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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

	<u> </u>	or th	e 2011 calendar year, or tax year beginning and e	ending	_				
	B (heck if	C Name of organization		D Employer identifie	cation number			
	Γ_	Addre	FORE! AUGUSTA FOUNDATION, INC.						
		Name Chang	B . MUE EIDEM MEE AUGUSMA		58-2	415361			
		Initial		Room/suite					
		Term	,			823-3302			
		Amer	City or town, state or country, and ZIP + 4		G Gross receipts \$	686,845.			
		Appli	AUGUDIA, GA 30707		H(a) is this a group re				
		pend	F Name and address of principal officer. LLAINE CLARK SMITH		for affiliates?	Yes X No			
			SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No			
			empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)			
			ite: WWW.THEFIRSTTEEAUGUSTA.ORG	1	H(c) Group exemption				
			forganization X Corporation	L Year	of formation 1998 N	State of legal domicile GA			
	Pa	ert I	······································	ALICI	ICMA POCHCEC	HHHODMC MO			
	8	1	Briefly describe the organization's mission or most significant activities. FORE! OPERATE FIRST TEE AUGUSTA, A 6-HOLE GOLF						
	nan	_							
	Activities & Governance	3	Check this box I if the organization discontinued its operations or dispos	sea or more	1 1	sets 33			
	ဗိ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3 4	33			
	જ ળ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	25			
	iţie	6	Total number of volunteers (estimate if necessary)		6	130			
	ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	63,234.			
2012	4		Net unrelated business taxable income from Form 990-T, line 34		7b	<185,057.>			
က					Prior Year	Current Year			
	ø	8	Contributions and grants (Part VIII, line 1h)		313,148.	350,581.			
	Revenue	9	Program service revenue (Part VIII, line 2g) RECEIVED Investment income (Part VIII, column (A), lines 3F4-and-7d)		100,524.	95,726.			
DEC	ě	10	Investment income (Part VIII, column (A), lines 374, and 7d)		8,187.	2,738.			
	ш.	11	Other revenue (Part VIII, column (A), lines 5 66,8c,9c,10c, and 11e)		15,909.	32,806.			
\Box		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		437,768.	481,851.			
Ž		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
SCANNED		14	Benefits paid to or for members (Part IX, column (A) line 4)- \	-	0.	0.			
Š	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	_	271,291.	289,971.			
Ø	ĕ		Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.			
	Exp	1	Total fundraising expenses (Part IX, column (D), line 25)	0.	432,129.	438,585.			
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		703,420.	728,556.			
		18 19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	-	<265,652.				
	es l	13	nevenue less expenses Subtract line 10 from line 12	Ro	ginning of Current Year	End of Year			
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	06	2,420,467.	2,155,088.			
	ASS d-Ba	21	Total liabilities (Part X, line 26)		81,710.	63,036.			
	훒	22	Net assets or fund balances Subtract line 21 from line 20		2,338,757.	2,092,052.			
	Pa	rt li							
	Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is			
	true	corre	ct, and complete Declaration of prepare (other than officer) is based on all information of wh	iich preparei	has any knowledge				
			Not a lim		111111	7			
	Sig	า	Signature of officer		Date				
	Her	e	JEFF SPEARS, TREASURER			· · · · · · · · · · · · · · · · · · ·			
			Type or print name and title		Date	DTIN			
	D	ı	Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name	ا _ ممه	Date Check C	PTIN			
	Paid		WILLIAM H. WOODWARD, CPA////	751	self-employe				
	•	arer Only	Firm's name ELLIOTT DAVIS, ILC/PL/LC Firm's address P.O. BOX 2278		Firm's EIN	57-0381582			
	USE	Only	AUGUSTA, GA 30903		Dhan 7	06 722 9090			
	Mas	the !	·		Phone no /				
		01 01-	RS discuss this return with the preparer shown above? (see instructions) 23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ne		X Yes No Form 990 (2011)			
	,020	J. 01-	to the service of the second control of the second	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		1 01111 330 (2011)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2011) FORE! AUGUSTA	FOUNDATION,	INC.	58-241	15361	Page 2
	rt III Statement of Program Service Acc	omplishments				
	Çheck if Schedule O contains a response to ar	-				
1	Briefly describe the organization's mission:	ry question in this Fart in				
•	FORE! AUGUSTA FOCUSES EFFO	מתכ שה המענט	יה הזספה הם	ילד אזורווכתיא א	6 UOT	C
	GOLF COURSE WITH PROGRAMS	GEARED TOWARD	TEACHING	CHILDREN THE	GAME	<u> </u>
	GOLF.					
2	Did the organization undertake any significant progra	ım services during the ye	ar which were not lis	ted on		
	the prior Form 990 or 990-EZ?				Yes	X No
	If "Yes," describe these new services on Schedule O					
3	Did the organization cease conducting, or make sign	ificant changes in how it	conducts, any progra	am services?	Yes	X No
	If "Yes," describe these changes on Schedule O	· ·	, ,, ,			
4	Describe the organization's program service accomp	lishments for each of its t	three largest progran	n services, as measured h	v expense	9
•	Section 501(c)(3) and 501(c)(4) organizations and sec					
	others, the total expenses, and revenue, if any, for ea			le amount of grants and a	illocations t	.0
40		9 • including grants of \$	nted	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		093.)
4a	(Code) (Expenses \$ 685,44 FORE! AUGUSTA FOCUSES EFFO	フ・ including grants of \$	DE COLE AND) (Revenue \$		055.
	PROGRAMMING INCLUDING SCHO	OLS, OUTREACE	d CLINICS,	AND CAMPS.		
						
41.	,			<u> </u>		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				<u>-</u>		
	-					
						
		·· · · · · · · · · · · · · · · · · · ·				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				·		
			····			
			···			
4d	Other program services (Describe in Schedule O)			····		
	(Expenses \$ including grant) (Revenue \$)	
4e		685,449.				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ_
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	٥		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	8		
•	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 temporarily restricted endowments, permanent	3		
	endowments, or quasi-endowments? 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, VII, 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	
b	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	11b		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		Х
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
13	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
		Form	990 (2011)

Form 990 (2011) FORE! AUGUSTA FOUN
Part IV Checklist of Required Schedules (continued)

	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	٥		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	28c	Х	<u></u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		i '	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			x
35a	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550	<u> </u>	 ``
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	Х	
		Form	990 (2011)

Form 990 (2011) Part V Sta Statements Regarding Other IRS Filings and Tax Compliance

	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			É				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			É				
	(gambling) winnings to prize winners?	1c		ĺ				
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 25			ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	ĺ				
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	İ				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X					
	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)?							
ь	If "Yes," enter the name of the foreign country	4a		X				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Ė				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	If "Yes," to line 5a or 5b, did the organization file Form 8886·T?	5b 5c		Х				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible?	6a	1	Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6ь						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	ĺ				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	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			į				
	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.			ļ				
а	Did the organization make any taxable distributions under section 4966?	9a		ļ				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ				
10	Section 501(c)(7) organizations. Enter			į				
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Ė				
11	Section 501(c)(12) organizations. Enter			Ė				
a	Gross income from members or shareholders			ĺ				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			ŀ				
	amounts due or received from them.)			į				
	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			Ė				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O			Ė				
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	į				
	organization is licensed to issue qualified health plans			É				
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

Form 990 (2011) FORE! AUGUSTA FOUNDATION, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second
1 01	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			NO I	espon	se	
	Check if Schedule O contains a response to any question in this Part VI	. 000 /	1301000013			X	
Sec	tion A. Governing Body and Management						
000	and Management				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33	3	163	110	
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31			:	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1			
	officer, director, trustee, or key employee?	, ,,,,,,,	arry ourion	2	x		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
_	of officers, directors, or trustees, or key employees to a management company or other person?		a deportioner	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	6		X	
	more members of the governing body?	- · · · ·		7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockho	olders, or				
	persons other than the governing body?		,	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following				
а	The governing body?	,		8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ${\bf c}$	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u>X</u>	
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe		,,		
40	in Schedule O how this was done			12c	Х		
	Did the organization have a written whistleblower policy?			13		$\frac{X}{X}$	
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approv	-	dependent	-			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4.5		v	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a		$\frac{X}{X}$	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment w	uth a				
. • •	taxable entity during the year?	illelli W	niii a	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te ite r	participation	100			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of evaluatio						
	exempt status with respect to such arrangements?	IIIZatio	113	16ь	1		
Sec	tion C. Disclosure			100	L1		
17	List the states with which a copy of this Form 990 is required to be filed ▶GA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Sect	on 501(c)(3)s only)	avaılah	ele		
	for public inspection. Indicate how you made these available. Check all that apply	,	(-/(-/:///		-		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict o	of interest policy, ar	ıd fınar	ncial		
	statements available to the public during the tax year		j , ,				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiza	ıtıon: ▶	•		
	<u>JILL BROWN</u> - 706-364-4653		. 3				
	3165 DAMASCUS ROAD, AUGUSTA, GA 30909		_				

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)					(D)	(E)	(F)		
Name and Title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated	
	hours per week			ss pe id a d				compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) RICK ALLEN										_	
BOARD CHAIRMAN	0.30	X			L	ļ		0.	0.	0.	
(2) JIM W. BENNETT, JR.	0.20	\ ,							^	0	
MEMBER	0.30	Х				-	<u> </u>	0.	0.	0.	
(3) THOMAS M. BLANCHARD JR. MEMBER	0.30	X						0.	0.	0.	
(4) JILL BROWN	0.30	1	-			\vdash			0.	0,	
EXECUTIVE DIRECTOR	40.00	X		X				80,000.	0.	0.	
(5) MICHAEL M. BROWN								,			
MEMBER	0.30	Х						0.	0.	0.	
(6) CLINT BRYANT											
MEMBER	0.30	Х			<u> </u>	L		0.	0.	0.	
(7) GREG J. BURLESON MEMBER	0.30	Х						0.	0.	0.	
(8) KAREN CHRJAPIN											
MEMBER (O) DOWN POWER	0.30	X	<u> </u>				ļ	0.	0.	0.	
(9) ANN DAVIS MEMBER	0.30	Х						0.	0.	0.	
(10) VICTOR DUFFEY MEMBER	0.30	Х						0.	0.	0.	
(11) NICK EVANS MEMBER	0.30	Х						0.	0.	0.	
(12) JOHN T. GIBBS JR. MEMBER	0.30	х						0.	0.	0.	
(13) ROBERT E. GRAY LTG MEMBER	0.30	х						0.	0.	0.	
(14) JAMES M. HULL MEMBER	0.30	Х						0.	0.	0 .	
(15) JEFFERSON KNOX MEMBER	0.30	x						0.	0.	0 .	
(16) J. RUSSELL KRUGER MEMBER	0.30	x						0.	0.	0 .	
(17) WILLIAM MCKNIGHT MEMBER	0.30	v						0.	0.	0.	

Part VII Section A. Officers, Directors, 7 (A)	(B)	Τ			C)	<u></u>		(D)	(E)	T	(F)	
Name and title	Average		Position					Reportable	Reportable	_E ,	v., stimate	d
Name and title	hours per					than		•	compensation	1	nount o	
	week					or/tru			from related	"	other	,
	(describe	director						the	organizations	con	pensat	tion
	hours for	l g				<u>ឆ</u>	Ì	organization	(W-2/1099-MISC)	f	rom the	€
	related	rustee or	trustee			ensa		(W-2/1099-MISC)		orç	ganızatı	on
	organizations	1 =	nal t		loyee	S 92	Ì			1	d relate	
	in Schedule O)	Individu	Institutional t	Officer	Key employee	Highest compensated employee	ormer			org	anızatıc	ons
(18) GARY D. MCMAHAN		<u> </u>	-	Ť	×	1 0	-			+		
MEMBER	0.30	X					ŀ	0.	0.	,		0.
(19) E.G. MEYBOHM		1			İ							
MEMBER	0.30	X	<u> </u>			_		0.	0.	<u>. </u>		0.
(20) WILLIAM S. MORRIS III					1							
MEMBER	0.30	X	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	<u>. </u>		0.
(21) FLEMING NORVELL												
MEMBER	0.30	X		<u> </u>	<u> </u>	<u> </u>	L	0.	0.	· 		0.
(22) ROBERT OSBORNE												_
MEMBER	0.30	X	ļ	ļ	ļ	1_	L	0.	0.	<u>.</u>		0.
(23) FRED PALMER	0.20	,,		,,								0
VICE CHAIRMAN	0.30	X	1	X	-	+	┢	0.	0.	'		0.
(24) JEAN ROPER	0.30	X						0.	0.			0.
MEMBER (25) GREG SCURLOCK	0.30	1^	-	ļ	 -	+-	╁	· · · · · · · · · · · · · · · · · · ·		+		<u> </u>
MEMBER	0.30	x						0.	0.	_		0.
(26) TONY SEAGRAVES		+					t			1		
MEMBER	0.30	X						0.	0.			0.
1b Sub-total						▶		80,000.	0.	•		0.
c Total from continuation sheets to Part	VII, Section A					>		0.	0.	•		0.
d Total (add lines 1b and 1c)						>		80,000.	0.	•		0.
2 Total number of individuals (including bu	t not limited to ti	hose	e list	ed a	bov	e) w	họ	received more than \$100	0,000 of reportable			
compensation from the organization												0
										E .	Yes	No
3 Did the organization list any former office			e, k	ey e	mple	oyee	, 0	r highest compensated e	employee on			v
line 1a? If "Yes," complete Schedule J fo										3	\vdash	X
4 For any individual listed on line 1a, is the and related organizations greater than \$									tne organization	1	1	Х
5 Did any person listed on line 1a receive of									idual for convices	4	 	
rendered to the organization? If "Yes," co	•					•		atod organization or mare	iddai for del vided	5	1 1	Х
Section B. Independent Contractors	on processor				μοι	00//				<u> </u>		
Complete this table for your five highest	compensated in	dep	end	ent o	cont	ract	ors	that received more than	\$100,000 of compen	sation	from	
the organization Report compensation f	or the calendar	/ear	end	ing v	with	or v	vith	in the organization's tax	year			
(A)								(B)			C)	
Name and busine	ss address	N	ON.	E				Description of	services	Compe	ensation	n
												
								<u> </u>				
2 Total number of independent contractors	s (including but i	not l	ımıt <i>e</i>	ad to	the	se l	iste	ed above) who received r	more than			

FORE! AUGUSTA FOUNDATION, INC. 58-2415361 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) ' (A) (C) (B) (D) (E) (F) Name and title Position Average Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from per from related other week the organizations compensation Highest compensated employee Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related Key employee organizations Officer (27) PAUL SIMON 0.30 Х CHAIRMAN EMERITUS 0. 0. 0. (28) ELAINE CLARK SMITH 0.30 | XX 0. 0. 0. CHAIRMAN (29) LAURIE OTT SMITH 0.30 | XХ 0. 0. 0. SECRETARY (30) JEFF SPEARS 0. 0. TREASURER 0.30 Х X 0. (31) HASKELL TOPOREK 0. 0.30 | X0. 0. MEMBER (32) DENNIS A. TROTTER 0.30 | X0. 0. 0. MEMBER (33) BRAD USRY MEMBER 0.30 | X0. 0. 0.

Total to Part VII, Section A, line 1c

FORE! AUGUSTA FOUNDATION, INC.

					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
ir a	b	Membership dues	1b	-				
S, G	С	Fundraising events	1c	65,980.				
ar it	d	Related organizations	1d					
S, E	е	Government grants (contributi	ions) 1e				•	
i Si	f	All other contributions, gifts, grant						
the		similar amounts not included above	ve 1f	284,601.				
E G	9	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			350,581.			
				Business Code				
	2 a	GREEN, CART, &	RANGE F	713910	54,125.	7,492.	46,633.	
Program Service Revenue	b	PROGRAM SERVICE	REVENU	713910	54,125. 41,601.	7,492. 41,601.		
S	С							
e ve	d							
55	е							
ᇫ	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f		>	95,726.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	2,738.			2,738.
	4	Income from investment of tax	x-exempt bond p	oroceeds ►				
	5	Royalties		>				
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses					ŀ	
	С	Rental income or (loss)						
	d	Net rental income or (loss)		> _				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)					ŀ	
	d	Net gain or (loss)		•				
Other Revenue	8 a	Gross income from fundraising including \$65,9						
e e		contributions reported on line						
F		Part IV, line 18	a	190,668.				
Ĕ.	b	Less: direct expenses	b	177,234.				
١	С	Net income or (loss) from fund	raising events		13,434.			13,434.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less. direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b	27,760.				
		Net income or (loss) from sale:	s of inventory		16,601.		16,601.	
		Miscellaneous Revenu	e	Business Code				
	11 a	MISCELLANEOUS I		900099	2,771.			2,771.
	b				-			
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	2,771.			
	12	Total revenue See instructions		>	481,851.	49,093.	63,234.	18,943.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,		(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in			1	
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 000	00 000		
_	trustees, and key employees	80,000.	80,000.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	177 224	177 224		
7	Other salaries and wages	177,324.	177,324.		
8	Pension plan accruals and contributions (include				
^	section 401(k) and section 403(b) employer contributions)	12,115.	12,115.		
9	Other employee benefits	20,532.	20,532.		
10	Payroll taxes	20,332.	20,332.		
11	Fees for services (non-employees).	31,198.		31,198.	
a	Management	31,150.		31,170.	
b	Legal	8,750.		8,750.	
d	Lobbying	0,7301		0,730.	
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	7,495.	7,495.		
12	Advertising and promotion	599.	599.		
13	Office expenses	29,984.	29,984.		·
14	Information technology	13,233.	13,233.		
15	Royalties		,		
16	Occupancy	52,352.	52,352.		
17	Travel	3,222.	3,222.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	771.	771.		
20	Interest	3,159.		3,159.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	180,300.	180,300.		
23	Insurance	34,863.	34,863.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CAMP & LESSONS EXPENSES	27,729.	27,729.		
b	GOLF COURSE MAINTENANCE	22,553.	22,553.		
С	MISCELLANEOUS	22,377.	22,377.		<u>-</u>
d					
е					
25	Total functional expenses Add lines 1 through 24e	728,556.	685,449.	43,107.	0
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,678.	1	<1.>
	2	Savings and temporary cash investments		589,304.	2_	500,242.
	3	Pledges and grants receivable, net		4,125.	3	4,125. 12,985.
	4	Accounts receivable, net		12,946.	4	12,985.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
"		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		17,157.	8	26,819. 5,072.
	9	Prepaid expenses and deferred charges		9,112.	9	5,072.
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 3,792,907.			
	b	Less: accumulated depreciation	10b 2,187,628.	1,785,445.	10c	1,605,279.
	11	Investments · publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	700.	14	567.	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,420,467.	16	2,155,088.
	17	Accounts payable and accrued expenses	26,333.	17	21,851.	
	18	Grants payable		18		
	19	Deferred revenue		4,435.	19	3,191.
	20	Tax-exempt bond liabilities			20	
<u>es</u>	21	Escrow or custodial account liability Complete			21	
Liabilities	22	Payables to current and former officers, director				
iat		highest compensated employees, and disqualifi	ed persons. Complete Part II			
_		of Schedule L		FO 042	22	27.004
	23	Secured mortgages and notes payable to unrela	· ·	50,942.	23	37,994.
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa	- ,			
		parties, and other liabilities not included on lines	17-24). Complete Part X of		0-	
	000	Schedule D		81,710.	25	63,036.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	ere X and complete	01,710.	26	03,030.
'n	1	lines 27 through 29, and lines 33 and 34.	and complete			
Š	27	Unrestricted net assets		2,334,632.	27	2 087 927
lan	28	Temporarily restricted net assets		4,125.	28	2,087,927. 4,125.
ä	29	Permanently restricted net assets		1/123.	29	1/123.
Š	29	Organizations that do not follow SFAS 117, c	heck here		23	
Ē	1	complete lines 30 through 34.	neck nere > and			
ts o	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or ed	nument fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	• •		32	
Š	33	Total net assets or fund balances	come, or other fallas	2,338,757.	33	2,092,052.
	34	Total liabilities and net assets/fund balances		2,420,467.	34	2,155,088.
	<u> </u>	TOTAL HADINITIES AND HEL ASSETS/TUTIO DAIANCES		2,120,107.	_ 	2,133,000.

Form **990** (2011)

Form	990 (2011) FORE! AUGUSTA FOUNDATION, INC.	58-24	15361	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			51.
2	Total expenses (must equal Part IX, column (A), line 25)	2			56.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>05.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,33	8 <u>,7</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,09	2,0	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Ī	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		-	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

2011

Open to Public Inspection

Name of the organization

Employer identification number 58–2415361

		FORE! A	UGUSTA FOUND	ATION	, INC	•			58	8-2415361
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:) See inst	ructions.		
he orga	nization is not a	a private foundation	because it is (For lines	1 through 1	1, check	only one b	ox)			
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2 📖	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical re	search organization	operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	te:								
5			benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental uni	t describe	ed In
	1	(b)(1)(A)(iv). (Comple	<u>.</u>							
6 🖳	1		ent or governmental uni							
7 [X]	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 🗌	1		section 170(b)(1)(A)(vi).	(Complete	Part II \					
9 🗆	1		eives (1) more than 33			rom contri	hutions m	nemhershii	n fees ar	nd arose receipts from
`	_	=	nctions - subject to certa							
		•	axable income (less sect	· · · · · · · · · · · · · · · ·		•				
		509(a)(2). (Complete	·		,	011100000	.04011000	, ino orga	inization (and danc do, 1070.
10 🗀	I		perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	1).		
11 🔲	1		•		-			-	v out the	purposes of one or
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that									
	describes the type of supporting organization and complete lines 11e through 11h									
	a Type I b Type II c Type III · Functionally integrated d Type III · Other									
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındırectly	by one or	r more disc	qualified j	persons other than
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	nis box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed i	ın (II) and (I	III) below,	Yes No
	the gov	erning body of the s	upported organization?							11g(i)
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	9?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıonı	(s)					
		· ·	CONT.	T				1		
(ı) Nam	e of supported	(iı) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vii) Amount of
org	ganization		(described on lines 1-9	, , ,	sted in your document?			(i) organiz	ed in the	support
			above or IRC section	<u> </u>	,					
			(see instructions))	Yes	No	Yes	No	Yes	No	
										
				-						
	<u>-</u>									
			-							
-	<u> </u>					<u> </u>		<u> </u>		
Гotal				E .						

Schedule A (Form 990 or 990-EZ) 2011 FORE! AUGUSTA FOUNDATION, INC. 58-2415361 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) Section A. Public Support

-	tion in the cappoint		···-				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	"					
	membership fees received (Do not					_	
	include any "unusual grants.")	356,285.	242,736.	280,125.	313,148.	350,581.	1542875.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	78,400.		78,400.	78,400.	78,400.	392,000.
4	Total. Add lines 1 through 3	434,685.	321,136.	358,525.	391,548.	428,981.	1934875.
5	The portion of total contributions					i	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	_					
	amount shown on line 11,						
	column (f)						1001221.
6	Public support. Subtract line 5 from line 4						933,654.
	etion B. Total Support						755,054.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	434,685.	321,136.	358,525.	391,548.	428,981.	1934875.
8	Gross income from interest,		001/1000	000/0201	331,310.	_120/3011	1731073.
•	dividends, payments received on			!			
	securities loans, rents, royalties			j			
	and income from similar sources	20,754.	25,976.	12,323.	8,187.	2,738.	69,978.
9	Net income from unrelated business	20/1310	23/3/01	12,323.	0,107.	2,730.	05,570.
3	activities, whether or not the						
			16,553.				16 552
40	business is regularly carried on		10,333.				16,553.
10	Other income Do not include gain						
	or loss from the sale of capital		157,166.	90 177	7 070	16 205	270 727
44	assets (Explain in Part IV)		137,100.	89,477.	7,879.	16,205.	270,727.
	Total support. Add lines 7 through 10		·				
	Gross receipts from related activities,					12	285,701.
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi		rcentage				>
				-l (0)		44	40.73 %
	Public support percentage for 2011 (I			olumn (†))		14	40.00
	Public support percentage from 2010	•	•			15	42.32 %
Ioa	33 1/3% support test - 2011. If the c				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						$\triangleright X$
D	33 1/3% support test - 2010. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t IV how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ie "facts-and-circui	mstances" test, ch	neck this box and s	stop here. Explain	ın Part IV how the	
	organization meets the "facts-and-circ		-	•			▶□
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >

Schedule A (Form 990 or 990-EZ) 2011 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)

Se	ction A. Public Support					· ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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	<u> </u>					
C	Add lines 7a and 7b		<u> </u>			- -	
	Public support (Subtract line 7c from line 6)	<u> </u>	<u> </u>		<u> </u>		<u> </u>
Se	ction B. Total Support	т	т	,	1	- _[
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain					-	
	or loss from the sale of capital assets (Explain in Part IV)		<u> </u>				<u> </u>
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						_ ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<u>.</u>	
15	Public support percentage for 2011 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2010) Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19	33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					▶ 🔲
ŧ	33 1/3% support tests - 2010. If the	e organization did r	not check a box or	line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	. —
•	line 18 is not more than 33 1/3%, che						`
20	Private foundation. If the organization	on did not check a	box on line 14 19	a or 19b check t	his box and see ii	nstructions	▶

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FORE! AUGUSTA FOUNDATION, INC.

Employer identification number 58-2415361

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r 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 advised	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 us	ed only							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring							
	impermissible private benefit?		Yes No							
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	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	education) Preservation of an histor	ically important land area							
	Protection of natural habitat	Preservation of a certifie	d historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last							
	day of the tax year.									
			Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С										
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure									
	listed in the National Register	•	2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax							
	year ▶									
4	Number of states where property subject to conservation ea	sement is located >								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements i	t holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨							
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$							
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for							
	conservation easements									
Par	t III Organizations Maintaining Collections o		er Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,							
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e 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	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	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 tre	asures, or other sımılar assets for fınancıal ga	aın, provide							
	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		▶ \$							

-	dule D (Form 990) 2011 FORE! A	UGUSTA I	OUN	DATION,	INC.		5	8-24	15361	Page 2
Par	t III Organizations Maintaining C	ollections	of Art,	, Historical	Treasures,	or Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other r	ecords,	check any of	the following tha	at are a sig	nıfıcant u	se of its	collection it	ems
	(check all that apply).									
а	Public exhibition		d	Loan or	exchange progra	ams				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and e	xplain I	how they furth	er the organizati	on's exem	pt purpo	se in Parl	t XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as pa	rt of the	e organization	s collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. C	omplete	e if the organiz	ation answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other inte	rmedia	ry for contribu	tions or other as	sets not in	ncluded	•		
	on Form 990, Part X?] Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete t	he follo	wing table:						
		•		_					Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X	(, line 2	1?					Yes	No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	f the organizati	on ansv	wered "Yes" to	Form 990, Part	IV, line 10				
		(a) Current ye	ear	(b) Prior year	(c) Two yea	rs back (c	d) Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	-								
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end b	alance	(line 1g, colum	nn (a)) held as			•		
а	Board designated or quasi-endowment			%						
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		_%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the or	ganızatı	on that are he	ld and administe	ered for the	e organiz	ation		
	by:								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as requ	red on	Schedule R?					3ь	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Forr	n 990, l	Part X, line 10	•					
	Description of property	(a) Cos		1	Cost or other	(c) Acc	cumulate	d	(d) Book v	alue
	<u> </u>	basis (in	vestme	ent) ba	ısıs (other)	depr	reciation			
1a	Land									
ь	Buildings				821,875.	4	15,54	11.	406	334.
С	Leasehold improvements									
d	Equipment				447,411.		08,10			,303.
	Other				523,621.	1,3	63,97	79.	1,159	
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	gual Form 990,	Part X,	, column (B), li	ne 10(c))			>	1,605,	<u>,279.</u>

Schedule D (Form 990) 2011

FORE! AUGUSTA FOUNDATION,

INC.

<u>Sche</u>	dule D (Form 990) 2011 FORE! AUGUSTA FOUNDATION,						<u>415361</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	l Finan	cial St	ater	nents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				,851.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,556.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			<246	,705.
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			5				
6	Investment expenses		-	6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10			<246	,705.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		Rever	nue pe	r Re	eturn		
1	Total revenue, gains, and other support per audited financial statements					1	723	,762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b	22	5,30	0.			
С	Recoveries of prior year grants	2c	•					
d	Other (Describe in Part XIV)	2d	2	7,76	0.			
е	Add lines 2a through 2d					2e	253	,060.
3	Subtract line 2e from line 1					3	470	<u>,060.</u> ,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b	1	1,14	9.			
С	Add lines 4a and 4b			•	\neg	4c	11	,149.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				Ī	5	481	<u>,149.</u> ,851.
	t XIII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expe	nses	per l	Returi		
1	Total expenses and losses per audited financial statements					1		,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	22	5,30	0.			
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d	2	7,76	0.			
е	Add lines 2a through 2d					2e	253	,060.
3	Subtract line 2e from line 1				Ì	3	717	,060. ,407.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-			
b	Other (Describe in Part XIV)	4b	1	1,14	9.			
С	Add lines 4a and 4b					4c	11	,149.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				İ	5		,556.
	t XIV Supplemental Information	-						·
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	III. lines 1a	and 4. Pa	ırt IV. lin	es 1b	and 2b	p. Part V. line	4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com							.,,
,		,			,			
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:							
COC	S NETTED WITH TAX RETURN REVENUE						27	,760.
_		· · · · · · · · · · · · · · · · · · ·						<u> </u>
-								
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:							
		· · ·						
ITI	EMS NETTED WITH FINANCIAL EXPENSES						11	,149.
		····	••					
<u>PAI</u>	RT XIII, LINE 2D - OTHER ADJUSTMENTS:							
					;	Schedu	le D (Form	990) 2011

Schedule D (Form 990) 2011 FORE! AUGUSTA FOUNDATION, INC. 58-2415361 Page 5 Part XIV Supplemental Information (continued)
COGS NETTED WITH TAX RETURN REVENUE 27,760.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:
ITEMS NETTED WITH FINANCIAL EXPENSES 11,149.
THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES,
OF THE FASB ACCOUNTING STANDARDS CODIFICATIONS, HAS RECENTLY BEEN ISSUED
AND ADOPTED BY THE FOUNDATION. THE ADOPTION DID NOT HAVE ANY MATERIAL
EFFECT ON THE FOUNDATION'S FINANCIAL POSITION, RESULTS OF OPERATIONS, OR
CASH FLOWS.

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.

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

OMB No 1545-0047

Open To Public Inspection

lame of the organization FORE! A		oloyer identification number -2415361					
	Complete if the organization answer			Form 990, Part IV, I	ine 17 F	orm 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-ga govern dising of ding of dional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or	Y es	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)	tained by) draiser	(vi) Amount paid to (or retained by) organization
		Yes	No			-	
			!				
			-				
		I					
TotalList all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	I s or has been notified	ld it is exe	empt from re	l egistration
							
							

	art	ule G (Form 990 or 990-EZ) 2011 FORE!			58-	-2415361 Page 2
P	aft.					
	····	of fundralsing event contributions and				pts greater than \$5,000.
	Ì		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONCERT	TOURNAMENT	NONE	(add col. (a) through
			SERIES	SERIES		· · · · · · · · · · · · · · · · · · ·
an a			(event type)	(event type)	(total number)	col (c))
Revenue				<u> </u>		
š	١.	Gross receipts	240,498.	16,150.		256 640
ď	1	Gross receipts	240,470.	10,150.		256,648.
	_		C1 F00	4 400		65.000
	2	Less: Charitable contributions	61,500.	4,480.		65,980.
	3	Gross income (line 1 minus line 2)	178,998.	11,670.		190,668.
	4	Cash prizes				
Ø	5	Noncash prizes				
Ş			-			
be	6	Rent/facility costs	37,783.			37,783.
Direct Expenses	٦	Herioracinty costs	31,703.		· · · · · ·	31,103.
eC G	_	- · · · ·				
۵	7	Food and beverages		-		
	8	Entertainment				
	9	Other direct expenses	131,132.	8,319.		139,451.
	10	Direct expense summary. Add lines 4 through	gh 9 in column (d)		>	(177,234)
	11		mn (d), and line 10		•	13,434.
Pa	irt	III Gaming. Complete if the organization		990, Part IV, line 19, or re	eported more than	<u>'</u>
		\$15,000 on Form 990-EZ, line 6a.				
			1	(b) Pull tabs/instant		(d) Total gaming (add
ě			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))
Revenue				3 1 3 1 1		(-),
æ	١.					
		Green revenue				
	H'	Gross revenue				
	<u> </u>					
es	2	Gross revenue Cash prizes				
sesue	2					
xbeuses	2	Cash prizes				
t Expenses		Cash prizes				
rect Expenses		Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes				
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses	3	Cash prizes Noncash prizes	Voc. 96	Vec 00	No.	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %		Yes %	
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs	Yes%	☐ Yes % ☐ No	Yes %	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No			
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No			
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No			()
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No			
Direct Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No			()
Direct	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	gh 5 in column (d)			
© Direct	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines ter the state(s) in which the organization oper	no Shape Sh	No No		()
а	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines ter the state(s) in which the organization oper the organization licensed to operate gaming and state in the state of the organization licensed to operate gaming and state in the organization licensed to operate gaming	no Shape Sh	No No		Yes No
o o	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines ter the state(s) in which the organization oper	no Shape Sh	No No		Yes No
b co	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines ter the state(s) in which the organization oper the organization licensed to operate gaming and state in the state of the organization licensed to operate gaming and state in the organization licensed to operate gaming	no Shape Sh	No No		Yes No
g e 6	3 4 5 6 7 8 En ls t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Combine lines ter the state(s) in which the organization oper the organization licensed to operate gaming and state in the state of the organization licensed to operate gaming and state in the organization licensed to operate gaming	No 9h 5 in column (d) 11, column d, and line 7 rates gaming activities activities in each of these	No No	No ►	Yes No

Sch	ledule G (Form 990 or 990 EZ) 2011 FORE: AUGUSTA FOUNDATION, INC. 58	3-2415361	Page 3
11	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?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name		
	Address ▶		
16	Gaming manager information.		
	Name ►		
	Gaming manager compensation \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
·····	organization's own exempt activities during the tax year ▶ \$		····
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column		
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	nation (see instruc	tions)
1320	183 01-23-12 Schedule G	Form 990 or 990	-EZ) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

2011

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open To Public Inspection

Employer identification number

					ATION,				8-24	<u> 1536</u>	1	
Part I	Excess Benefit	Transacti	ons (sec	tion 501(c)(and section	n 501(c)(4) organizatio	ns only).					
	Complete if the organ	nization ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b		
1	A-N NI					Orl December	_	_4			(c) Corr	ected?
	(a) Name of disc	qualified pers	son 			(b) Description	or transa	ction			Yes	No
		_										
2 Enter	the amount of tax impo	sed on the c	organizatio	n manager	s or disqualifi	ed persons during the	year un	der				
section	on 4958								▶ \$			
3 Enter	the amount of tax, if an	y, on line 2,	above, rei	mbursed by	the organiza	ation			▶ \$			
Part II	Loans to and/or											
				s" on Form	990, Part IV,	line 26, or Form 990-E				round	T	
	lame of interested		to or from		nal principal mount	(d) Balance due	y defended by board or		ard or	(g) Written agreement?		
per	son and purpose	the organization?		ام اما اما	nount				comm		<u> </u>	
		То	From				Yes	No	Yes	No	Yes	No
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				-					 			
T - 4 - 1			!		▶ \$			<u> </u>	 			L
Total Part III	Grants or Assist	tance Rer	nefiting	Intereste			.1		<u> </u>		L	
	Complete if the organ		_									
	(a) Name of Interested p		wered re			een Interested person	and	T	(c) Am	ount an	d type o	f
	(a) Name of interested p	0013011		(b) Helat		rganization	ano			assistar		•
						_		\top				•

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

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.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FORE! AUGUSTA FOUNDATION, INC.

Employer identification number 58-2415361

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TOWARD TEACHING CHILDREN THE GAME OF GOLF.
FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR JOHN T. GIBBS, JR. IS
EMPLOYED BY DIRECTOR THOMAS M. BLANCHARD, JR.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DID NOT FIND THE
PROCESS OF PRESENTING THE TAX RETURN TO THE BOARD PRIOR TO FILING THE TAX
RETURN TO BE A BENEFICIAL PROCESS. THE ORGANIZATION'S TREASURER IS
RESPONSIBLE FOR REVIEWING AND SIGNING THE TAX RETURN AND THE TAX RETURN IS
AVAILABLE TO THE REMAINING BOARD MEMBERS POST FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE COMMITTEE MONITORS
THE CONFLICT OF INTEREST POLICY CLOSELY IN THEIR MEETINGS AND WHEN
DEVELOPING BUSINESS RELATIONSHIPS FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT FIND IT
NECESSARY TO MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S TAX RETURN
IS AVAILABLE TO THE PUBLIC UPON REQUEST WHICH DISCLOSES WHAT THE
ORGANIZATION FEELS IS APPRECIATED BY ITS CONTRIBUTORS.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 58-2415361

INC. FORE: AUGUSTA FOUNDATION,

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(e)	(q)	(0)	(p)	(ə)	(J)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
FIRST TEE MAINTENANCE, LLC	TO OWN AND OPERATE CERTAIN				:
3638 WALTON WAY EXTENSION	REAL ESTATE USED TO HOUSE				FORE! AUGUSTA
AUGUSTA, GA 30909	EQUIPMENT	GEORGIA		72,517.	72,517.FOUNDATION, INC.
Part II Identification of Related Tax-Exempt Organizations (Complete	ations (Complete If the organization an	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	It had one or more r	elated tax-exempt

organizations during the tax year.) Far :

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

Schedule R (Form 990) 2011

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58-2415361

Page 2

Schedule R (Form 990) 2011 FORE: AUGUSTA FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominan (related, un	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	n) sortion- ations?	Code V-UBI amount in box 20 of Schedule	General or managing	General or Percentage managing ownership
		country)			(4)(2)(4)			No No No No No No No No No No No No No N		N N N N N N N N N N N N N N N N N N N	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as	a Corpo	ration or Trust (Con	nplete if th	e organizatic	on answered "Yes"	to Form 990, Par	t IV, line 34	because it had o	one or mor	e related
(a) Name, address, and EIN of related organization	<u>≅</u> c		(b) Primary activity	ıty .	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	total Sha	(g) Share of end-of-year assets	(h) Percentage ownership
132162 01-23-12									Schedul	e R (Form	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 FORE! AUGUSTA FOUNDATION, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

E. Complete line in any entry is listed in faits in, or to this schools. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)
Performance of services or membership or fundraising solicitations for related organization(s)
Performance of services or membership or fundraising solicitations by related organization(s)
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
(b) Transaction type (a-r)

58-2415361

Page 4

Schedule R (Form 990) 2011 FORE: AUGUSTA FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	(K) Percentage	ownership		 															 	Schedule R (Form 990) 2011
	(i) Seneral or	nanaging partner?	'es No	 				 	 		 	 -	 	 	 					3 (Forn
	(i) Code V-HBI	uonate amount in box 20 managing ownership of Schedule K-1 partner?	(Form 1065)															-		Schedule
	(F)	tionate ocations?	oN se					 _		 Ĺ										1
	(g) Share of	=	assets				•		 											
	(f) Share of		Income																	
	Are all	501(c)(3) orgs 7	oN Se	 					 	 -		L	 				·			- -
estment partnersnips	(d)	(related, unrelated, 501(c)(3) excluded from tax	under section 512-514) Ye														 			
Sion for certain inve	(c)	(state or foreign	country)																	
tructions regarding exciu	(b) Primary activity	י וווימוץ מכנוענץ																		
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name address and FIN	of entity																		

Schedule R	R (Form 990) 2011	FORE!	AUGUSTA	FOUNDATION,	INC.	<u> 58-2415361</u>	Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation					
<u> </u>	Complete this part to a	ovido addition	al information fo	or recognized to allection	s on Schedule R (see instru	ictiona)	
	,	Ovide addition	iai iiiiOiiiiaiiOii iC	i responses to question	s on ochedule misee institu	ctions).	
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