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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2011

For calendar year 2011 or tax year beginning

, and ending

Name of foundation

MASTERS TOURNAMENT FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

P.O. BOX 2444

A Employer identification number

27-4452110

City or town, state, and ZIP code

AUGUSTA, GA 30903

G Check all that apply:

Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year J Accounting method: Cash Accrual
(from Part II, col (c), line 16) Other (specify)
► \$ 5,044,788. (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	6,817,807.			
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	2,461.	2,461.		STATEMENT 1
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	79,706.			
b	Gross sales price for all assets on line 6a	126,366.			
7	Capital gain net income (from Part IV, line 2)		79,706.		
8	Net short-term capital gain			N/A	
9	Income modifications				
	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	6,899,974.	82,167.	0.	
13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees	STMT 2	2,376.	0.	0.
b	Accounting fees				
c	Other professional fees	STMT 3	378.	378.	0.
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses	STMT 4	1,136.	0.	0.
24	Total operating and administrative expenses. Add lines 13 through 23		3,890.	378.	0.
25	Contributions, gifts, grants paid		1,772,696.		1,772,696.
26	Total expenses and disbursements. Add lines 24 and 25		1,776,586.	378.	0.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements		5,123,388.		
b	Net investment income (if negative, enter -0-)			81,789.	
c	Adjusted net income (if negative, enter -0-)				0.

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	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year
		(a) Book Value	(b) Book Value
	1 Cash - non-interest-bearing		
	2 Savings and temporary cash investments		4,444,796.
	3 Accounts receivable ►		
	Less: allowance for doubtful accounts ►		
	4 Pledges receivable ►		
	Less: allowance for doubtful accounts ►		
	5 Grants receivable		
	6 Receivables due from officers, directors, trustees, and other disqualified persons		
	7 Other notes and loans receivable ►		
	Less: allowance for doubtful accounts ►		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges		
	10a Investments - U.S. and state government obligations STMT 6	0.	599,992.
	b Investments - corporate stock		
	c Investments - corporate bonds		
	11 Investments - land, buildings, and equipment basis ►		
	Less accumulated depreciation ►		
	12 Investments - mortgage loans		
	13 Investments - other		
	14 Land, buildings, and equipment basis ►		
	Less accumulated depreciation		
	15 Other assets (describe ►)		
	16 Total assets (to be completed by all filers)	0.	5,044,788.
	17 Accounts payable and accrued expenses		1,106.
	18 Grants payable		
	19 Deferred revenue		
	20 Loans from officers, directors, trustees, and other disqualified persons		
	21 Mortgages and other notes payable		
	22 Other liabilities (describe ►)		
	23 Total liabilities (add lines 17 through 22)	0.	1,106.
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.		
	24 Unrestricted		
	25 Temporarily restricted		
	26 Permanently restricted		
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.		
	27 Capital stock, trust principal, or current funds	0.	0.
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.
	29 Retained earnings, accumulated income, endowment, or other funds	0.	5,043,682.
	30 Total net assets or fund balances	0.	5,043,682.
	31 Total liabilities and net assets/fund balances	0.	5,044,788.

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	5,123,388.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	5,123,388.
5 Decreases not included in line 2 (itemize) ►	5	79,706.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,043,682.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	1,800 SHARES OF EQUITY RESIDENTIAL	D	05/26/11	10/26/11
b	340 SHARES OF ENERGY TRANSFER EQUITY LP	D	07/07/11	10/26/11
c	1,895 SHARES OF ADVANCE AMERICA, CASH			
d	ADVANCE CENTERS	D	10/19/11	10/26/11
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 99,554.		37,737.	61,817.	
b 12,327.		7,233.	5,094.	
c				
d 14,485.		1,690.	12,795.	
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			61,817.	
b			5,094.	
c				
d			12,795.	
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	79,706.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	79,706.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010			
2009			
2008			
2007			
2006			

2 Total of line 1, column (d)

2

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII, line 4

8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	(attach copy of letter if necessary-see instructions)	1	1,636.
1b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	1,636.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3	Add lines 1 and 2	5	1,636.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	6	Credits/Payments:	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	6a	2011 estimated tax payments and 2010 overpayment credited to 2011	
6	Credits/Payments:	6b	Exempt foreign organizations - tax withheld at source	
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6c	Tax paid with application for extension of time to file (Form 8868)	
b	Exempt foreign organizations - tax withheld at source	6d	Backup withholding erroneously withheld	
c	Tax paid with application for extension of time to file (Form 8868)	7	Total credits and payments. Add lines 6a through 6d	
d	Backup withholding erroneously withheld	8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	
7	Total credits and payments. Add lines 6a through 6d	9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ►	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ►	

Part VII-A Statements Regarding Activities

	Yes	No
1a	X	
1b	X	
1c	X	
2	X	
3	X	
4a	X	
4b		
5	X	
6	X	
7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►	
8a	GA	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	
	STMT	7

Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13		X
Website address ► N/A		
14	The books are in care of ► WILLIAM S. HATCHER III	Telephone no. ► 706 729-3800
Located at ► P.O. BOX 2444, AUGUSTA, GA ZIP+4 ► 30903		
15	► 15	► N/A
16	16	Yes X No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
1a	During the year did the foundation (either directly or indirectly):	Yes X No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A ►
c	Organizations relying on a current notice regarding disaster assistance check here	
2	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c X
a	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes X No
a	If "Yes," list the years ►	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3b Yes X No
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

 Yes No Yes No Yes No Yes No Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

►

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

 Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

 Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

 Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

►

0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ► 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	N/A	
2		
3		
4		

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
3		
Total. Add lines 1 through 3		0.

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:

1a	48,793.
1b	2,559,040.
1c	
1d	2,607,833.

1c (attach detailed explanation)

2 Acquisition indebtedness applicable to line 1 assets

2 0.

3 Subtract line 2 from line 1d

3 2,607,833.

4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

4 39,117.

5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

5 2,568,716.

6 Minimum investment return. Enter 5% of line 5

6 128,436.

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6

1 128,436.

2a Tax on investment income for 2011 from Part VI, line 5

2a

2b 1,636.

b Income tax for 2011. (This does not include the tax from Part VI.)

2c 1,636.

c Add lines 2a and 2b

3 126,800.

3 Distributable amount before adjustments. Subtract line 2c from line 1

4 0.

4 Recoveries of amounts treated as qualifying distributions

5 126,800.

5 Add lines 3 and 4

6 0.

6 Deduction from distributable amount (see instructions)

7 126,800.

7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

1a 1,772,696.

a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26

1b 0.

b Program-related investments - total from Part IX-B

2 0.

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3a 0.

3 Amounts set aside for specific charitable projects that satisfy the:

3b 0.

a Suitability test (prior IRS approval required)

4 1,772,696.

b Cash distribution test (attach the required schedule)

5 0.

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

6 1,772,696.

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				126,800.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e		0.		
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ 1,772,696.			0.	
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b			0.	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			0.	
d Subtract line 6c from line 6b. Taxable amount - see instructions			0.	
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012			0.	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7			0.	
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a		310,896.		
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011	310,896.			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CAF AMERICA 1800 DIAGONAL ROAD SUITE 150 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	162,696.
ENVIRONMENTAL INSTITUTE FOR GOLF 1421 RESEARCH PARK DRIVE LAWRENCE, KS 66049	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	10,000.
PGA FOUNDATION, INC. 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	100,000.
PGA TOUR CHARITIES, INC. 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	100,000.
THE FIRST TEE OF AUGUSTA 3165 DAMASCUS ROAD AUGUSTA, GA 30909	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	200,000.
Total	SEE CONTINUATION SHEET(S)			► 3a 1,772,696.
b Approved for future payment				
NONE				
Total				► 3b 0.

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part XV. Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
THE LPGA FOUNDATION 100 INTERNATIONAL GOLF DR. DAYTONA BEACH, FL 32124	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	100,000.
UNITED STATES GOLF ASSOCIATION P.O. BOX 708 FAR HILLS, NJ 07931	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	100,000.
WORLD GOLF FOUNDATION 1 WORLD GOLF PLACE ST. AUGUSTINE, FL 32092	NONE	PUBLIC CHARITY	FOSTER SPORT OF GOLF	1,000,000.
Total from continuation sheets				1,200,000.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments				14	2,461.
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				18	79,706.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.		82,167.
13 Total. Add line 12, columns (b), (d), and (e)				13	82,167.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
N/A	

Part XVII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash .
(2) Other assets
b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets ..
- (4) Reimbursement arrangements ..
- (5) Loans or loan guarantees ..
- (6) Performance of services or membership or fundraising solicitations ..

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign
Here**

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

Signature of officer or trustee

Date

Date _____ Title _____

Title

May the IRS discuss this return with the preparer shown below (see instr)?

Signature of Preparer or Doctor		Date	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	ANDREW K. MAUDE		OCT 22 2012		P00706613	
	Firm's name ► DELOITTE TAX LLP			Firm's EIN ► 86-1065772		
	Firm's address ► 191 PEACHTREE ST., NE SUITE 2000 ATLANTA, GA 30303-1924			Phone no. (404) 220-1500		

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.**27-4452110**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I: Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEARD PAYNE FAMILY FOUNDATION 3288 NORTHSIDE DRIVE NW ATLANTA, GA 30305-1900	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	WILLIAM PATRICK BATTLE 5875 WINTERTHUR DRIVE ATLANTA, GA 30328	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE AILEEN K. AND BRIAN L. ROBERTS FOUNDATION 1 COMCAST CENTER 52ND FLOOR PHILADELPHIA, PA 19103	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	EDWARD D. HERLIHY 51 WEST 52ND STREET NEW YORK, NY 10019	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JAMES H. ARMSTRONG, JR. 3032 LAKE FOREST DRIVE AUGUSTA, GA 30909	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ROBERT L. JOHNSTON 3541 MANSIONS PARKWAY DULUTH, GA 30096	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAMES E. ROHR 613 DORSEYVILLE ROAD PITTSBURGH, PA 15238	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JOHN W. HARRIS FAMILY FOUNDATION 4725 PIEDMONT ROW DRIVE, SUITE 800 CHARLOTTE, NC 28210	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CYPRESS FOUNDATION, INC. 919 3RD AVENUE 6TH FLOOR NEW YORK, NY 10022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FRED S. RIDLEY 100 N TAMPA STREET, SUITE 2700 TAMPA, FL 33602-5810	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	TIMOTHY P. NEHER 30 HIGHLAND MEADOWS LANE WESTON, MA 02493	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DAVID AND WENDY NOVAK FOUNDATION 13006 OSAGE ROAD ANCHORAGE, KY 40223	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I: Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STANLEY F. DRUCKENMILLER 40 WEST 57 STREET, 25TH FLOOR NEW YORK, NY 10019	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	W.B. HARRISON, JR. AND ANNE S. HARRISON 74 VINEYARD LANE GREENWICH, CT 06831	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	JEFFERSON AND CHARLES KNOX 807 MILLEDGE ROAD AUGUSTA, GA 30904	\$ 107,919.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LEE J. STYSLINGER, III AND KELLY STYSLINGER 2826 BALMORAL ROAD BIRMINGHAM, AL 35223	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CHARLES WILLIAM AND LYNN E. GRIFFIN 108 THOUSAND OAKS DRIVE PITTSBURGH, PA 15241-1841	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	THE DAVIS FAMILY FOUNDATION, INC. P.O. BOX 468 HANOVER, MD 21076-0468	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GEORGE DAVIS TTEE AND KELLY DAVIS TTEE 1525 OLD OAK ROAD LOS ANGELES, CA 90049-2503	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	LESLIE C. QUICK JR. AND REGINA A. QUICK CHARITABLE TRUST FOUNDATION 333 EARLE OVINGTON BLVD, SUITE 230 UNIONDALE, NY 11553	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DR. AND MRS. W. HOWARD HUDSON 707 MILLEDGE ROAD AUGUSTA, GA 30904	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CLAYTON P. BOARDMAN, III P.O. BOX 3366 AUGUSTA, GA 30904	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	AUGUSTA NATIONAL INC. 2604 WASHINGTON ROAD AUGUSTA, GA 30904	\$ 2,941,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	MORRIS COMMUNICATIONS COMPANY, LLC P.O. BOX 936 AUGUSTA, GA 30903	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	M. JAMES GORRIE P.O. BOX 10383 BIRMINGHAM, AL 35202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	BRADFORD M. FREEMAN FOUNDATION 11100 SANTA MONICA BLVD, SUITE 1900 LOS ANGELES, CA 90025-3393	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	CHATTOOGA PARTNERS FUND P.O. BOX 31358 AUGUSTA, GA 30903-3158	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ROBERTS FOUNDATION 2755 CAMPUS DRIVE, SUITE 240 SAN MATEO, CA 94403	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	CLAUDE B. NIELSEN 2996 PARK BROOK ROAD BIRMINGHAM, AL 35213	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	CHARLES G. CAYE, JR. P.O. BOX 3965 AUGUSTA, GA 30914-3965	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MICHAEL D. THOMPSON 1725 SOMERSET CIRCLE BIRMINGHAM, AL 35213	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	DAVID M. RATCLIFFE 1425 WESLEY WALK NW ATLANTA, GA 30327-1711	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	JAMES DIXON ROBINSON III 778 PARK AVENUE, NINTH FLOOR NEW YORK, NY 10021-3554	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	JAMES D. ROBINSON IV & KATIE JACOBS ROBINSON 51 CARLTON ROAD BRONXVILLE, NY 10708-5403	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	SAMUEL J. PALMISANO & GAIER N. PALMISANO 665 PEQUOT AVENUE SOUTHPORT, CT 06890	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	THOMAS R. WALL IV 1105 PARK AVENUE, APT. 13A NEW YORK, NY 10128	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	THOMAS M. BLANCHARD, JR. & LYNDA P. BLANCAHARD 2926 LAKE FOREST DRIVE AUGUSTA, GA 30309	\$ 20,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
38	BELL FAMILY FOUNDATION 40 VALLEY ROAD ATLANTA, GA 30305-1116	\$ 25,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
39	JIM & KAREN HULL FUND P.O. BOX 31358 AUGUSTA, GA 30903-3158	\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
40	HERBERT ALLEN 1965 BROADWAY, APT 25E NEW YORK, NY 10023-5981	\$ 100,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
41	J. HALEY ROBERTS JR. 2727 HILLCREST AVENUE AUGUSTA, GA 30909	\$ 25,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
42	WILLIAM D. MCKNIGHT STOCK FUND P.O. BOX 31358 AUGUSTA, GA 30903-3158	\$ 50,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	J. SMITH LANIER & CO., INC. P.O. BOX 70 WEST POINT, GA 31833	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	TOBY S. WILT FAMILY FOUNDATION P.O. BOX 50879 NASHVILLE, TN 37205-0879	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	THE TRIPP AND BLAIR RACKLEY FAMILY FOUNDATION 878 W. CONWAY DRIVE NW ATLANTA, GA 30327	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	PAUL M. AND CASSANDRA HAZEN P.O. BOX 7070 CARMEL, CA 93921	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	THOMAS J. AND SANDRA L. USHER CHARITABLE FOUNDATION 840 TWELFTH STREET OAKMONT, PA 15139-1151	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	ROBERT CHAPMAN P.O. BOX 207 INMAN, SC 29349	\$ 14,734.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	NICK EVANS 823 MILLEDGE ROAD AUGUSTA, GA 30904	\$ 15,305.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	GREY B. MURRAY P.O. BOX 1866 AUGUSTA, GA 30903	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	BARRY L. STOREY 10 HIGHGATE WEST AUGUSTA, GA 30909	\$ 75,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	CRAIG L. HEATLEY P.O. BOX 28673 AUCKLAND, NEW ZEALAND	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	TOM NELSON 652 HEMPSTEAD PLACE CHARLOTTE, NC 28207	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	THOMAS M. RYAN P.O. BOX 74 MANVILLE, RI 02838	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	THE CHARLES AND ANN JOHNSON FOUNDATION ONE FRANKLIN PARKWAY SAN MATEO, CA 94403	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	JAMES E. REINHART 194 14TH AVE. S. NAPLES, FL 34102	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	RONALD CROSS 615 MEDINAH DRIVE MARTINEZ, GA 30907-9430	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	DESSEY L. KUHLKE 3012 PARK AVENUE AUGUSTA, GA 30909	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	1,800 SHARES OF EQUITY RESIDENTIAL	\$ 99,189.	05/26/11
48	1,895 SHARES OF ADVANCE AMERICA, CASH ADVANCE CENTERS (AEA)	\$ 14,743.	10/19/11
49	340 SHARES OF ENERGY TRANSFER EQUITY LP (ETE)	\$ 12,434.	07/07/11
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	\$	
	(b) Description of noncash property given	\$	
	(b) Description of noncash property given	\$	

Name of organization

Employer identification number

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

Part III

EXCLUSIVELY religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$ _____

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
US TREASURY BILLS	2,461.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	2,461.

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL SERVICE FEES	2,376.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	2,376.	0.	0.	0.

FORM 990-PF **OTHER PROFESSIONAL FEES** **STATEMENT** 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT BANKING FEES	378.	378.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	378.	378.	0.	0.

FORM 990-PF **OTHER EXPENSES** **STATEMENT** 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES	850.	0.	0.	0.
OFFICE SUPPLIES	286.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	1,136.	0.	0.	0.

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
DIFFERENCE BETWEEN FMV AND BASIS OF DONATED STOCKS SOLD	79,706.
TOTAL TO FORM 990-PF, PART III, LINE 5	79,706.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 6

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURY BILLS	X		599,992.	599,992.
TOTAL U.S. GOVERNMENT OBLIGATIONS			599,992.	599,992.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			599,992.	599,992.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 7
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
AUGUSTA NATIONAL, INC.	2604 WASHINGTON ROAD AUGUSTA, GA 30904
THE DAVIS FAMILY FOUNDATION, INC.	P.O. BOX 468 HANOVER, MD 21076-0468

FORM 990-PF EXPLANATION CONCERNING PART VII-A, LINE 12 STATEMENT 8

EXPLANATION

DISTRIBUTED FUNDS TO A DONOR ADVISED FUND, WHICH PROMPTLY TRANSFERRED THE FUNDS TO FOREIGN CHARITIES AFTER PERFORMING DUE DILIGENCE.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM PORTER PAYNE P.O. BOX 2444 AUGUSTA, GA 30903	CHAIRMAN 2.00	0.	0.	0.
HUGH L. MCCOLL, JR. P.O. BOX 2444 AUGUSTA, GA 30903	PRESIDENT AND CEO 2.00	0.	0.	0.
ROBERT L. JOHNSTON P.O. BOX 2444 AUGUSTA, GA 30903	SECRETARY AND TREASURER 2.00	0.	0.	0.
CRAIG HEATLEY P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
CLAUDE B. NIELSEN P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
BRIAN L. ROBERTS P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
JOE T. FORD P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
EDWARD D. HERLIHY P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
FRED S. RIDLEY P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
G. KENNEDY THOMPSON P.O. BOX 2444 AUGUSTA, GA 30903	DIRECTOR 1.00	0.	0.	0.
JAMES H. ARMSTRONG, JR. P.O. BOX 2444 AUGUSTA, GA 30903	SIGNER 2.00	0.	0.	0.

MASTERS TOURNAMENT FOUNDATION, INC.

27-4452110

RONALD W. CROSS P.O. BOX 2444 AUGUSTA, GA 30903	SIGNER 5.00	0.	0.	0.
WILLIAM S. HATCHER III P.O. BOX 2444 AUGUSTA, GA 30903	SIGNER 5.00	0.	0.	0.
E. WILLIAM JONES, JR. P.O. BOX 2444 AUGUSTA, GA 30903	SIGNER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization MASTERS TOURNAMENT FOUNDATION INC.	Employer identification number 27-4452110
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 2444	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions AUGUSTA, GA 30903	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► WILLIAM S. HATCHER III

Telephone No ► 706 667-6000 FAX No.►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the extension is for.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions MASTERS TOURNAMENT FOUNDATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 27-4452110
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2444	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions AUGUSTA, GA 30903	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-BL	02
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

WILLIAM S. HATCHER III

- The books are in the care of ► **P.O. BOX 2444 - AUGUSTA, GA 30903**
Telephone No. ► **706 729-3800** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$ 1,636.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 1,675.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►