PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change **IPTAY** Name change 46-5666637 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 1529 864-656-2115 86,605,503. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CLEMSON, SC 29633 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVIS BABB for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.IPTAYCUAD.COM **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > Year of formation: 2014 M State of legal domicile; SC Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT OF CLEMSON UNIVERSITY Activities & Governance ATHLETIC PROGRAMS if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year** 44,264. 70,467. Contributions and grants (Part VIII, line 1h) 8 64,264,191. 69,699,659. Program service revenue (Part VIII, line 2g) 2,651,618. 2,439,665. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 66,960,073. 72,209,791. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 62,686,640. 62,415,404. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,075,893. 2,565,703. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 64,762,533. 64,981,107. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,197,540. 7,228,684. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 126,811,025. 124,989,602 Total assets (Part X, line 16) 9,237,976. 9,989,781. 21 Total liabilities (Part X, line 26) 三年 117,573,049. 114,999,821 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVIS BABB, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00748038 AMANDA ADAMS Paid self-employed Firm's name CHERRY BEKAERT ADVISORY LLC Firm's EIN ▶ 88-2730877 Preparer Firm's address 110 EAST COURT STREET, SUITE 500 Use Only Phone no. 864-233-3981 GREENVILLE, SC 29601 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	SUPPORT OF CLEMSON UNIVERSITY ATHLETIC PROGRAMS
	DOTTORY OF CHARBOTT TIMESTEE TROOPING
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$62,415,404. including grants of \$62,415,404.) (Revenue \$69,699,659.
	IPTAY SPONSORS ANNUAL COSTS FOR ATHLETIC SCHOLARSHIPS AND, TO THE
	EXTENT POSSIBLE, OTHER EXPENSES OF THE CLEMSON UNIVERSITY ATHLETIC
	PROGRAM THAT ARE APPROVED BY THE IPTAY BOARD OF DIRECTORS. IPTAY WAS
	CREATED TO PROVIDE SUPPORT TO CLEMSON UNIVERSITY'S ATHLETIC PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	/ (Expenses to the first that the fi
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (a.t.) / (
4d	Other program services (Describe on Schedule O.)
-t u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 62,415,404.
	- 1 1 1

Form 990 (2021) IPTAY Part IV Checklist of Required Schedules

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				Yes	No
2 Is the organization required to complete Schedule & Schedule of Contributions 7 See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If Yes, complete Schedule C, Part I 3	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit 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 II 4 X Section 501(Rick) organizations. Did the organization engage in liobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II II 5 Is the organization a sections 501(k)4, 501(s)61,					
public office? If "Yes," complete Schedule C, Part I 4 X Section 501(R) arginatization. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(k) 501(k) 501(k) 501 (k) 501	2		2	<u> </u>	
Section 501(x)3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II is the organization as each of SIC(t)(4), 501(e)(6), 5	3				
during the tax year? If "Yes," complete Schedule C, Part III Is the organization a section Solito(i)(6), 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-18? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the organization receive or hold a conservation easement, including assements to preserve one space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Bit the organization inantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization ineport an amount for leads organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VIII If the organization ineport an amount for investments or their securities in Part X, line 19? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or their securities in Part X, line 19, If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or the securities in Part X, line 19, If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or the securities in Part X, line 19, If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments or the securities in Part X, line 19, If "Yes," complete Schedule D, Part X X Did the organization report an amount for i		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 501(c)(4), 001(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 if "Yes, complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar intruds or accounts?" if "Yes," complete Schedule D, Part II. 7 Did the organization receive not did a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization report and amount in Part X, line 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit conneiling, dieth management, ordit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit conneiling, debt management, ordit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 If 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 10? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11 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 10? If "Yes," complete Schedule D, Part VII. 12 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 10? If "Yes," complete Schedule D, Part X X.	4				
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	21			v	
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		(0.05.11

Form	1 990 (2021) IPTAY	46-566663	7	Pa	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		_	Y	es	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's of	current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,			
	Schedule J	2	3 2	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a	s of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	ete			
	Schedule K. If "No," go to line 25a		la		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	lb		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe				
	any tax-exempt bonds?	I	ŀc		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		ld		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,	I			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comp	I			
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26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
		20	_		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		-	\dashv	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key empl	-			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%	I	_		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, F		/		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part I	٧,			
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				37
	"Yes," complete Schedule L, Part IV			_	<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	3b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV			_	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	9	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations	on			
	contributions? If "Yes," complete Schedule M	3	0		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	3	1		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	3	2		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3	3		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a				
	Part V, line 1		4 2	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		5a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled e				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	· 1	ib		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related org				
00	If "Yes," complete Schedule R, Part V, line 2	I	6		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		_	\dashv	
31		_	,		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	<u>'</u>	\dashv	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		ຸ∣ຸ	,	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	3	ช 4	X	
Га	Obstate Contains a contain				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		1	<u> </u>
			Y	es	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan	ning			

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LISA MARCUS, DIRECTOR, ARO -864-656-1873

391

COLLEGE AVE., STE.

302,

CLEMSON, SC

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

Check if Schedule O contains a response or note to any line 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	еек ——		ia a a	recio	T	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee.			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANIEL RADAKOVICH, JR.	1.00		_		<u> </u>	1 0	-			
ATHLETIC DIRECTOR (THRU DEC 2021)	36.50			Х				0.	1,172,908.	32,830.
(2) DAVIS BABB	37.50									
CEO	0.00			Х				0.	373,464.	77,157.
(3) JAMES CLEMENTS	1.00									
DIRECTOR, PRESIDENT CLEMSON UNIV.	36.50	Х						0.	352,596.	83,857.
(4) GRAHAM NEFF	1.00									
ATHLETIC DIRECTOR (BEG. DEC 2021)	36.50				Х			0.	263,696.	30,868.
(5) ANTONIS KATSIYANNIS	1.00									
DIRECTOR	36.50	Х						0.	208,532.	53,516.
(6) JAMES R. COUCH	37.50	-				,,			007 500	07 011
SR. ASSOC. DIRECTOR MAJOR GIFTS	0.00					X		0.	227,522.	27,911.
(7) TRAVIS T. FURBEE	37.50	1				x			172 621	E1 072
SR. ASSOC. DIRECTOR ANNUAL FUND (8) AARON D. DUNHAM	37.50					^		0.	173,631.	51,973.
SR. ASSOC. DIRECTOR MAJOR GIFTS	0.00	1				X		0.	161,002.	24,426.
(9) KYLE R. SHIELDS	37.50					^		•	101,002.	24,420.
DIRECTOR OF PREMIUM SEATING	0.00	1				X		0.	114,770.	37,752.
(10) WESLEY CRIBB	37.50					123		· ·	111,770.	37,732
ASSOC. DIRECTOR IPTAY OPERATIONS	0.00	1				x		0.	121,806.	29,272.
(11) BOB RIGGINS	1.00							-	,	
PRESIDENT	0.00	Х		Х				0.	0.	0.
(12) BILLY MILAM	1.00									
PRESIDENT-ELECT	0.00	Х		Х				0.	0.	0.
(13) RETT RUTLAND	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(14) BEN GRIFFITH	1.00									
TREASURER		Х		X				0.	0.	0.
(15) MARY ANNE BIGGER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) MIKE CRAPPS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(17) CHARLES DALTON	1.00	. .						_	_	_
DIRECTOR	0.00	Х						0.	0.	0.

Form 990 (2021) 1 PTAY									40-3000	031	P	age c
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	iH t	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos		ነ than	nne	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	is bot	n an	compensation	compensation	ar	nount	of
	week		cer ar	nd a d T	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	1	npensa	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	1	rom th	
	organizations	ıstee	truste		au	bens		(W-2/1099-MISC/	1099-NEC)	ı ~	janizat	
	below	ualtr	ional		ploye	t con		1099-NEC)		1	d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			l	arnzati	0115
(18) FRED FAIRCLOTH	1.00											
DIRECTOR	0.00	X						0.	0.			0.
(19) DAN GARRISON	1.00											
DIRECTOR	0.00	Х						0.	0.			0.
(20) NICKY MCCARTER	1.00											
DIRECTOR	0.00	Х						0.	0.	<u> </u>		0.
(21) J.K. MCKENZIE	1.00								_			
DIRECTOR	0.00	Х						0.	0.	<u> </u>		0.
(22) GREGG MORTON	1.00											
DIRECTOR (THRU APR 2022)	0.00	Х						0.	0.			0.
(23) BOB PEELER	1.00											
DIRECTOR	0.00	Х						0.	0.			0.
(24) EDDIE ROBINSON	1.00											
DIRECTOR	0.00	Х						0.	0.			0.
(25) ANDREW SMART	1.00											
DIRECTOR	0.00	Х				_		0.	0.	<u> </u>		0.
(26) JOE TODD	1.00											
DIRECTOR	0.00	Х						0.	0.	<u> </u>		0.
1b Subtotal								0.	3,169,927.	44	9,5	
c Total from continuation sheets to Part	VII, Section A							0.	0.	L.		0.
d Total (add lines 1b and 1c)								0.	3,169,927.	44	9,5	<u>62.</u>
2 Total number of individuals (including but	t not limited to th	ose	liste	ed ab	oove	e) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization	•											0
											Yes	No
3 Did the organization list any former office												177
line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the	-		-					•	-			
and related organizations greater than \$	150,000? <i>If</i> "Yes,	," co	mpl	ete S	Sche	edule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive of	or accrue comper	nsati	on f	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes " Co	omplete Schedul	e J f	or si	uch i	pers	on				5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Hoport compensation for the calonidar year charing with or with	1 1110 01 gairin=autrori 0 tax y carr	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
CLEMSON UNIVERSITY FOUNDATION	INVESTMENT	
P.O. BOX 1889, CLEMSON, SC 29633	MANAGEMENT	252,731.
BROWN BROTHERS HARRIMAN	INVESTMENT	
140 BROADWAY, NEW YORK, NY 10005	MANAGEMENT	130,578.

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 IPTAY			46-566	6637						
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c				app	ly)	compensation	compensation	amount of
	per	_				ΓĖ	Ť.	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				og m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		a)	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	sy em	ghest	Former			
	1	=	드	5	3	宝	2			
(27) BRIANNA WOODSBY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) JOHN WRIGHT, JR.	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) JEFF DUCKWORTH	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
-										
		-					-			
		l								
		-	\vdash	\vdash		\vdash	-			
		l								
						-				
		1								
	1	<u> </u>				<u> </u>	<u> </u>			
Total to Part VII, Section A, line 1c										

Stateme	ent o	f Rev	enue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tarrottori Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
ra M		b	Membership dues			1b					
Ω, Ħ		С	Fundraising events			1c					
ar ji						1d					
nii Biik			Government grants (contri			1e					
Š			All other contributions, gifts,								
her			similar amounts not included			1f	70,467.				
ĘΕ		g	Noncash contributions included in			1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f				>	70,467.			
							Business Code				
g)	2	а	PROGRAMMATIC SUPPORT	ľ			711300	69,699,659.	69699659.		
Ş		b									
Se		С									
an eve		d									
Program Service Revenue		е									
P		f	All other program service	rever	nue						
			Total. Add lines 2a-2f				>	69,699,659.			
	3		Investment income (include	ling o	divide	nds, intere	est, and				
			other similar amounts)					1,036,065.			1036065.
	4		Income from investment of	f tax	-exem	npt bond p	roceeds				
	5		Royalties	. <u></u>)				
					(i	i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u></u>			<u></u>				
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a	15,	799,312.					
		b	Less: cost or other basis								
e			and sales expenses	7b	14,3	395,712.					
/en		С	Gain or (loss)		1,4	403,600.					
ther Revenue		d	Net gain or (loss)			<u></u>	>	1,403,600.			1403600.
Ē	8	а	Gross income from fundraising	ng ev	ents (r	not					
₹			including \$			of					
			contributions reported on	line	1c). S	ee					
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fund	raisin	g event <u>s</u>					
	9	а	Gross income from gamin	g act	tivities	s. See					
			Part IV, line 19			9a					
		b	Less: direct expenses								
		С	Net income or (loss) from	gami	ing ac	tivities	<u></u>				
	10	а	Gross sales of inventory, I	ess r	eturn	s					
			and allowances			10a	a				
		b	Less: cost of goods sold			10k					
			Net income or (loss) from				>				
<u>,</u>	_	_		_	· <u> </u>		Business Code				
Miscellaneous Revenue	11	а									
ane		b									
eve		С									
Misc		d	All other revenue								
_		е	Total. Add lines 11a-11d)				
	12		Total revenue. See instruction	ns				72,209,791.	69699659.	0.	2439665.

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). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 62,415,404. 62,415,404. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management 480,731. 480,731. Legal 18,461. 18,461. Accounting Lobbying Professional fundraising services. See Part IV, line 17 803,144. 803,144. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 388,560. 388,560. column (A), amount, list line 11g expenses on Sch O.) 25,000. 25,000. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 66,935. 66,935. 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 782,872. 782,872. CREDIT CARD FEES d **e** All other expenses 64,981,107. 62,415,404. 2,565,703. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021) Part X Balance Sheet

Pai	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part	Х		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,377,616.	1	11,106,556.
	2	Savings and temporary cash investments		2	21,563,004.
	3	Pledges and grants receivable, net		3	29,063,043.
	4	Accounts receivable, net		4	231,901.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	56,460,360.	11	47,769,299.
	12	Investments - other securities. See Part IV, line 11	11,952,280.	12	14,972,109.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,500.	15	283,690.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	124,989,602.
	17	Accounts payable and accrued expenses		17	88,200.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	·		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
iab.		controlled entity or family member of any of these persons		22	
_	23		F 000 000	23	F 000 000
	24	Unsecured notes and loans payable to unrelated third parties	5,000,000.	24	5,000,000.
	25	Other liabilities (including federal income tax, payables to related third	,		
		parties, and other liabilities not included on lines 17-24). Complete Part	4,126,566.	0.5	/ 001 591
	00	of Schedule D	0 227 076		4,901,581. 9,989,781.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		26	9,909,701.
S		and complete lines 27, 28, 32, and 33.			
nce	27		71,005,026.	27	66 506 676.
ala	28	Net assets without donor restrictions Net assets with donor restrictions		28	66,506,676. 48,493,145.
d E	20	Organizations that do not follow FASB ASC 958, check here	10/300/0230	20	10,130,1131
Fun		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	114,999,821.
Z	33	Total liabilities and net assets/fund balances		33	124,989,602.
		rotal habilitios and not according balances			

Form **990** (2021)

Form 990 (2021) IPTAY 46-5666637 Page 12

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,20				
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,98</u>	<u> </u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,22	8,6	<u>84.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117	,57 ,80				
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			7	38.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	114	,99	9,8	21.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:		l					
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	l					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t					
	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 required	ed audit	i l					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **IPTAY** 46-5666637 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) CLEMSON UNIVERSITY 57-6000254 6 62,415,404 X 62,415 404 0.

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

(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.)

Calendar year (or fiscal year beginning in) P I Giffs, grants, contributions, and membership fees received. (Do not include any virtusual grants?) 2 Tax revenues levied for the organization benefit and either paid to or expended on its behalf or expended on its 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on iten 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Revertise 5 non true 4 8 Coss income from interest, dividends, payments received on securities leans, rents, royalities, and income from similar sources 9 Net income from interest, dividends, payments received on securities leans, rents, royalities, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support percentage for 2021 (fine 6, column (f), divided by line 11, column (f) 12 5 Trest 5 years, 1ft he Form 900 is for the organization first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization did not check the box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization between the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	360	ction A. Public Support			•	•		
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or or expended on the behalf of the paid to or expended on the behalf of the paid to or expended on the behalf of the paid to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the amount shown on line 11, column (f) expended the paid of the paid of the amount shown on line 14. 8 Gross income from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, reyalties, and income from interest, and income from interest the paid of the pa	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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				•				▶ □
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	•				•		▶ □

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

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1	Х	
ſ	2		Х
	3a		X
Ļ	3b		
ŀ	3c		
			7.7
ŀ	4a		X
ŀ	4b		
	4c		
L	5a		X
ļ	5b		
ŀ	5c		
	6		X
	7		X
ļ	8		X
	9a		X
ŀ	9b		X
			v
ŀ	9c		X
ŀ	10a		X
	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<u> </u>	tion of Type it supporting organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Х	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	X The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	a access, rager
	on D - Distributions	1	COntine	<i>100)</i>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Ourrone rour
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018 Excess from 2019				
ن ام	Excess from 2019				

Schedule A (Form 990) 2021

e Excess from 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 1 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION D, LINE 3:
THE ORGANIZATION HAS AN AFFILIATION AGREEMENT WITH CLEMSON UNIVERSITY.
THE TERMS OF THIS AGREEMENT MEMORIALIZE IPTAY'S ROLE IN SUPPORTING THE
UNIVERSITY AND SET FORTH GUIDELINES FOR BOTH PARTIES WITH REGARDS TO
THE SUPPORT IPTAY WILL PROVIDE TO THE UNIVERSITY.
PART IV, SECTION E, LINE 1C:
IPTAY SUPPORTS CLEMSON UNIVERSITY (A GOVERNMENTAL ENTITY) BY:
1. PROVIDING FUNDS FOR SCHOLARSHIPS FOR CLEMSON UNIVERSITY STUDENT
ATHLETES AND OTHER STUDENTS THAT SUPPORT AND PROVIDE RELATED SERVICES
TO THE ATHLETIC PROGRAM OF CLEMSON UNIVERSITY.
2. OVERSEEING, MONITORING, AND DIRECTING THE FUNDRAISING ACTIVITIES OF
IPTAY FOR THE BENEFIT OF THE CLEMSON UNIVERSITY ATHLETIC DEPARTMENT.
3. PROMOTING, SUPPORTING, AND AIDING ANY AND ALL OTHER ACTIVITIES AND
PROGRAMS THAT FURTHER THE ATHLETIC MISSION OF CLEMSON UNIVERSITY AND
THE CHARITABLE PURPOSE OF IPTAY.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

46-5666637 **IPTAY** Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 foundation Check 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

<u>IPTAY</u> 46-5666637

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and 2n + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IPTAY

46-5666637

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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number IPTAY** 46-5666637 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

and section 527 **202**

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	IPTAY		46-5666637		
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c) (or is a section 527 or	ganization.
2 3	Volunteer hours for political campai	ures gn activities		> \$	S
	·	anization is exempt und		•	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		S
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	ler section 501(c).	except section 501(c	2)(3).
1 2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	by the filing organization for se ization's funds contributed to of	ection 527 exempt functi ther organizations for se	ion activities	S
3	Total exempt function expenditures		•		
	line 17b				
4 5	Did the filing organization file Form Enter the names, addresses and en				
	made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	id from the filing organiz a separate political orga	ation's funds. Also enter th anization, such as a separat	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

	,,				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
of th	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?tIII-A Complete if the organization is exempt under section 501(c)(4), section	F01/a\/5\	0r 000	tion	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	301(0)(3)	, or sec	uon	
	301(3)(3).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		- 110
2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only inflouse lobbying experiorities of \$2,000 or less: Did the organization agree to carry over lobbying and political campaign activity expenditures from the		. 2		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)		tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				3. is
	answered "Yes."	•	•	ŕ	•
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С	-				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Pai	t IV Supplemental Information				
—— Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I	st): Part II-A	. lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	`	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Name of the organization

IPTAY 46-5666637 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cobo	dule D (Form 990) 2021					46-56	6663	7 -	2	
Par	(ollections of Art	. Historical Tre	easures. or	Other				age Z	
3	Using the organization's acquisition, accession						COITE	iueu)		
	collection items (check all that apply):	,	,	3	3					
а	Public exhibition d Loan or exchange program									
b	Scholarly research	Scholarly research e Other								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further the	ne organization	ı's exem	pt purpose in Part	XIII.			
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other	similar a	assets	_			
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Y	es" on F	Form 990, Part IV,	line 9, or			
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•				٦		٦	
	on Form 990, Part X?						Yes		_ No	
b	If "Yes," explain the arrangement in Part XIII a	ind complete the foll	owing table:				Amoun	.+		
	Desiration belones					4-	Amoun	ı		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e 1f				
	Ending balance Did the organization include an amount on Fo						Yes		No	
	If "Yes," explain the arrangement in Part XIII.				•	y:	_ res			
Par						<u></u> .				
	2 2 Complete ii	(a) Current year	(b) Prior year	(c) Two years		d) Three years back	(e) Fou	r vears	back	
1a	Beginning of year balance	63,126,229.	56,667,318.	<u> </u>		53,430,886.	` '	,528,		
	Contributions	18,539,704.	13,284,641.	1	_	9,476,120.		,862,		
	Net investment earnings, gains, and losses	-1,028,421.	10,406,901.	194	,270.	2,469,247.	2,398,936			
	Grants or scholarships	13,174,187.	17,232,631.	10,574,	723.	13,410,132.		,358,		
	Other expenditures for facilities	, ,		, ,				<u></u>		
	and programs									
f	Administrative expenses									
	End of year balance	67,463,325.	63,126,229.	56,667,	,318.	51,966,121.	53	,430,	886.	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	90.2400	_%							
b	Permanent endowment ► 9.7600	%	_							
С	Term endowment ▶ .0000 g	6								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administere	d for the	organization				
	by:							Yes	No	
	(i) Unrelated organizations						3a(i)		X	
	(ii) Related organizations						3a(ii)	Х	<u> </u>	
b	If "Yes" on line 3a(ii), are the related organizate						3b	Х	<u> </u>	
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) Ac	cumulated	(d) Boo	k valu	е	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	Form 990 Part Y colum	an (R) line 10c)	•	0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS - DOMESTIC			
(B) EQUITIES	1,291,585.	END-OF-YEAR MARKE	T VALUE
(C) FUNDS HELD IN TRUST BY AN			
(D) AFFILIATE MEASURED AT NAV	11,789,740.	END-OF-YEAR MARKE	T VALUE
(E) INVESTMENTS - PRIVATE	, ,		
(F) EQUITY	1,890,784.	END-OF-YEAR MARKE	T VALUE
(G)	, ,		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,972,109.		
Part VIII Investments - Program Related.	, - , ,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		>
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO CLEMSON UNIVERSITY			4,901,581.
(3)			, , , , , , , , , , , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			1

4,901,581.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI	Reconciliation of Revenue per Audited Financial Statemen	its Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total	revenue, gains, and other support per audited financial statements			1	61,604,735.
	unts included on line 1 but not on Form 990, Part VIII, line 12:				
	Inrealized gains (losses) on investments		<u>-9,802,650.</u>		
	ted services and use of facilities				
	veries of prior year grants		E20		
	r (Describe in Part XIII.)	2d	738.		0 001 010
	lines 2a through 2d			2e	-9,801,912.
	ract line 2e from line 1			3	71,406,647.
	unts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	002 144		
	stment expenses not included on Form 990, Part VIII, line 7b		803,144.	-	
	r (Describe in Part XIII.)			٠.	002 144
	lines 4a and 4b			4c	803,144. 72,209,791.
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme	nte W	ith Evnances ner E	5 Potur	
rait XII	.	IIIO W	itii Expelises pei r	1 C tui	11.
4 T-1-1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	64,177,963.
	expenses and losses per audited financial statements				04,1/1,903.
	unts included on line 1 but not on Form 990, Part IX, line 25:	ا م			
	tted services and use of facilities			-	
	year adjustments			-	
	r (Describe in Port VIII.)	2c 2d		-	
	r (Describe in Part XIII.)			20	0.
	lines 2a through 2d			2e 3	64,177,963.
	ract line 2e from line 1 unts included on Form 990, Part IX, line 25, but not on line 1:			3	04,111,505.
	stment expenses not included on Form 990, Part VIII, line 7b	4a	803,144.		
	r (Describe in Part XIII.)		003/1110	1	
	lines 4a and 4b			4c	803,144.
	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				64,981,107.
Part XII	Supplemental Information.				, , , , , , , , , , , , , , , , , , , ,
Provide the	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines	1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit				,
PART V	7, LINE 4:				
THE QU	JASI-ENDOWMENT FUNDS ARE INTENDED TO SUP	PORT	CAPITAL PRO	JEC	T NEEDS OF
CLEMSO	ON UNIVERSITY ATHLETIC PROGRAMS THROUGH	CONS	TRUCTION COS	Т	
DISBUE	RSEMENTS AND/OR DEBT SERVICE PAYMENTS. T	HE F	IGURE FOR QU	ASI	-ENDOWMENT
FUNDS	ALSO INCLUDES UNCONDITIONAL PLEDGES MAD	E TO	THE ENDOWME	NT :	NOT YET
RECEIV	VED BUT WHOSE PURPOSES ARE INTENDED FOR	THE	QUASI-ENDOWM	ENT	•
PERMAN	NENT ENDOWMENTS AND ACCUMULATED EARNINGS	ON	SUCH FUNDS A	RE	INTENDED
TO SUE	PPORT CLEMSON UNIVERSITY ATHLETIC PROGRA	M OP	ERATIONS.		
מת מתח	EDOENWYCE DEDODWOD GOD DODYYNGNW GYDOLWG	NTITLO	TMOTITODO 3350	TTXTT	с штуш
TUE PE	ERCENTAGE REPORTED FOR PERMANENT ENDOWME	итр	TMCTODES AMO	OIA.I,	о тпат
MUST F	BE MAINTAINED IN PERPETUITY AS WELL AS A	ССИМ	ULATED EARNT	NGS	ON SUCH

Part XIII Supplemental Information (continued)
AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.
PART X, LINE 2:
IPTAY'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS
BENEFICIAL TO IPTAY, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT
IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A
TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING
AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH
POSITIONS AS OF JUNE 30, 2022; ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
NET ASSET TRANSFERS FROM AFFILIATE 738.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public

Inspection

Name of the organization **Employer identification number IPTAY** 46-5666637 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) ATHLETIC OPERATIONS DEBT CLEMSON UNIVERSITY SERVICE, AND OTHER ATHLETIC SUPPORT. ADMIN SERVICES BLDG, 108 PERIMETER 57-6000254 170(C)(1) 62,415,404. INCLUDING REIMBURSEMENT CLEMSON, SC 29634 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
ART I, LINE 2:					
LEMSON UNIVERSITY IS THE ONLY I	RECIPIENT OF	GRANT FU	NDS PROVIDE	D BY IPTAY.	
LEMSON UNIVERSITY'S OVERSIGHT (OF USE OF GR	ANT FUNDS	RECEIVED I	S COMPRISED	
F THE USUAL AND CUSTOMARY STANI	DARD ACCOUNT	ING AND M	ANAGEMENT O	VERSIGHT FOR	
UBLIC INSTITUTIONS, COMPLIANCE	REPORTING A	ND AUDITI	NG THROUGH	ВОТН	
NTERNAL AND EXTERNAL AUDITS, A	ND GOVERNANC	E AND COM	PLIANCE STA	NDARDS OF	
HE NATIONAL COLLEGIATE ATHLETIO	C ASSOCIATIO	N (NCAA).			
		,			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

IPTAY

Part I Questions Regarding Compensation

Employer identification number
46-566637

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 IPTAY 46-5666637 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIEL RADAKOVICH, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	283,327.	124,275.	765,306.	14,500.	18,330.	1,205,738.	0.
(2) DAVIS BABB	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	279,956.	74,865.	18,643.	63,039.	14,118.	450,621.	0.
(3) JAMES CLEMENTS	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	311,667.	0.	40,929.	64,555.	19,302.	436,453.	0.
(4) GRAHAM NEFF	(i)	0.	0.	0.	0.	0.	0.	0.
ATHLETIC DIRECTOR (BEG. DEC 2021)	ii)	245,303.	6,250.	12,143.	13,141.	17,727.	294,564.	0.
(5) ANTONIS KATSIYANNIS	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	205,794.	2,350.	388.	46,973.	6,543.	262,048.	0.
(6) JAMES R. COUCH	(i)	0.	0.	0.	0.	0.	0.	0.
SR. ASSOC. DIRECTOR MAJOR GIFTS	ii)	197,455.	16,000.	14,067.	10,349.	17,562.	255,433.	0.
(7) TRAVIS T. FURBEE	(i)	0.	0.	0.	0.	0.	0.	0.
SR. ASSOC. DIRECTOR ANNUAL FUND	ii)	148,493.	15,250.	9,888.	34,272.	17,701.	225,604.	0.
(8) AARON D. DUNHAM	(i)	0.	0.	0.	0.	0.	0.	0.
SR. ASSOC. DIRECTOR MAJOR GIFTS	ii)	136,099.	15,055.	9,848.	7,002.	17,424.	185,428.	0.
(9) KYLE R. SHIELDS	(i)	0.	0.	0.	0.	0.	0.	0.
	ii)	85,314.	14,298.	15,158.	20,265.	17,487.	152,522.	0.
(10) WESLEY CRIBB	(i)	0.	0.	0.	0.	0.	0.	0.
ASSOC. DIRECTOR IPTAY OPERATIONS	ii)	93,546.	14,388.	13,872.	22,461.	6,811.	151,078.	0.
	(i)							
(ii)							
	(i)							
((ii)							
((i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE PRESIDENT OF CLEMSON UNIVERSITY HAS A SECTION 457(F) DEFERRED

COMPENSATION PLAN BASED ON PERFORMANCE METRICS WITH THE ANNUAL AMOUNT

CONTRIBUTED TO THE PLAN DETERMINED BY THE CLEMSON UNIVERSITY BOARD OF

TRUSTEES. THE PLAN IS FUNDED BY THE CLEMSON UNIVERSITY FOUNDATION. \$50,000

WAS PAID OUT UNDER THIS PLAN DURING THE TAX REPORTING PERIOD.

SCHEDULE J, LINE 3

COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR AND ANY OTHER EMPLOYEES OF

CLEMSON UNIVERSITY THAT PROVIDE SERVICES TO IPTAY SHALL BE ESTABLISHED

THROUGH THE UNIVERSITY HUMAN RESOURCES DEPARTMENT WITHIN THE GUIDELINES

ESTABLISHED BY THE STATE OF SOUTH CAROLINA.

SCHEDULE J, PART II

IPTAY HAS NO EMPLOYEES. IPTAY PROVIDES FUNDING TO SUPPORT CLEMSON

UNIVERSITY EMPLOYEES SUPPORTING IPTAY OPERATIONS AS PART OF THE MONTHLY

CONTRIBUTION OF FUNDS FROM IPTAY TO CLEMSON UNIVERSITY.

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

IPTAY

Employer identification number 46-5666637

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON WHO HAS MATRICULATED AT, BEEN EMPLOYED BY, OR IS A FRIEND OF

CLEMSON UNIVERSITY MAY BECOME A "MEMBER" OF IPTAY IN ANY FISCAL YEAR UPON

CONTRIBUTING TO IPTAY AN AMOUNT EQUAL TO THE MEMBERSHIP CONTRIBUTION. EACH

DONOR SHALL BE CONSIDERED A MEMBER OF IPTAY FOR EACH YEAR IN WHICH SUCH

DONOR HAS MADE THE MEMBERSHIP CONTRIBUTION. ALL MEMBERS SHALL HAVE THE

RIGHT TO VOTE AT THE ANNUAL MEETING OF THE IPTAY MEMBERSHIP, TO SERVE IN

FORM 990, PART VI, SECTION A, LINE 7A:

UNDER THE TERMS OF THE BYLAWS, TWO MEMBERS OF THE BOARD OF TRUSTEES OF

CLEMSON UNIVERSITY SHALL SERVE PURSUANT TO APPOINTMENT BY THE CHAIRMAN OF

THE BOARD OF TRUSTEES OF THE UNIVERSITY.

CORPORATE OFFICE AND DIRECTORSHIP OF IPTAY, AND TO EXERCISE SUCH OTHER

PRIVILEGES AS ESTABLISHED BY THE BOARD FROM TIME TO TIME.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS THE 990 IN DETAIL AND A COPY IS PROVIDED TO
THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THE

CONFLICT OF INTEREST POLICY ANNUALLY. ANY DIRECTOR OR OFFICER SHALL

DECLARE HIMSELF/HERSELF AS "ABSTAINING" FROM VOTING ON ANY MATTER IN WHICH

SAID DIRECTOR OR OFFICER MAY BE CONSIDERED TO HAVE A CONFLICT OF INTEREST.

Schedule O (Form 990) 2021 Page **2**

Name of the organization IPTAY	Employer identification number 46-566637
FORM 990, PART VI, SECTION B, LINE 15:	
CLEMSON UNIVERSITY EMPLOYEE COMPENSATION SUPPORTING IPTAY	OPERATIONS IS
DETERMINED THROUGH THE UNIVERSITY HUMAN RESOURCES DEPARTME	NT WITHIN THE
GUIDELINES ESTABLISHED BY THE STATE OF SOUTH CAROLINA.	
FORM 990, PART VI, SECTION C, LINE 19:	
IPTAY'S BYLAWS, ARTICLES OF INCORPORATION, AND CONFLICT OF	' INTEREST POLICY
ARE AVAILABLE ON ITS WEBSITE. INFORMATION REGARDING THE F	'INANCIAL
STATEMENTS CAN BE FOUND IN CLEMSON UNIVERSITY'S CAFR. FOR	M 990 IS
AVAILABLE UPON REQUEST TO DAVIS BABB.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET TRANSFERS FROM AFFILIATE	738.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

IPTAY

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-5666637

Part I Identification of Disregarded Entities. Compl	ete ii trie organization answered	res on Form 990, Part IV, line 3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	omicile (state or Total incon		r assets	ets Direct controll entity)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizat	ion answered "Yes" on Form 990), Part IV, line 34, I	because it had one	or more relate	ed tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct cor enti	ntrolling	Section 5 contr	rolled ity?
CLEMSON UNIVERSITY - 57-6000254				301(0)(0))			Yes	No
ADMIN SERVICES BLDG, 108 PERIMETER RD CLEMSON, SC 29634	RESEARCH UNIVERSITY	SOUTH CAROLINA	170(C)(1)		N/A			х

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

(a)	(b)			(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN	Primary activity	activity Legal domicile Direct controlling Predominant income Share of total Share		Share of	Disproportionate				Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?			partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction		
Name, address, and EIN of related organization	Primary activity	(state or foreign		Legal domicile (state or foreign Direct controlling (C corp, S corporation) Type of entity (C corporation) Type of entity (C corp, S corporation) Type of entity (C corp, S corporation) Type of entity (C corporation) Type of e		Type of entity (C corp, S corp, or trust)	ty Share of total Share of end-of-year assets		Percentage ownership		tion b)(13) rolled tity?
		country)						Yes	No		
	-										

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	_ A		
c Gift, grant, or capital contribution from related organization(s)				1c		Х	
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)						X	
f Dividends from related organization(s)				1f		Х	
g Sale of assets to related organization(s)				1g		X	
h Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)				1i	Х	X	
j Lease of facilities, equipment, or other assets to related organization(s)							
k Lease of facilities, equipment, or other assets from related organization(s)						X	
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)						X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
Sharing of paid employees with related organization(s)				1o	X		
p Reimbursement paid to related organization(s) for expenses						X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)						X	
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	nis line, including covered re	elationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved					
1) CLEMSON UNIVERSITY	В	62,415,404.	CASH TRANSFERRED				
2) CLEMSON UNIVERSITY	J	903,100.	CASH TRANSFERRED				
3)							
4)							
5)							
6)							
32163 11-17-21			Sche	dule R (Forr	n 990) 2021	

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			