.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,950.	22,329.	3,621.	
9	Other employee benefits.				
10	Payroll taxes	26,274.	23,914.	2,360.	
11	Fees for services (non-employees)				
	ı Management				
t	Legal				<u> </u>
	: Accounting	11,755.	2,000.	9,755.	
C	Lobbying				
e	Prof fundraising svcs See Part IV, In 17	127,114.			127,114.
	Investment management fees				
	) Other			<del>-</del>	
	Advertising and promotion	14,731.			14,731.
13	Office expenses	0.001	1 446	1 445	
14	Information technology	2,891.	1,446.	1,445.	
15	Royalties				<del></del>
16	Occupancy	6 050		002	C 057
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	6,950.		893.	6,057.
19	Conferences, conventions, and meetings				
20	Interest	20,999.		20,999.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,237.	131,169.	1,068.	
	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.)	_60,503.	58,688.	1,815.	
ā	POSTAGE AND SHIPPING	405,808.	1,983.		403,825.
	PRINTING AND PUBLICATIONS	234,210.			234,210.
	RENT EXPENSE	188,586.	188,586.		
	ANIMAL RELATED EXPENSES	64,378.	64,378.		
	DATA ENTRY	34,591.			34,591.
f	All other expenses	181,369.	80,241.	19,825.	81,303.
	Total functional expenses Add lines 1 through 24f	1,952,225.	957,757.	92,637.	901,831.
26	Joint costs. Check here   SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing.	44,152.	1	79,419
-	2	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net .		3	
	4	Accounts receivable, net .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	286,924.	5	283,026
ı	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	
A S E T S	7	Notes and loans receivable, net		7	
Ĕ	8	Inventories for sale or use	2,104.	8	1,278
[ 	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. 10a 1,432,606.			
		Complete Part VI of Schedule D			
1	b	Less: accumulated depreciation 10b 586,874.	803,091.	10 c	845,732
İ	11	Investments — publicly-traded securities .	825.	11	825
1	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11	10,890.	15	3,016
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,147,986.	16	1,213,296
7	17	Accounts payable and accrued expenses	239,669.	17	240,403
-	18	Grants payable .		18	
	19	Deferred revenue	<del></del>	19	
-	20	Tax-exempt bond liabilities		20	<del></del>
À	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
BIL	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
T		of Schedule L	749,316.	22	660,850
Ė	23	Secured mortgages and notes payable to unrelated third parties .	163,612.	23	215,215
	24	Unsecured notes and loans payable to unrelated third parties	·	24	<u> </u>
			34,987.	25	15,356
	26	Total liabilities. Add lines 17 through 25.	1,187,584.	26	1,131,824
N		Organizations that follow SFAS 117, check here > X and complete lines			
P		27 through 29 and lines 33 and 34.			
S	27	Unrestricted net assets	-39,598.	27	81,472
<u> </u>	28	Temporarily restricted net assets		28	
Š	29			29	
R		Organizations that do not follow SFAS 117, check here ► and complete			
- 1		lines 30 through 34.			
F	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
<u>רְ</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances.	-39,598.	33	81,472
Ę	34	Total liabilities and net assets/fund balances	1,147,986.	34	1,213,296

Form 990 (2009) TIGER MISSING LINK FOUNDATION	34-1827209	_P	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	Х
b Were the organization's financial statements audited by an independent accountant?	21	) X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	=	х
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ain		
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both	rere issued on a		
X Separate basis 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	h in the Single		x

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2009)

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

lame	of the		R MISSING LINK						,		ion number		
<b>D</b>			IGER CREEK WI				1			327209			
Par				s (All organizations					See II	nstructi	ions		
	rga F			se it is (For lines 1 throi	-		_						
1	-			ociation of churches desc		section	1 1/0(b)	(ΙΧΑΧΙ)	•				
2	-		, , , , ,	A)(ii). (Attach Schedule E									
3	_	· ·		e organization described									
4		A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(Ь)(1)(А	<b>4)(iii)</b> . Er	iter the hos	spital's	
5		<b>170(b)(1)(A)(iv).</b> (C	erated for the benefit complete Part II)	of a college or university		-		_	nmenta	unit des	scribed in s	ection	<b>-</b>
6 7	X	An organization that		governmental unit descril substantial part of its su art II )					t or fron	n the ger	neral public	: descr	ribed
8		A community trust	described in <b>section</b> 1	170(b)(1)(A)(vi). (Complet	te Part I	l.)							
9		An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization org	janized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).				
11		more publicly support	orted organizations d	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or : 5 11e thr	section ough 11	509(a)(2  h	2) See	of, or ca section	rry out th <b>509(a)(3</b> )	ne purpose: ). Check th	s of or ne box	ne or that
		<b>a</b> Type I	<b>b</b> Type II	c Type III	– Fund	tionally	ıntegraf	ed		d 🔙	Type III—	Other	
е		By checking this both than foundation ma 509(a)(2)	x, I certify that the or nagers and other that	ganization is not controll n one or more publicly si	ed direc	tly or in I organi	directly zations	by one describe	or more ed in see	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f		If the organization is check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organizatioi	٦,	
g		Since August 17, 20	006, has the organiza	tion accepted any gift or	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) at	oove?						11 g (iii)		
h		Provide the following	ig information about t	he supported organization	ns				_				
	(i	i) Name of Supported Organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your rning nent?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(viı) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
_		-		_									
				•									

Page 2

	(Complete only if you checked the box on line 5, 7, or 8 of Part I)										
Sec	tion A. Public Support				<u></u>		<del></del>				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	1,278,097.	1,839,694.	1,985,149.	2,076,156.	2,018,730.	9,197,826.				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.				
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.				
4	Total. Add lines 1-through 3	1,278,097.	1,839,694.	1,985,149.	2,076,156.	2,018,730.	9,197,826.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.				
	<b>Public support.</b> Subtract line 5 from line 4						9,197,826.				
<u>Sec</u>	tion B. Total Support	т	·	<del> </del>	1	т-	<del>                                     </del>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 9, 197, 826.				
7	Amounts from line 4	1,278,097. 1,839,694. 1,985,149. 2,076,156. 2,018,730.									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				269.		269.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV					1,500.	1,500.				
11	Total support. Add lines 7 through 10						9,199,595.				
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	0.				
	First five years. If the Form 990 organization, check this box and	I stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c	e)(3) ► <u> </u>				
	tion C. Computation of Pu					1	100.00				
15	Public support percentage for 20 Public support percentage from	2008 Schedule A.	Part II, line 14			14 15	100.0%				
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	3-1/3 % or more,	check this box ► X				
	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.										
17 a	7a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
	<b>b 10%-facts-and-circumstances test</b> — <b>2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18 RAA	Private foundation. If the organ	ization did not che	eck a box on line,	, 13, 16a, 16b, 17			990 or 990-EZ) 2009				

TIGER MISSING LINK FOUNDATION 34-1827209 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b . . . .

8 Public support (Subtract line						
7c from line 6)					1	
Section B. Total Support		·				
Calendar year (or fiscal yr beginning in) ►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 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 Total support. (add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is organization, check this box and	s for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(	3) ▶ □
Section C. Computation of Pub	lic Support F	Percentage				
15 Public support percentage for 200	9 (line 8 colum	n (f) divided by lir	ne 13. column (f))	<u> </u>	15	%

Total support. (add lins 9, 10c, 11, and 12)

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))

16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19 a 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 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

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

Schedule A	\ (⊦orm 99	30 or, 99	U-EZ) 2	009	TIGER	( WT2	STMG	TINK	FOUND	MITTON			34-18	21209		Page 4
Part IV	Supple Part II,	menta line 1	<b>I Info</b> i 7a or	r <b>matio</b> 17b; a	<b>n.</b> Cor nd Pa	nplete rt III, I	this plane 12	part to 2. Prov	provid vide any	e the e y other	xplanatio addition:	ons requ al inforn	ured by nation.	Part II See ins	, line 10 struction	); IS.
															<b>-</b>	
																~
	<del>-</del>		. – – –				<b></b>		<b>_</b>					. – – –		
								- <del></del> -								
										<b>-</b>						
<del>_</del> -								<b>-</b>		<b>-</b>						
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						. – – –										
			<del>-</del>													
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					- <del>-</del>		<del></del> -									
	<b>-</b> -															
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														- <b></b> -		

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number TIGER MISSING LINK FOUNDATION DBA TIGER CREEK WILDLIFE REFUGE 34-1827209 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to 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) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b if the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

amounts required to be reported under SFAS 116 relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

Schedule D (Form 990) 2009 TIGES Part III Organizations Mainta			al Treasures. or C	34-182 Other Similar Ass		Page 2
3 Using the organization's acquisititems (check all that apply):						
a Public exhibition		<b>d</b> ☐ Loan or ex	change programs			
<b>b</b> Scholarly research		e Other	3 1 3			
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIV	nization's collections	s and explain how the	y further the organiza	ation's exempt purpos	e in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be ma	e donations of art, his intained as part of the	torical treasures, or o	other similar ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements unt on Form 990	Complete if orgain, Part X, line 21.	nization answered	d 'Yes' to Form 99	}0, Part IV,	, line 
1a Is the organization an agent, trus included on Form 990, Part X?	itee, custodian, or o	ther intermediary for	contributions or other	assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and cor	nplete the following ta	able			
					Amount_	
c Beginning balance .				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance			•	1f		
2a Did the organization include an a		, Part X, line 21? .		L	Yes	∐ No
b If 'Yes,' explain the arrangement						
Part V   Endowment Funds Co		T			T :::-	<del></del>
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	irs back
1 a Beginning of year balance					ļ	
<b>b</b> Contributions					<del>                                     </del>	
c Net Investment earnings, gains, and losses				ļ		
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses		<u> </u>				
<b>g</b> End of year balance			<u></u>	<u></u>		
2 Provide the estimated percentage	e of the year end ba	lance held as				
a Board designated or quasi-endov	vment ►	<b></b> %				
<b>b</b> Permanent endowment ▶						
c Term endowment ►	<b>%</b>					
3a Are there endowment funds not a organization by	n the possession of	the organization that	are held and adminis	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	<del> </del>
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations listed a	as required on Schedi	ıle R?		3b	T
4 Describe in Part XIV the intended	· ·	•				

Part VI Investments-Land, Buildings, and Equipment. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated Depreciation (d) Book Value Description of investment (a) Cost or other basis (investment) 1 a Land 117,513 117,513. 664,294 170,759. 493,535. **b** Buildings 98,915. 50,599. 48,316. c Leasehold improvements 293,842 400,451. 106,609. **d** Equipment 151,433. 71,674. 79,759. e Other

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

BAA

Schedule **D** (Form 990) 2009

845,732.

Part VII	Investments-Other Securities See	Form 990, Part X, line 12	2. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial of			obstational or your market value
	eld equity interests		· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
Other		-	
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12)		
	Investments-Program Related (Se	e Form 990, Part X, line	13) N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) a coordance or measurement type	(-,	Cost or end-of-year market value
	7.1		
-	****		
		<del>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           -</del>	
		-	
	THE (B) HUST CHURT OF THE SOC, THE CA, COL. (D) THE TOLY	<u> </u>	
Part IX	Other Assets (See Form 990, Part		
	(a)	Description	(b) Book value
		• •	
Total (Co	olumn (b) must equal Form 990, Part X, col (E	3) line 15)	<b>•</b>
Part X	Other Liabilities (See Form 990, Pa		
Tarex	(a) Description of Liability	(b) Amount	<u> </u>
Fodoral In	icome Taxes	(b) Amount	
	L LEASE PAYABLE	15,356.	
CAPITA	T LEASE PAIABLE	13,330.	
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)	15,356.	
2. FIN 48	Footpote In Part XIV, provide the text of the		nancial statements that reports the organization's liabi
for uncert	ain tax positions under FIN 48		<u> </u>

Schedule D (Form 990) 2009 TIGER MISSING LINK FOUNDATION

34-1827209

Page 3

Sche	dule <b>D</b> (Form 990) 2009 TIGER MISSING LINK FOUNDATION	34-182	27209	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,0	73,295.
2	Total expenses (Form 990, Part IX, column (A), line 25)			52,225.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			21,070.
4	Net unrealized gains (losses) on investments		· · · · ·	
5	Donated services and use of facilities			
6	Investment expenses .			<del></del>
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			21,070.
$\overline{}$	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		<del></del>
1	Total revenue, gains, and other support per audited financial statements	1		43,183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments			
	Donated services and use of facilities 2b 69,88	38.		
c	Recoveries of prior year grants . 2c	'		
	Other (Describe in Part XIV) 2d			
	Add lines 2a through 2d	2 e		69,888.
	Subtract line 2e from line 1	3	2.0	73,295.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2.0	73,295.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses			7.07.230.
1	Total expenses and losses per audited financial statements	1		21,123.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		2272201
	Donated services and use of facilities 2a 69,88	38		
	Prior year adjustments	~~		
	Other losses . 2c			
_	Other (Describe in Part XIV)			
	Add lines 2a through 2d.	2e		69,888.
	Subtract line 2e from line 1	3	1 0	51,235.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			751,255.
	Investments expenses not included on Form 990, Part VIII, line 7b 4a			
		90.		
	Add lines 4a and 4b	4c		990.
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	1.0	52,225.
	t XIV   Supplemental Information			,02,220.
			15 1 05	
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete thi	s part to r	rovide anv	additional
	mation	•	•	
BAA	TEEA3304L 02/02/10	Sche	dule <b>D</b> (For	m 990) 2009

Conclude b (101111 990) 2009 TIGER MISSING LINK POUNDATION	34-102/203	rage o
Part XIV Supplemental Information (continued)		
	<del>_</del>	
		<del>-</del>

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

me of the organization TIGER MISSING LINK FOUNDATION  Employer identification number										
DBA TIGER CRE	34-182720	<u>9</u>								
Part I Fundraising Activities. Comp	lete if the orga uired to comple	nization a ete this pa	nswered '\ irt	es' to Form 990, Part I	V, line 17 					
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities. Check	all that apply.					
X Mail solicitations Solicitation of non-government grants										
X Internet and email solicitations										
X Phone solicitations				Special fundraising	<u>-</u>					
				Special fulldraising	events					
X In-person solicitations		حالمانان المسا		والمراكب والمراكب والمراكب والمراكب						
2a Did the organization have written employees listed in Form 990, Pai	or oral agreeme rt VII) or entity	ent with ar	iy inaiviau tion with n	ai (including officers, di rofessional fundraising	rectors, trustees or key	X Yes No				
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idividuals or en	tities (fund	-							
	T				(v) Amount paid to					
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No	-						
FUND RAISING STRATAGIES,	FUNDRAIS									
INC.	ING		l v	·	06 012					
DIRECT MAIL PROCESSORS,	FUNDRAIS	<del>                                      </del>	X		96,012.					
INC	ING		х		20,044.					
TOO DAMA COVERD	FUNDRAIS			-						
ECG DATA CENTER	ING	_	Х		11,058.					
<del></del>	<del> </del>	<del> </del>								
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	<u> </u>	<u> </u>	]							
					107 114	0				
Total			<b>•</b>	Late and an base base	127,114.	0.				
3 List all states in which the organiz or licensing	ation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	m registration				
AL AK AZ CA CO CT DC	בו כא דו ו	70 KV 1	A ME N	ום אז אד אז אכן	עו אוא דוא שוא אע	NC ND OH OK				
OR PA RI SC TN UT VA	MW MA MT									
				<i></i>						

•	•										
		G (Form 990 or 990-EZ) 2009 TIGER				27209 Page 2					
T a		Fundraising Events. Complete if reported more than \$15,000 on F	form 990-EZ, line (	õa. List events with	gross receipts gre	ater than \$5,000.					
			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col. (c))					
R			(event type)	(event type)	(total number)	coi. (c)/					
REVERUE	1	Gross receipts									
Ε	2	Less Charitable contributions									
	3	Gross income (line 1 minus line 2)									
	4	Cash prizes	7101-7								
	5	Noncash prizes									
DIRECT	6	Rent/facility costs									
	7	Food and beverages									
E X P	8	Entertainment									
EXPERSES	9	Other direct expenses .									
S	10	Direct expense summary Add lines 4- t	hrough 9 in column (d)		•						
_	11	Net income summary Combine lines 3,	column (d) and line 10								
Pai	<u>t III </u>	<b>Gaming.</b> Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye i.	es' to Form 990, Pa	rt IV, line 19, or re	ported more than					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))					
E	1	Gross revenue									
D X	2	Cash prizes									
D P E N S E S	3	Non-cash prizes									
S	4	Rent/facility costs			<u> </u>	1					
	5_	Other direct expenses									
	6	Volunteer labor	Yes%	Yes%	Yes%						
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d)		•						
	8	Net gaming income summary Combine	lines 1, column (d) and	I 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?				
t	off 'No,' explain:			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If 'Yes,' explain'				
11	Does the organization operate gaming activities with nonmembers?	11		
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		

Schedule G (Form 990 or 990-EZ) 2009 TIGER MISSING LINK FOUNDATION	34-182720	9	Page 3
		YE	S NO
<ul> <li>13 Indicate the percentage of gaming activity operated in:</li> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization's gaming/specia</li> </ul>	13a % 13b %		
Name: ►			
Address -			
15a Does the organization have a contact with a third party from whom the organization receive bild 'Yes,' enter the amount of gaming revenue received by the organization \$  of gaming revenue retained by the third party \$  c if 'Yes,' enter name and address of the third party		15 a	
Name: •			
Address •			
16 Gaming manager information			
Name· ►			
Gaming manager compensation ► \$			
Description of services provided:			
☐ Director/officer ☐ Employee ☐ Independent contract	or		
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gami state gaming license?	ing proceeds to retain the	17a	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exemp	ot organizations or spent in the		
organization's own exempt activities during the tax year: ▶ \$			
BAA TEEA3703L 02/05/10	Schedule <b>G</b> (Form 990	or 990-E)	Z) 2009

# SCHEDULE Ł (Form 990 or 990-EZ)

**Transactions with Interested Persons** 

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

Name of the c	e organization TIGER MISSING LINK FOUNDATION  DBA TIGER CREEK WILDLIFE REFUGE  Employer identification number 34-1827209												
Part I	Excess Benefit Transactio Complete if the organization answ	ns (sect	ion 501	(c)(3) a	nd section : IV, line 25a o	501(c)(or 25b, or	4) organiza	ations	only	<u>/).</u>			
	(a) Niama and discountified account			<u> </u>		4. D			<u> </u>			(c) Cor	rected?
1 	(a) Name of disqualified person					(b) Descriptio	n of transaction					Yes	No
		<u> </u>		<del> </del>				·					<del> </del>
	<del></del>			-									
		-	-				<del></del>						-
2 Ente	r the amount of tax imposed on the on 4958	e organiza	tion man	agers or o	disqualified po	ersons du	ring the year	under	<b>-</b> \$				<u> </u>
	r the amount of tax, if any, on line				organization				<b>&gt;</b> \$				
Part II	Loans to and/or From Inte Complete if the organization ansv  Name of interested person and purpose	vered 'Yes'		1 990, Part			·			(0.4-			
(a)	name of interested person and purpose	the orga	anization?	princip	Original oal amount	(a) Ba	(d) Balance due		l by bo		oroved ard or uttee?	agree	Vritten ment?
	TOURD.	To	From		·			Yes	No	Yes	No	Yes	No
BRIAN WE	<del></del>	X					487,952.		Х	_ X			X
TERRI WE	<del></del>	X	<del>                                     </del>				172,898.		Х	X			х
DEFERRED	<del></del>	+	<del>   </del>	<del></del>			172,030.	<u> </u>	^			_	
BRIAN WE	<del></del>		Х				283,026.		Х	Х			х
Total			_		▶ \$		943,876.	<u> </u>					
Part III	Grants or Assistance Bend Complete if the organization	efitting l en answe	<b>nterest</b> ered 'Ye	ed Perses on Fo	<b>ons.</b> orm 990, P	art IV, I	ine 27.						
	(a) Name of interested person	7	b) Relations	the organ	interested person ization	and	(с	) Amoun	t and ty	pe of as	sistance	•	
			-					•					
Part IV	Business Transactions Inc Complete if the organization	/olving l on answe	nterest ered'Ye	ted Pers	sons. erm 990, Pa	art IV, lı	ne 28a, 28	b, or	28c.				
	(a) Name of interested person (b) Relations interested person		elationship l sted person organizatio	and the	(c) Amou transaction	nt of on \$	(d) Des	1) Description of transaction				organiz	aring of zation's nues?
		_							_			Yes	No
					<del></del>								
DAA F: 1	Dilinan Ask and Provinced Prof.	N A -4 44				000			- C-	001	) as 0'	)O [==	
	Privacy Act and Paperwork Reduct 90-EZ.	uon ACT N	ouce, se	e ine insti	ructions for F	om 990	Sch	edule	L (FOR	iu 990	or 9	7U-E-Z	) ZUU9

# SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization TIGER MISSING LINK FOUNDATION DBA TIGER CREEK WILDLIFE REFUGE	Employer identification number 34-1827209
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE FOUNDATION HAS A THREE-FOLD EXPANDED MISSION OF TIGER CONS	ERVATION, EDUCATION,
AND BIG CAT RESCUE. THE MISSION OF TIGER MISSING LINK FOUNDAT	ON IS CONSERVING
GENETIC DIVERSITY AND ELIMINATING INBREEDING OF CAPTIVE TIGERS	SUPPORTING TIGER
CONSERVATION INSITU, CREATING PUBLIC AWARENESS OF THE TIGER'S I	PLIGHT, AND PROVIDING
RESCUE SERVICES FOR BIG CATS THAT HAVE BEEN ABUSED, NEGLECTED,	OR DISPLACED.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
THE ORGANIZATION HAS RESCUED LARGE EXOTIC CATS, SUCH AS TIGERS,	LIONS, LEOPARDS, AND
JAGUARS FROM ALL OVER NORTH AMERICA. THE ANIMALS BACKGROUND RA	ANGES FROM FORMER PETS
THAT CAN NO LONGER BE CARED FOR, ANIMALS RETIRED FROM THE CIRCU	JS, SURPLUS CATS FROM
ZOOS. BY GIVING THEM A HOME, THESE ANIMALS ARE SAVED FROM EUTHA	ANIZATION. THE
ORGANIZATION PROVIDES MEDICAL CARE FOR THE CATS, AND INCORPORA	TES THEM INTO AN
EDUCATIONAL PROGRAM DESIGNED TO EDUCATE THE PUBLIC ABOUT THE PI	LIGHT OF EXOTIC CATS.
THOUSANDS OF INDIVIDUALS TAKE PART IN GUIDED TOURS OF THE REFUG	GE, WHERE THEY HAVE AN
OPPORTUNITY TO SEE AND LEARN MORE ABOUT THE EXOTIC CATS. SCHOOL	OL TOURS ARE ALSO
OFFERED, WITH AN EDUCATIONAL PROGRAM THAT CAN BE TAILORED TO F	IT AGES FROM
KINDERGARTEN TO COLLEGE. THE ORGANIZATION ALSO PARTICIPATES II	N DNA RESEARCH WITH THE
GOAL OF DETERMINING A GENETIC SNAPSHOT OF TIGERS IN THE U.S.,	TO BE USED TO FURTHER
DEVELOP CONSERVATION PROGRAMS. TIGER MISSING LINK ALSO SPONSO	RS AN INTERNSHIP
PROGRAM WHERE COLLEGE STUDENTS WISHING TO PURSUE A CAREER IN TI	HE VETERINARIAN FIELD,
BIOLOGY, FIELD WORK, OR AT A ZOO CAN GET PRACTICAL EXPERIENCE	AROUND EXOTIC ANIMALS.
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECT
IN THE PAST, BRIAN WERNER AND TERRI WERNER HAD A BUSINESS AND	FAMILY RELATIONSHIP.
JEFF CARTER SERVES ON THE BOARD OF DIRECTORS AND AS PRESIDENT.	HE IS NOT
COMPENSATED FOR EITHER POSITION, BUT HE IS ALSO EMPLOYED AS THE	E DIRECTOR OF
MAINTENANCE.	

Name of the organization TIGER MISSING LINK FOUNDATION  DBA TIGER CREEK WILDLIFE REFUGE	Employer identification number 34-1827209
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELE	ECT GOVERNING BODY
THE ORGANIZATION HAS TWO VOTING MEMBERS THAT DO ELECT OF	R APPOINT THE GOVERNING BOARD
OF DIRECTORS THAT IS COMPRISED FROM PEOPLE THAT EXPRESS	AN INTEREST IN SERVING.
THEY DO NOT CONTROL OR APPROVE THE DECISIONS OF THE GOVE	ERNING BOARD OF DIRECTORS OR
THE APPOINTMENT OF THE OFFICERS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE FORM 990 IS MADE AVAILABLE TO ALL DIRECTORS AND OFF	ICERS PRIOR TO FILING VIA
HARD COPIES AND AVAILABLE FOR OPEN REVIEW. FINAL FILING	G WILL THEN BE REVIEWED BY
EXECUTIVE DIRECTOR, OPERATIONS DIRECTOR, AND ACCOUNTANTS	S AND MADE AVAILABLE TO
AUDITORS.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND EN	FORCEMENT OF CONFLICTS
AS THE ORGANIZATION HAS EXPERIENCED SIGNIFICANT GROWTH,	THE NEED FOR WRITTEN
POLICIES HAS BEEN RECOGNIZED BY MANAGEMENT. MEASURES AF	RE BEING TAKEN TO FORMALLY
ADOPT SUCH POLICIES. CURRENTLY, ANY CONFLICTS OF INTERES	ST ARE DISCUSSED VERBALLY
PRIOR TO ANY ACTION DURING BOARD OF DIRECTORS MEETINGS.	ALL CONFLICTS ARE
DISCLOSED, AND AFFECTED PARTIES ARE REQUIRED TO ABSTAIN	FROM ANY OFFICIAL ACTION OF
THE MEETING.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL I	PROCESS FOR OFFICERS & KEY EMPLOYEE
COMPENSATION IS APPROVED BY AN INDEPENDENT BOARD OF DIRE	ECTORS AND IS BASED ON THE
COMPENSATION FROM A NATIONAL AND REGIONAL SNAP SHOT OF S	SIMILAR ORGANIZATIONS.
COMPARABILITY DATA DERIVES FROM ON-LINE PUBLICATIONS INC	CLUDING BUT NOT LIMITED TO
WWW.SALARY.COM AND OTHER NON-PROFIT MANAGEMENT PUBLICATION	IONS. THE PROCESS IS
DOCUMENTED THROUGH MINUTES AND ATTACHMENTS OF RESOURCES	RESEARCHED INCLUDING
COMPARATIVE DATA OBTAINED FROM LOCAL, REGIONAL, AND NAT	IONAL ZOOLOGICAL
INSTITUTIONS.	

Schedule <b>O</b> (Form 990) 2009		raye z
Name of the organization TIGER MISSING LINK FOUNDATION DBA TIGER CREEK WILDLIFE REFUGE	Employer identification number 34-1827209	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICE	Y AVAILABLE	
UPON REQUEST, THE ORGANIZATION WILL, DURING REGULAR BUSINES		
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REQUESTED DOCUMENTS FOR REVIEW AT THE OFFICES OF THE ORGANI	ZATION.	
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 2009 TIGER MISSING LINK FOUNDATION DBA TIGER CREEK WILDLIFE REFUGE **CLIENT 34182720** 34-1827209 11.17AM 2/09/11 PART II, LINE 10 - OTHER INCOME <u>NATURE AND SOURCE 2009 2008 2007 2006 2005</u> TOTAL \$\frac{1,500.}{\\$ 1,500.} \frac{\\$ 0. \\$ 0. \\$ 0. SALE OF FIXED ASSET

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6 2009 TIGER MISSING LINK FOUNDATION DBA TIGER CREEK WILDLIFE REFUGE **CLIENT 34182720** 34-1827209 11 17AM 2/09/11 SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S DEPRECIATION ADJUSTMENT TOTAL \$ 990.