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SCANFIET NOY 04 2019

Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

OMB No 1545-0047

			enaing	,	
В	Check if applicat	C Name of organization		D Employer identifi	cation number
	Addr chan		 		
	Name Chan	ge [Doing Business As		57-1	021847
	Initial retur	Number and street (or PU box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
╘	Term ated Amer	TOBT OFFICE BOX 200		803-	732-6205
닏	ireturr	City or town, state or country, and ZIP + 4		G Gross receipts \$	594931.
L	Appli tion pend			H(a) Is this a group re	
	,,,,,,	F Name and address of principal officer: HARRISON "HAPP" LAT	THROP	for affiliates?	Yes X No
		7451 IRMO DR, IRMO, SC 29063		H(b) Are all affiliates inc	
		empt status:	or 527		list. (see instructions)
		te: ► WWW.SCJGF.ORG		H(c) Group exemptio	
	ert I	forganization Corporation Trust X Association Other ► Summary	L Year	of formation 1990 N	A State of legal domicile SC
	1	Briefly describe the organization's mission or most significant activities: TO ES	STABLI	SH THE FUND	ING
Activities & Governance	1	NECESSARY TO CONTINUALLY CREATE OPPORTUNI	ITIES	FOR SOUTH C	AROLINA'S
ř	2	Check this box If the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
<u>ග</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			2
<u>Viti</u>	6	Total number of volunteers (estimate if necessary)	/	6	0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		ပ္ 7a	0.
_	Ь	Net unrelated business taxable income from Form 990-T, line 34	*****	7b	0.
		SE NOV 4		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		401090.	68812.
Jen J	9	Program service revenue (Part VIII, line 2g)	, wi	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_	10685.	23947.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	502172.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411775.	594931.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	259500.	244850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.070
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	57633.	86979.
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	\2 <u> </u>	20415.	0.
Ĕ	_ b	Total fundraising expenses (Part IX, column (D), line 25)	/3 •	48375.	214995.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	\vdash	385923.	546824.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	├	25852.	48107.
es	19	Revenue less expenses. Subtract line 18 from line 12	- Po		
anc and	20	Total assets (Part X, line 16)	DE	ginning of Current Year 991878.	End of Year 1081876.
Ass	21	Total liabilities (Part X, line 26)	-	1605.	3070.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	-	990273.	1078806.
P	art II				
		ilties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete Declaration of preparer (other than officer) is based on all information of whi		· · · · · · · · · · · · · · · · · · ·	,
		Homo Lantona		10.2	7.11
Sig	n	Signature of officer		Date	
Her	re		RECTOR	·	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	- /	Date Check	PTIN
Paid	i	MICHAEL HAMILTON / Vor fact of m	u 1	0/19/11 self-employe	d
	parer	Firm's name MICHAEL HAMILTON CPA, PA		Firm's EIN ▶	
Use	Only	Firm's address PO BOX 50365		_	00 000 000
		COLUMBIA, SC 29250		Phone no 8	03-988-0021
May	v the li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	1990 (2010) SOUTH CAROLINA JUNIOR GOLF FOUNDATION 57-1021847 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
- <u>-</u>	Briefly describe the organization's mission:
•	TO ESTABLISH THE FUNDING NECESSARY TO CONTINALLY CREATE OPPORTUNITIES
	FOR SOUTH CAROLINA'S YOUTH THROUGH EDUCATION AND RECREATION AS WELL
	MAINTAIN AND EXPAND EXISTING JUNIOR GOLF PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ Including grants of \$ 206700 •) (Revenue \$)
	PROVIDED FUNDS THROUGH GRANTS TO VARIOUS PROGRAMS SUCH AS FIRST TEE
	FACILITIES, FAIRWAY OUTREACH, AND OTHERS PROMOTING THE ADVANCEMENT OF
	JUNIOR GOLF IN THE STATE OF SOUTH CAROLINA.
	CONTOR GOLD IN THE STATE OF GOOTH CARODINA.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDING SCHOLARSHIPS TO STUDENTS ATTENDING COLLEGES IN SOUTH
	CAROLINA.
	CHICOTINI:
4c	(Code:) (Expenses \$
70	SPONSORED THE 13TH ANNUAL CAN-AM JUNIOR TEAM MATCHES
	SPONSORED THE 13TH ANNOAH CAN-AM CONTOR TEAM MATCHES
	
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 411102 · including grants of \$) (Revenue \$)
4e	Total program service expenses ► 411102.
	Form 990 (2010)

			Yes	No
٠ ٦	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	- V
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Į,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ĺ _		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_	1	X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
•	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide		-	
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>		
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			}
_	Part VI	11a		Х
ь	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	116]	X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,]
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			ı,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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, Parts I and IV	14b		Х
15		140		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>		
.0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	l		
•	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
		Form	990 (2010)

	Chedule L, Fait III
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
	instructions for applicable filing thresholds, conditions, and exceptions):
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I
- Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II
- Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35
 - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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 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
- 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

Х Form 990 (2010)

Х

X

Х

X

X

X

X

X

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X

X

Х

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28a

28b

28c

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Schodula I Part III

Page 5

<u> </u>	Check if Schedule O contains a response to any question in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b		1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
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	ļ	X
þ	If "Yes," enter the name of the foreign country: ►	1		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
`	any contributions that were not tax deductible?	<u>6a</u>		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
		7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	ĺ	х
а	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Too, indicate the remarks of the second seco	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ <u></u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	. _		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	-
	Note. See the instructions for additional information the organization must report on Schedule O.			
p	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
_		1		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 -
u	II TOS. HEISTE HEIGE AT ONLY LO LO POPOLE HIGGE DATHIONES IN 110, DIVINO AN ONDIANAMINA HIGGERIA O		i	

032005 12-21-10

Form **990** (2010)

57-1021847 SOUTH CAROLINA JUNIOR GOLF FOUNDATION 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 0 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.) Yes 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Own website ___ Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2010)

SCJGF 1

7451 IRMO DRIVE,

HARRISON LATHROP - 803-732-6205

IRMO,

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C Pos	C)			(D) Reportable	(E)	(F) Estimated	
Name and Title	Average hours per	(ci				ı app	ly)	compensation	Reportable compensation	amount of	
	week (describe hours for related organizations in Schedule O)	ustae or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
HARRISON F LATHROP											
EXECUTIVE DIRECTOR	10.00				_	<u> </u>		0.	0.	0	
JOE QUICK	40.00				Į		}	E1000		0	
DIRECTOR OF DEVELOPMENT	40.00							51000.	0.	0	
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Form **990** (2010)

1 41	t VII Section A. Officers, Directors, Tr (A)	(B)	mpi	oyee		ina i C)	High	est	(D)	(E)	\neg		(F)	
	Name and title	Average			Pos	•	n		Reportable	Reportable		Es	timate	ed
	•	hours per week	(c	hecl	k all	that	app	ly)	compensation from	compensation from related	n		nount other	
	•	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	оттег	the	organization (W-2/1099-MIS	s	com fr org and	pensa om th anizat d relat	ation e ion ied
		O)	_=	=	8	3	Ŧ 8	2				-		
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			-	<u> </u>										
	Sub-total	<u> </u>		L	<u> </u>	L .			51000.		0.			0.
	Total from continuation sheets to Part V	II, Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		51000.	000:	0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	IISTE	ed a	DOV	e) wr	io r	eceived more than \$100	,000 in reportabl	8			0
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			, ke	y en	olqr	yee,	or h	nighest compensated er	nployee on		3	1	Х
4	For any individual listed on line 1a, is the s	um of reportab	le co	-						the organization				
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-						dual for convices		4		<u>X</u>
	rendered to the organization? If "Yes," con							Giai		———————		5_		X
	tion B. Independent Contractors									**				
1	Complete this table for your five highest countries the organization. NONE	ompensated inc	depe	ende	ent c	onti	racto	ors t	nat received more than	\$100,000 of com	pensa	ation t	rom	
	(A) Name and business	address		_				Į	(B) Description of s	envices	C	(C omper		n
	Name and business							\dashv	Description of s	CIVICES				<u>''</u>
								-						
			-											
	. <u></u>	. <u></u>		_										
2	Total number of independent contractors	including but n	ot lii	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 in compensation from the organ						0	-					200	2012
											1	⊦orm \$	ナソリ (2010)

Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 16 c Fundraising events 1c d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 68812 similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 68812. Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22617. 22617. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1330. assets other than inventory b Less: cost or other basis and sales expenses 1330. c Gain or (loss) 1330. 1330. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 502172 Part IV, line 18 b Less: direct expenses 502172 502172. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 594931. 23947 502172. Total revenue. See instructions

Form 990 (2010)

Form 990 (2010)

Page 9

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to complete		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	244850.	244850.		
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	<u> </u>			
5	Compensation of current officers, directors,	51000.			51000.
•	trustees, and key employees	31000.			31000.
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	25250.			25250.
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	23230 •			23230.
0	and section 403(b) employer contributions)	1645.			1645.
9	Other employee benefits	3025.			3025.
10	Payroll taxes	6059.		 	6059.
11	Fees for services (non-employees):				
''	Management				
ь	Legal				
c	Accounting	10551.		10551.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		······································	л типпи т тичнит т тирии — -	
f	Investment management fees				
g					
12	Advertising and promotion	3600.		3600.	
13	Office expenses	1861.		1861.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	359.			
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O)	16555	166050		
а	PROGRAMS	166252.	166252.		
Ь	PRINTING	8718.		7001	8718.
C	VEHICLE EXPENSE	7091.		7091.	6520
d	MISCELLANEOUS	6528.		2507	6528.
е	MISCELLANEOUS	2597.		2597. 5860.	1570
f	All other expenses	7438.	411102		1578.
25	Total functional expenses. Add lines 1 through 24f	546824.	411102.	31560.	103803.
26	Joint costs. Check here ► if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a		1	[
	combined educational campaign and fundraising		}		
	solicitation				Form 990 (2010)

			(A) Beginning of year		(B)
			85744.	-	End of year
1	Cash · non-interest-bearing	-	885940.	1	248405. 809673.
2	Savings and temporary cash investments	-	003940.	2	809673
3	Pledges and grants receivable, net	-		3	
4	Accounts receivable, net	-		4	
5	Receivables from current and former officers, directors,		,		
	employees, and highest compensated employees Com of Schedule L	_			
6	Receivables from other disqualified persons (as defined	under cection		5	
"	4958(f)(1)), persons described in section 4958(c)(3)(B), a	1			
	employers and sponsoring organizations of section 501				
	employees' beneficiary organizations (see instructions)	(C)(9) Voluntary		6	
7	Notes and loans receivable, net	<u> -</u>		7	
7 8	Inventories for sale or use	<u> </u>	19250.	8	16800.
9	Prepaid expenses and deferred charges		9	10000	
10a				-	······································
	basis. Complete Part VI of Schedule D 10a	9723.			
	Less: accumulated depreciation 10b	8549.	944.	10c	1174.
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11	į –		12	<u> </u>
13	Investments - program-related. See Part IV, line 11	<u></u>		13	·
14	Intangible assets	<u> </u>		14	
15	Other assets. See Part IV, line 11		0.	15	5824.
16	Total assets. Add lines 1 through 15 (must equal line 34	ı, İ	991878.	16	1081876.
17	Accounts payable and accrued expenses			17	
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV o	f Schedule D		21	 -
22	Payables to current and former officers, directors, truste				
	highest compensated employees, and disqualified person				
	of Schedule L		ĺ	22	
23	Secured mortgages and notes payable to unrelated third	d parties		23	
24	Unsecured notes and loans payable to unrelated third pa	· -		24	
25	Other liabilities. Complete Part X of Schedule D	-	1605.	25	3070.
26	Total liabilities. Add lines 17 through 25		1605.	26	3070.
	Organizations that follow SFAS 117, check here	X and complete			
	lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		862773.	27	891106.
28	Temporarily restricted net assets		60000.	28	120200.
29	Permanently restricted net assets		67500.	29	67500.
	Organizations that do not follow SFAS 117, check her	re 🕨 🔲 and 🦳			
	complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid in or capital surplus, or land, building, or equipment	fund		31	
32	Retained earnings, endowment, accumulated income, or	<u></u>		32	
33	Total net assets or fund balances	Γ	990273.	33	1078806.
34	Total liabilities and net assets/fund balances		991878.	34	1081876.

Form **990** (2010)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

SOUTH CAROLINA JUNIOR GOLF FOUNDATION

Employer identification number 57–1021847

Pa	rt !	Reason	for Public Chai	rity Status (All organiz	zations mu	ist complet	te this par	t.) See ins	tructions.				
The	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1		A church, co	envention of churche	s, or association of chur	ches desc	ribed in se	ction 170)(b)(1)(A)(i).				
2		A school des	scribed in section 1 3	70(b)(1)(A)(ii). (Attach Sc	hedule E.)	ı							
3		A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical re	search organization	operated in conjunction	with a hos	spital desci	ribed in s e	ection 170	(b)(1)(A)(ii	ii). Enter tl	he hospital	's name	е,
		city, and stat	te:			_							
5		An organizat	ion operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describe	ed in		
		section 170)(b)(1)(A)(iv). (Compl	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7	$\bar{\mathbf{X}}$	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic desc	nbed in	1
		section 170	(b)(1)(A)(vi). (Comple	ete Part II.)			_			- ,			
8		A community											
9		-		eives: (1) more than 33		•	rom contr	ibutions, n	nembershi	p fees, an	d aross red	celots fi	rom
		_	•	nctions - subject to certa		- •				•	_	•	
			•	axable income (less sect	-					• •	=		
			509(a)(2). (Complete			•		•	, ,				
10				perated exclusively to te	st for publ	ic safety. S	See sectio	on 509(a)(4	4).				
11		An organizat	ion organized and o	perated exclusively for the	ne benefit	of, to perfo	rm the fu	nctions of,	or to carr	y out the	ourposes o	f one o	r
		-	•	ations described in secti		•				•	•		
		describes the	e type of supporting	organization and compl	ete lines 1	ie through	11h.	•	•				
		а 🔲 Туре	· · · · · · ·	¬ 1 . `	$\overline{}$	e III • Func		tegrated		d \square	Type III - C	Other	
е				at the organization is not			-	-	r more disc		• •		1
			•	han one or more publich		•	-	•		•			
f			_	tten determination from	• • •	•				()()		.,,,	
			rganization, check ti			,	, . , , ,	,,					
g			•	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing per	sons?			_
•		_		lirectly controls, either al			-		• •			Yes	No
		•	-	upported organization?		,			() (,,,	11g(i)		
		(ii) A family	11g(ii)										
		•	•	person described in (i)		e? .	•				11g(iii)		
h			•	about the supported or									
-				оположно определения	9	\- /-							
	Alama	of supported	/iii EIN	(iii) Type of	(ly) is the (organization	(v) Did vo	u notify the	(vi) Is	the	(uii) Are	ount of	
(1)		of supported inization	(ii) EIN	organization		sted in your			organization (i) organiz	on in col	Sup	nount of	
	U.g.			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2 (110	000	,,,,	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					ľ	1		i		1			
			}		į	j l			ļ	1			
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								1					
										}			
						[1					
Tota	1			, i									
		aperwork Re	duction Act Notice	, see the Instructions for	or				Schedul	e A (Form	990 or 99	0-EZ) 2	2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 SOUTH CAROLINA JUNIOR GOLF FOUNDATION 57-1021847 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	 -					
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	443461.	517003.	356665.	339845.	124935.	1781909.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
Ī	furnished by a governmental unit to	1					
	the organization without charge	J	J				
4	Total. Add lines 1 through 3	443461.	517003.	356665.	339845.	124935.	1781909.
5							
•	by each person (other than a		-				
	governmental unit or publicly		1				
	supported organization) included		Į.				
	on line 1 that exceeds 2% of the		į				
	amount shown on line 11.		1				
	column (f)		į				
A	Public support. Subtract line 5 from line 4				t	nama ii	1781909.
	ction B. Total Support		<u></u>			'	
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	_(f) Total
	Amounts from line 4	443461.	517003.	356665.	339845.	124935.	1781909.
8	Gross income from interest,						
v	dividends, payments received on	į	Ì				
	securities loans, rents, royalties					ı	
	and income from similar sources	30311.	41584.	29517.	10685.	19733.	131830.
9	Net income from unrelated business						
9	activities, whether or not the		1				
	·						
10	business is regularly carried on					- -	
10	Other income. Do not include gain or loss from the sale of capital						
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						1913739.
			L			12	13137338
12	Gross receipts from related activities, First five years. If the Form 990 is for			l fourth or fifth to	r vear as a soction		
13	organization, check this box and stop		mst, second, time	i, iourtii, or illiir ta	k year as a section	1 30 1(0)(3)	▶□
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2010 (li			olumn (fl)		14	93.11 %
	Public support percentage for 2009		•	J.G.11.11 (1))		15	94.63 %
	33 1/3% support test - 2010. If the or	•	•	line 13 and line 14	ا 1 is 33 1/3% or m		
100	stop here. The organization qualifies a	•			7 10 00 170 70 01 111	oro, orrook triis so	►X
	33 1/3% support test - 2009. If the or		-	e 13 or 16a and li	ne 15 is 33 1/3%	or more check th	
•	and stop here. The organization quali	-			110 10 13 00 170 70	or more, encor m	▶ □
17-	and stop here. The organization quain 10% -facts-and-circumstances test	•	•		13.16aor16ba	nd line 14 ie 10%	or more
170							
	and if the organization meets the "fact					t iv now the organ	
	meets the "facts-and-circumstances" to	-			-	70 and line 45 :- :	10% or
t	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 100, 17a, or 17b,</u>			s PL

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
alendar year (or fiscal year beginning in) 🕨 🔃	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or bus-						
Iness 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						
Total. Add lines 1 through 5				<u></u>		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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		<u> </u>				
Public support (Subtract line 7c from line 6)						
ection B. Total Support						
lendar year (or fiscal year beginning in) 🕨 🔃	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 6						
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
C Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					_	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the	ne organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) orga	ınızatıon,
check this box and stop here .						▶
ection C. Computation of Public	Support Pe	rcentage				
Public support percentage for 2010 (line	e 8, column (f) d	livided by line 13, o	olumn (f))		15	
Public support percentage from 2009 S					16	
ection D. Computation of Invest	ment Incom	e Percentage			, , – – –	
Investment income percentage for 2010) (line 10c, colu	mn (f) divided by lir	e 13, column (f))		17	
Investment income percentage from 20	09 Schedule A,	Part III, line 17	•		18	
a 33 1/3% support tests - 2010. If the or	rganization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box and	stop here. The	e organization qual	fies as a publicly :	supported organiz	ation	▶□
b 33 1/3% support tests - 2009. If the or	ganızatıon dıd ı	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/39	6, and
line 18 is not more than 33 1/3%, check	this box and s	top here. The orga	inization qualifies	as a publicly supp	orted organizati	on ▶□
O Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶□

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, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

SOUTH CAROLINA JUNIOR GOLF FOUNDATION

Employer identification number 57–1021847

Pa	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an history	oncally important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense :	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	he organization's accounting for
	conservation easements.		
Pa	Till Organizations Maintaining Collections of		her 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 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	• • • • • • • • • • • • • • • • • • • •	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	e Form 990, Part X, lin	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of value st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	<u> </u>			
(A)				 _
(B)				
(C)				
(D)	ļ			
(E)	-			
(G)				
(H)	 			
(I) Total (Col (b) must squal Form 000, Bort V, col (B) line 12.)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related. S	as Form 000 Port V In			
		ie 13.	(c) Method of valua	ation:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	
(1)	 			
(2)				
(3)				
(4) (5)		- 		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				······································
Part IX Other Assets. See Form 990, Part X, line	 15.			
	Description			(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line		 	<u> </u>	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(h) A	, , , , , , , , , , , , , , , , , , , 	
<u> </u>		(b) Amount		
(1) Federal income taxes (2) EMPLOYEE WITHHOLDING		3070.		
_ ~		3070•		
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
Total, (Column (b) must equal Form 990. Part X. col (R) line	25.)	3070.	r I	
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to FIN 48 (ASC 740)	the organization's financial st	atements that reports the organi	zation's liability for uncertai	n tax positions under
200070				

032053 12-20-10

Schedule D (Form 990) 2010

177 111	dule D (Form 990) 2010 SOUTH CAROLINA JUNIOR GOLF					021847	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Finan	cial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			4931.
. 2	Total expenses (Form 990, Part IX, column (A), line 25)			2			16824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			18107.
4	Net unrealized gains (losses) on investments			4		1	L4196.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7		2	26230.
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			10426.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an		CAL D.	10	D - 4	{	38533.
	XII Reconciliation of Revenue per Audited Financial Stateme	ents v	vitn Rever	iue per			9128.
1	Total revenue, gains, and other support per audited financial statements				1	- 00	79120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.	I	14197			
a	Net unrealized gains on investments	2a	 	1417/	4		
р	Donated services and use of facilities	2b			-		
C	Recoveries of prior year grants	2c			-		
a	Other (Describe in Part XIV.)	<u>2d</u>	<u> </u>		ا ۵ ا	1	4197.
_	Add lines 2a through 2d				2e 3	5.0	4931.
3	Subtract line 2e from line 1				3		4931.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.4-	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 	· - .	-		
þ	Other (Describe in Part XIV.)	4b	l		┥. !		0.
_	Add lines 4a and 4b				4c	5.0	4931.
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) **XIII** Reconciliation of Expenses per Audited Financial Statem	ents \	With Expe	nees ne			74731.
		eiita i	WILL EXPE	ilises pe	1	54	6824.
1	Total expenses and losses per audited financial statements				 		0021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	J				
a	Donated services and use of facilities	2b	 		1		
D	Prior year adjustments	2c	 		-		
	Other losses	2d			-		
u -	Other (Describe in Part XIV.) Add lines 2a through 2d	20	<u> </u>		2e		0 -
е 2	Subtract line 2e from line 1				3	5.4	6824.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
4		4a	i				
a 	Investment expenses not included on Form 990, Part VIII, line 7b	4b	 		┥ ╽		
	Other (Describe in Part XIV.) Add lines 4a and 4b	<u> 40</u>	<u> </u>	. =	4 _c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	5.4	6824.
Par	t XIV Supplemental Information				<u> </u>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	ll lines	1a and 4: Pa	rt IV lines	1h and 2l	h: Part V In	e 4· Part
-	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						
A, III I	7 2, Pat Ai, lille 0, Pat Aii, lilles 20 all0 40, all0 Pat Aii, lilles 20 all0 40. Also comp	piete tri	is part to pro	vide ally a	oditiona i	mormation.	
							
			-				
				<u> </u>			
							
		_			Schedu	le D (Form	990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open To Public

Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** SOUTH CAROLINA JUNIOR GOLF FOUNDATION 57-1021847 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c d JIn-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

032081 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

SCJGF

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010 SOUTH CAROLINA JUNIOR GOLF FOUNDATION 57-1021847 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			events with gross receip	ots greater than \$5,000.
	}		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	1	•	COLUMBIA	MONDAY AFTER		(add col. (a) through
			GOLF BALL	THE MASTERS	12	col. (c)
<u>o</u>		•	(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	83962.	75000.	343210.	502172.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	83962.	75000.	343210.	502172.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		•	
	11	Net income summary. Combine line 3, column	n (d), and line 10		<u> </u>	502172.
Pa	ırt l		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	 			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	!			Diligo/progressive Diligo		coi. (a) through coi. (c))
Be		_				
	1	Gross revenue				
ses	2	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
Oirect Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
!	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	<u>(</u>
		Not compare to compare Occupant	Lookumo di sodilisa 7			
	8	Net gaming income summary. Combine line 1	, column a, and line /			
_			A			
		ter the state(s) in which the organization opera				Yes No
		he organization licensed to operate gaming ac				res140
b	11 1	No," explain:				
10a	We	re any of the organization's gaming licenses re	evoked suspended or te	rminated during the tax v		Yes No
		Yes," explain:	·			
	••					
	_					
03208	32 01	-13-11			Schedule G (For	m 990 or 990-EZ) 2010

Sche	edule G (Form 990 or 990-EZ) 2010 SOUTH CAROLINA JUNIOR GOLF FOUNDATION 57-1	<u>.021</u>	<u>847</u>	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
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?	ز 🗀 .	Yes	No
13	Indicate the percentage of gaming activity operated in:			
	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			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name		-	
	Gaming manager compensation ▶ \$			
	Garning manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?		res	No
	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 > \$ **TY Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and hi	\ ond	Dort III
Pai	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
	intes 9, 30, 100, 130, 130, 130, 170, as applicable. Also complete this part to provide any additional information	1 (300 11	131100	tionsj.
				_
	Sohodule G/Form	. 000 -	- 000	E7) 2010

DULEI	(066
SCHE	(Form

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

2 **Employer identification number** 57-1021847 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 18000. 150000 10000 (d) Amount of FOUNDATION cash grant (c) IRC section if applicable GOLF Enter total number of section 501(c)(3) and government organizations SOUTH CAROLINA JUNIOR 57-1023916 57-0563360 General Information on Grants and Assistance (e) criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization SC JUNIOR GOLF ASSOCIATION or government SC GOLF ASSOCIATION COLUMBIA, SC 29260 Name of the organization FAIRWAY OUTREACH IRMO, SC 29063 IRMO, SC 29063 PO BOX 6788 PO BOX 286 PO BOX 286 Part II Part

Schedule I (Form 990) (2010)

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

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 26 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11 Part IV

Page 2

57-1021847

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

SOUTH CAROLINA JUNIOR GOLF FOUNDATION

Schedule I (Form 990) (2010)

Part III

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

SOUTH CAROLINA JUNIOR GOLF FOUNDATION

Employer identification number 57–1021847

BOOTH CANODINA CONTON GODI TOUNDATION 37-1021047
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YOUTH THROUGH EDUCATION AND RECREATION AS WELL AS MAINTAIN AND EXPAND
EXISTING JUNIOR GOLF PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11: PRESENTED AT REGULAR BOARD MEETING.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 14196.
PRIOR PERIOD ADJUSTMENTS: 26230.
TOTAL TO FORM 990, PART XI, LINE 5 40426.

4562

Department of the Treasury (nternal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Name(s) shown on return *

► See separate instructions. Business or activity to which this form relates

Sequence No 67 Identifying number

SO	JTH CAROLINA JUNIOF	GOLF FOU	NDATION FO	RM 990 P	AGE 10		57-1021847
Pa	rt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any I	isted property, d	complete Part	V before ye	ou complete Part I.
1 1	Maximum amount (see instructions)					1	500000.
2 7	otal cost of section 179 property pla	ced in service (see	instructions)			2	
3 7	Threshold cost of section 179 propert	y before reduction	in limitation			3	2000000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-			4	
5 c	ollar limitation for tax year. Subtract line 4 from li	ne 1 If zero or less, enter	-0- If married filing separately, s	ee instructions		5	
6	(a) Description of	property	(b) Cost (bus	iness use only)	(c) Electe	ed cost	
							,
				- 1		_	
7 L	usted property. Enter the amount from	m line 29	, , , , , , , , , , , , , , , , , , , ,	7			
	otal elected cost of section 179 prop		s in column (c), lines 6 an	d 7		8	
	entative deduction. Enter the smalle		(- , ,			9	
	Carryover of disallowed deduction fro		009 Form 4562			10	
	Business income limitation. Enter the			ero) or line 5		11	
	Section 179 expense deduction. Add		•	-		12	
	Carryover of disallowed deduction to	•		▶ 13			······································
	Do not use Part II or Part III below f			I			''
	t II Special Depreciation Allow			ude listed prope	rty.)		
	pecial depreciation allowance for qu						
	he tax year	aimed property (et	ioi tiidii iiotod proporty) į	J. 400 4 11 1 0 0 1 7 10 0	, coming	14	
	Property subject to section 168(f)(1) e	lection				15	
	Other depreciation (including ACRS)	iection				16	
	MACRS Depreciation (Do n	ot include listed p	roperty) (See instructions	2)		1 10 1	
, 4-4	* *** Minorio Dopicolation (Do II	ot molecu p	Section A				
17 N	MACRS deductions for assets placed	In convice in tax v		10		17	300.
	•	•			▶□	¬ ••••	
10 11	you are electing to group any assets placed in se		e During 2010 Tax Year		eral Depreci	ation Syste	·m
	0001011 5 - 73301	(b) Month and	(c) Basis for depreciation		- Dopicol	1	
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property				 	 -	
<u>134</u> _	5-year property		588	. 5 YRS.	HY	SL	59.
_	7-year property				 "-		
<u> </u>	10-year property	_				 	
<u>d</u>		_		 	+	 	
<u>e</u>	15-year property	-			 	+	
f_	20-year property			05 x	 		
9	25-year property			25 yrs.	1	S/L	
h	Residential rental property			27.5 yrs.	MM MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property		<u> </u>	39 yrs.	MM	S/L	
			D : 0040 T . V . 1	1 1	MM	S/L	
		Placed in Service	During 2010 Tax Year L	Jsing the Alterr	ative Depre	, 	tem
<u>20a</u>	Class life	_			 	S/L_	
<u> </u>	12-year	_		12 yrs.	 	S/L	
c	40-year		L	40 yrs.	MM	S/L	
Par	1 IV Summary (See instructions.)						
21 L	isted property. Enter amount from lin	e 28				21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20 in column (g), and line 21.			. _
E	inter here and on the appropriate line	s of your return. P	artnerships and S corpor	ations - <u>see insti</u>	<u></u> _	22	359.
23 F	or assets shown above and placed I	n service during th	e current year, enter the				
	ortion of the basis attributable to sec	tion 263A costs		23			
016251 12-21-	LHA For Paperwork Reduction	n Act Notice, see	separate instructions.				Form 4562 (2010)

Fo	orm 4562 (2010)	SOU	TH CARO	TTN	אנוד. א	ITOR	GOLF	r FO	יבטאט	PTON		57-	-1021	847	Page 2
****	art V Listed Proper										d for e				
	amusement.)														
	Note: For any through (c) of	venicie for w. Section A, ali	nich you are u. I of Section B,	sing the and Se	etion C r	a mileag f applica	je rate ol ible.	r aeau	cting leas	e expense	e, comp	piete on	ı y 24a, 2	4D, COlUI	nns (a)
	Section A	- Depreciati	on and Other	Inform	ation (Ca	aution:	See the i	ınstruc	tions for I	imits for p	asseng	er autoi	nobiles.)		<u> </u>
24	a Do you have evidence to	support the bu	isiness/investme	ent use c	laimed?	Y	es 🗀	No	24b lf "\	es," is th	e evide	nce writ	ten?] Yes [No
	(a)	(b)	(c)		(d)		(e)		(f)	(1	g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in	Business/ Investment		Cost or	l /bu	sis for depr isiness/inve		Recovery		hod/		eciation uction		cted on 179
	(ust venicles mst)	service	use percentag	ge O	ther basis		use only	y)	period	Convi	ention ———	ueu	uction		ost
25	Special depreciation alle	owance for q	qualified listed	propert	y placed	ın servi	ce during	g the t	ax year aı	nd					
	used more than 50% in										25	<u> </u>		<u> </u>	
<u> 26</u>	Property used more that	in 50% in a c	ualified busine	ess use	<u>: </u>										
_				%				_	ļ						
_		ļ		<u>/6</u>					ļ			ļ		 -	
_		L		<u>%</u>		L_				<u> </u>					
<u>27</u>	Property used 50% or le	ess in a quali								Ta #				F	
_		 -		%					 	S/L·		 			
_		 	,	%		_			 	S/L·					
	Add assessed to a character	/h) lines 05	· — · · · · · ·	<u>6 </u>		01			L	S/L·	00				
	Add amounts in column						, page 1				28	<u> </u>	29		
29	Add amounts in column	(I), IIII <u>e</u> 20. E			7, page B - Infor		on Uso							L	
<u></u>	malete this section for ve	biolog upod	_					-		ar ralatad	nomer				
	mplete this section for version for version for version to year.										•		ing this s	ection fo	or
-	ose vehicles.			o, q					,						•
_			-		(a)		b)	<u> </u>	(c)	(d		_	e)	(f	·
30	Total business/investment	miles driven d	uring the	1	hicle	1	hicle	<u>ا</u> ا	ehicle	Vehi	•	1	hicle	Veh	
30	year (do not include com		uning the	\	IIICI C	461		 	ernoie	Veili	-	V C	111016	Ven	
31	Total commuting miles	•	the vear	<u> </u>		†			· · · · · · · · · · · · · · · · · · ·	 -		 - -			
	Total other personal (no	_	•	<u> </u>		 			 -	 				_	
-	driven	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,)	ĺ				ĺ		Ì		İ			
33	Total miles driven during	the vear.													
	Add lines 30 through 32														
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?				1	1						1			
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate														
36	Is another vehicle availa	•	onal												
	use?	,			İ					1			1		
		Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their E	mploye	es			
An	swer these questions to	determine if y	you meet an e	xceptio	n to com	pleting	Section I	B for v	ehicles us	ed by em	ployee	s who a	re not m	ore than	5%
ow	ners or related persons.			·											_
37	Do you maintain a writte employees?	en policy stat	tement that pro	ohibits a	all perso	nal use o	of vehicle	es, Inc	luding co	mmuting,	by you	r		Yes	No
38	Do you maintain a writte	en policy stat	tement that pre	ohibits i	oersonal	use of v	ehicles.	excep	t commu	tina. by vo	our				
	employees? See the ins	• •	•												
39	Do you treat all use of ve														
40	Do you provide more that	an five vehicl	les to your em	ployees	, obtain	informat	tion from	your (employee	s about					
	the use of the vehicles,	and retain th	e information	receive	d?									L	
41	Do you meet the require	ments conc	erning qualified	d autom	nobile de	monstra	ation use	?							
_	Note: If your answer to	37, 38, 39, 4	0, o <u>r 41 is "Ye</u> s	s," do n	ot comp	lete Sec	tion B fo	r the c	covered ve	ehicles.					<u> </u>
P	art VI Amortization						*			<u> </u>					
	(a)		Dete	(b)		(C)	nle		(d)		(e)	ton	۸-	(f)	
	Description of			amortization begins	<u></u>	Amortizat amount	1		Code		Amortiza eriod or per		Ar fo	nortization r this year	
42	Amortization of costs th	at begins du	ring your 2010) tax ye	ar:			.,							
						_									
_				<u> </u>	<u> </u>										
43	Amortization of costs th	at began bef	fore your 2010	tax yea	ar							43			

Form **4562** (2010)

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

Plyou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Plyou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II	Form 8868 (Rev. 1-2011)						Pe	age 2
Perf IV Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1). Part IV Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization	If you are filing for an Additional (Not Autor	natic) 3-Month Ex	tension, d	complete only Part II and check this	box		▶ X	
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THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA DECEMBER 31, 2010

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION TABLE OF CONTENTS DECEMBER 31, 2010

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Dial, Hite & Associates, L.L.C CERTIFIED PUBLIC ACCOUNTANTS

FRANKIE DIAL, JR., CPA RALPH HITE CPA KAREN DIAL CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
The South Carolina Junior Golf Foundation
Irmo, South Carolina

We have audited the accompanying statement of financial position of the South Carolina Junior Golf Foundation as of December 31, 2010, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above presents fairly, in all material respects, the financial position of the South Carolina Junior Golf Foundation as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Dial Hite: associates LLC

September 27, 2011

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2010

ASSETS

CURRENT ASSETS:		
Cash and Cash Equivalents	\$ 248,405	
Short-term Investments	448,287	
Inventory	16,800	
Interest Receivable	 5,824	
Total Current Assets		\$ 719,316
FIXED ASSETS:		
Office Equipment & Furniture	9,723	
Less: Accumulated Depreciation	 (8,549)	
Net Fixed Assets		1,174
OTHER ASSETS:		
Long-term Investments	361,386	•
Total Other Assets	 	 361,386
TOTAL ASSETS		\$ 1,081,876
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Payroll Taxes Payable	2,825	
Retirement Payable	 245	3,070
NET ASSETS:		
Unrestricted Net Assets:		
Designated by Board for:		
Scholarships	45,000	
Undesignated	 846,106	891,106
Temporarily Restricted Assets	 	120,200
Permanently Restricted Assets		 67,500
Total Net Assets		 1,078,806
TOTAL LIABILITIES AND NET ASSETS		

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2010

	Unr	estricted	nporarily estricted	anently tricted	Total
REVENUES, GAINS AND			 	 	
OTHER SUPPORT:					
Contributions:					
General Donations	\$	25,602	\$ 10,000	\$ -	\$ 35,602
Friends Program		17,320			17,320
Donations (SCGA)		13,215			13,215
Memorials		2,675			2,675
Other Support.					
Monday After the Masters		-	75,000		75,000
Columbia Golf Ball		83,962			83,962
Sponsorships (SCJGA)		73,443			73,443
License Tag		48,175			48,175
Jim Byrd Memorial		38,920			38,920
Florence Event		27,930	10,000		37,930
Tiger Golf		27,500			27,500
Can-Am Juniors		25,888			25,888
Golf Week		24,970			24,970
Beth Daniel Jr Azalea		2,375	20,200		22,575
Christmas in July		11,200			11,200
Camp Reward		2,700	5,000		7,700
Sales (prints, etc.)		1,950			1,950
Long Drive Contest		1,919			1,919
Hartaugh Prints		10,050			10,050
Misc. Fundraising		10,990			10,990
Other:		•			,
Interest Income		20,647			20,647
Dividend Income		1,970			1,970
Realized Gains on Investments		1,330			1,330
Unrealized Gains on Investments		14,197			14,197
Net Assets Released from Restrictions:		- ','			,
Satisfaction of Purpose Restrictions		60,000	 (60,000)	 	 <u> </u>
Total Revenue, Gains &					
Other Support		548,928	 60,200	 <u>-</u>	 609,128

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2010

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	Unrestricte	Temporarily Restricted	Permanently Restricted	Total
EXPENSES:	Unrestricted	Restricted	Restricted	10131
Programs: Grants and Scholarships:				
SC Junior Golf Association Grant	\$ 150,000) \$ -	\$ -	\$ 150,000
Other Grants	56,700		•	56,700
Scholarships	38,150			38,150
Other Programs:	50,15	•		20,120
Columbia Golf Ball	38,892	2		38,892
Jim Byrd Memorial	28,204			28,204
Florence Event	27,73			27,737
Can-Am Juniors	21,420			21,426
Beth Daniel Jr Azalea	20,720			20,726
Golf Week	9,233			9,233
Camp Reward	7,432			7,432
Hartaugh Prints	4,673			4,673
Christmas in July	3,070			3,070
SC/GA Team Matches	1,290			1,290
Friends Program	1,098			1,098
License Tag	1,090			1,090
Monday After the Masters	662			662
Tiger Golf	401	,		407
Long Drive Contest	312	2		312
Total Programs	411,102		-	411,102
General & Administrative:				
Advertising	3,600)		3,600
Professional Fees	8,35			8,351
Accounting	2,200)		2,200
Vehicle Expense	7,09			7,091
Credit Card Discounts	2,437	1		2,437
Credit Card Rental	1,035	5		1,035
Depreciation	359)		359
Storage Expense	900)		900
Insurance	200			200
Miscellaneous Expense	2,597	1		2,597
Directors' Expense	942			942
Trustee Expense	346			346
Office Suppies	1,600			1,600
Postage	26		 	261
Total General & Administrative	31,919) <u>-</u>	<u> </u>	31,919

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2010

		Uni	restricted	porarily tricted	nanently stricted	Total
EXPI	ENSES (Cont'd):					
F	und Raising:					
, N	Salaries & Wages	\$	76,250	\$ -	\$ -	\$ 76,250
	Payroll Taxes		6,059			6,059
	Temporary Services		300			300
	Employee Medical Expense		3,025			3,025
	Retirement Plan Expense		1,645			1,645
, ,	Employee Telephone		456			456
,	Promotions & Public Relations		822			822
, ,	Brochures & Printing		8,718			8,718
, "	Miscellaneous Fundraising Expense		6,528			6,528
; ;, ;	Total Fund Raising		103,803	 -	 	 103,803
3.31	Total Expenses		546,824	 <u> </u>	 <u> </u>	 546,824
CHA	NGE IN NET ASSETS		2,104	60,200	-	62,304
NET /	ASSETS AS OF BEGINNING OF YEAR		889,002	 60,000	 67,500	 1,016,502
NET A	ASSETS AS OF END OF YEAR		891,106	 120,200	67,500	 1,078,806

THE SOUTH CAROLINA JUNIOR GOLF FOUNDATION IRMO, SOUTH CAROLINA STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2010

OPERATING ACTIVITIES	\$	62,304
Increase in Net Assets	•	,
Adjustments to Reconcile Change in Net Assets to Net		
Cash Provided by Operating Activities:		359
Depreciation		1,559
Amortization of Bond Premium		2,450
Decrease in Inventory		(5,824)
Increase in Interest Receivable		1,397
Increase in Payroll Taxes Payable Increase in Retirement Payable		67
		(1,330)
Realized Gains on Investments		(14,197)
Unrealized Gains on Investments		
Net Cash Provided by Operating Activities		46,785
INVESTING ACTIVITIES		(588)
Purchase of Fixed Asset		(270,295)
Purchase of Investments		255,969
Proceeds from Maturity of Investments		45,719
Proceeds from Sale of Investments		103,122
Net Cash Provided by Investing Activities		30,805
NET INCREASE IN CASH AND CASH EQUIVALENTS		77,590
CASH AND EQUIVALENTS AT BEGINNING OF YEAR		170,815
CASH AND EQUIVALENTS AT END OF YEAR		248,405

The accompanying notes to financial statements are an integral part of this statement.

Note 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Nature of Activities

The South Carolina Junior Golf Foundation is a non-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes. The Organization was formed in 1995 in the state of South Carolina.

The purpose of the Organization is to introduce the game of golf and its values to positively affect young people and to provide opportunities for the continued growth and involvement in the game of golf and also to provide scholarships to junior golfers to attend a college or university of their choice.

Funds are generated from individual contributions, corporate donations and various fundraising events.

The management of all the affairs, properties and work of the Organization is vested in a Board of Trustees that are residents of the State of South Carolina.

Basis of Accounting

The financial statement has been prepared on the accrual basis of accounting and accordingly reflects all significant receivables, payables, and other liabilities.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in current Financial Accounting Standards of Not-for-Profit Organizations. Under those standards, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: Unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Unconditional promises to give are recorded as revenue and are recorded at their net realizable value.

Cash and Cash Equivalents

Cash and cash equivalents include all monies on hand and in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximate fair value because of the short maturities of those financial instruments.

Investments

Investments are composed of certificates of deposit, corporate bonds and equity securities. The investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values based on quoted prices in active markets (all Level 1 measurements) in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assests if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Inventories

Inventory is stated at the lower of cost or market using the first-in, first-out method and consists of golf art prints for re-sale.

Note 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and Equipment

Property and Equipment consists of office equipment and is recorded at cost. The equipment is being depreciated over an estimated useful life of five years using the straight line method. Depreciation expense for the year was \$511.

Advertising

The Foundation expenses advertising costs as incurred. Advertising expense for the year was \$3,600.

Note 2. INVESTMENTS

Investment securities are carried at fair value based on quoted prices in active markets (all level 1 measurements, which are quoted prices in active markets for identical assets) and consist of the following at December 31, 2010:

	Cost	Fair Value	Unrealized Gain (Loss)
Unrestricted:			
Certificates of deposit	\$ 379,954	\$ 379,954	\$ 0
Corporate bonds	187,122	189,669	2,547
Equity securities	120,529	146,508	25,979
Mutual funds	13,214	10,689	(2,525)
Cash management fund	14,519	14,519	0
Restricted:			
Certificate of Deposit	68,334	68,334	0
Total	783,672	809,673	26,001

A summary of return on investments consists of the following for the years ended December 31, 2010:

Interest and dividends Net realized gains Net unrealized gains	\$ 22,617 1,330 14,197
Total	38,144

Note 3. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes as of December 31, 2010:

Hootie Scholarships	\$ 10,000
SCJGA Fixed Costs	20,000
Hootie Intern Program/ Jr. Golf Series	35,000
First Tee of Myrtle Beach	10,000
First Tee of Florence	10,000
Camp Reward Program	5,000
Player Assistance	10,000
Subsequent Year's Activities	20,200
Total	120,200

During the year, net assets were released from donor restrictions by incurring expenses satisfying the purpose or time restrictions specified by donors as follows:

Purpose restriction accomplished:

Hootie Intern Program	\$ 35,000
Hootie Scholarships	10,000
SCJGA Fixed Costs	15,000
Total	 60,000

Note 4. PERMANENTLY RESTRICTED NET ASSETS

Net assets were permanently restricted for the following purposes at December 31, 2010:

Scholarship Endowment

\$ 67,500

Note 5. RETIREMENT PLAN

The Foundation employees participate in a group retirement plan for the Foundation, South Carolina Junior Golf Association, and the South Carolina Golf Association. The contribution to the plan by the Foundation for the year was \$1,645.

Note 6. RELATED PARTIES

The Foundation provides funding to the SC Junior Golf Association to help carry out many of the programs of the foundation. For the year 2010, total funding to the SC Junior Golf Association was \$150,000.

Note 7. CONCENTRATIONS OF CREDIT RISK

At various times during the year, the Organization's cash in bank balances exceeded the federally insured limits. At December 31, 2010, all of the Foundation's cash balances were federally insured.

Note 8. DATE OF MANAGEMENT'S REVIEW

Subsequent events have been evaluated through September 27, 2011, which is the date financial statements were available to be issued.