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DLN: 93493137060230

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Form **990** 

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number Name of organization NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION **B** Check if applicable Please use IRS label or Address change 3-3894132 Doing Business As E Telephone number Name change print or type. See Specific (212) 655-0880 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 11,377,326 Termination tions. City or town, state or country, and ZIP + 4 NEW YORK, NY 10027 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for G WILLIAM HUNTER affiliates? 310 lenox avenue NEW YORK, NY 10027 ┌ Yes ┌ No H(b) Are all affiliates included? Tax-exempt status **✓** 501(c) (3) **◄** (insert no) 4947(a)(1) or 527 (If "No," attach a list See instructions )

W	eb sit	e: ► N/A	H(c) Group Exemption Number ►							
∢ Тур	e of org	ganization Corporation trust association other	<b>L</b> Year of Formation	<b>M</b> State of legal domicile NY						
Pa	rt I	Summary								
	1	Briefly describe the organization's mission or most significant activities								
sovemance		see schedule o								
<u> </u>	2	Check this box $\ \ \Box$ if the organization discontinued its operations or disposed of	more than 25% of its ass	ets						
	3	Number of voting members of the governing body (Part VI, line 1a)	3							
ACTIVITIES &	4	Number of independent voting members of the governing body (Part VI, line 1b)	2							
Ē	5	Total number of employees (Part V , line 2a)	5	0						
ЖIХ	6	Total number of volunteers (estimate if necessary)	6	0						
ď	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) $$ .	. 7a	00						
	ь	Net unrelated business taxable income from Form 990-T, line 34	71	0						
			Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,651,156	2,851,577						
	9	Program service revenue (Part VIII, line 2g)		0						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	364,453	-1,582,822						
二	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,015,609	1,268,755						
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$ )	825,900	996,385						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0						
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0						
Ť	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0						
Expenses	ь	(Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$								
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	216,671	99,616						
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,042,571	1,096,001						
	19	Revenue less expenses Subtract line 18 from line 12	973,038	172,754						
ନୁଷ ଜୁନ୍			Beginning of Year	End of Year						
e e e e e e e e e e e e e e e e e e e	20	Total assets (Part X, line 16)	19,745,890	19,048,843						
98	21	Total liabilities (Part X, line 26)	1,516	50,497						
Net Assets or Fund Bafance	22	Net assets or fund balances Subtract line 21 from line 20	19,744,374	18,998,346						
Par	t II	Signature Block								
NI = -		Under penalties of perjury, I declare that I have examined this return, including accompanying s and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based								

Please Sign

Here

Signature of officer Date

G WILLIAM HUNTER DIRECTOR
Type or print name and title

Date Check If Preparer's PTIN (See Gen Inst ) Preparer's signature Paid empolyed 🕨 🤽 Preparer's Firm's name (or yours CALIBRE CPA GROUP PLLC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 1850 K STREET NW Phone no 🕨 (202) 331-9880 WASHINGTON, DC 20006

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's SEE SCHEDULE O	s mission				
2	Did the organization under the prior Form 990 or 990	)-EZ?		rvices during the year	which were not listed on	es 🔽 No
_	If "Yes," describe these no					
3	Did the organization cease services?			t changes in how it con	nducts any program 	es 🗸 No
_	If "Yes," describe these c	-				
4	Describe the exempt purp Section 501(c)(3) and (4) others, the total expenses	) organızatıons and	4947(a)(1) t	rusts are required to r	largest program services by experences by experences and allowed and allowed	nses locations to
4a	(Code	) (Expenses \$	1,030,852	ıncludıng grants of \$	) (Revenue \$	)
4b		) (Expenses \$	NIZATIONS FOR	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services					
	(Expenses \$		ding grants of		) (Revenue \$	)
4e	Total program service ex	(penses \$	1.030.85	2 Must equal Part IX.	Line 25. column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^{9}$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	-		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I			No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S	5. Information Returns. Enter -0- if not applicable					
			1a	0			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1c	Yes	
3-	_	ng (gambling) winnings to prize winners?	•		10	162	
2a		ments filed for the calendar year ending with or within the year covered by this					
	retur		2a	0			
b		east one is reported in 2a, did the organization file all required federal employm					
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		Νο
ь		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e	edule (	0	3b		
4a		ly time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc					
	accou	unt)?			4a		<u> N o </u>
Ь		es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Re cial Accounts.	port o	f Foreign Bank and			
				haw waaw2	F-		
5a		the organization a party to a prohibited tax shelter transaction at any time durir		•	5a		No No
Ь		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		N o
С		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt</i>	t Entit	ty Regarding Prohibited	5c		
<i>c</i> -		helter Transaction?	•		6a		
6a		he organization solicit any contributions that were not tax deductible?			oa		<u> N o </u>
D		es," did the organization include with every solicitation an express statement th not tax deductible?	atsu	cn contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а	Did th	he organization provide goods or services in exchange for any quid pro quo cont	trıbutı	ion of \$75 or	7a		Νo
		<sup>?</sup>					
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?			7c		Νο
d		es," indicate the number of Forms 8282 filed during the year	7d	 I			
e		he organization, during the year, receive any funds, directly or indirectly, to pay			_		
		fit contract?			7e		<u>N o</u>
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		N o
g		ll contributions of qualified intellectual property, did the organization file Form 8		·	7g		<u> N o </u>
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi red?	le a F	orm 1098-C as	7h		Νο
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	suppo	orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the			8		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
э a		the organization make any taxable distributions under section 4966?			9a		
ь		he organization make a distribution to a donor, donor advisor, or related person			9b		
10		on $501(c)(7)$ organizations. Enter			90		
		tion fees and capital contributions included on Part VIII, line 12	10a	I			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit		100				
11	C 1	on FO1/cV12) organizations. Enter					
		on 501(c)(12) organizations Enter		I			
а	Gross	s income from members or shareholders	11a				
b	Gross	s income from other sources (Do not net amounts due or paid to other sources					
	agaın	st amounts due or received from them)...........[	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the	`				
_	year	,	12b				

8

11

Section A. Governing Body and Management

**b** Enter the number of voting members that are independent . .

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Yes

2

2

3

4

5

6

7a

7Ь

### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, desc	cribe the circumstances,	
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	:	3

	,,	, or key empl	Oyee	IIa v	e a	ıaıııı	iy re	eratio	1115111	рοι	a bu	sine	55 FE	eratio	ภารา	при	VILLI	any	
officer, direc	or, trustee, or	r key employ	ee?	•					•									•	
•	-		_							•									
	he organizatio	ne organization delegate co	he organization delegate control over ma	he organization delegate control over manage	he organization delegate control over manageme	he organization delegate control over management di	ne organization delegate control over management duties	he organization delegate control over management duties cu	ne organization delegate control over management duties custom	he organization delegate control over management duties customarily	he organization delegate control over management duties customarily per	he organization delegate control over management duties customarily perform	he organization delegate control over management duties customarily performed by	he organization delegate control over management duties customarily performed by or i	he organization delegate control over management duties customarily performed by or unde	he organization delegate control over management duties customarily performed by or under the	he organization delegate control over management duties customarily performed by or under the di		officer, director, trustee, or key employee?

1b

supervision of officers, directors or trustees, or key employees to a management company or other person?	
Did the organization make any significant changes to its organizational documents since the prior Form 990 w	as
filed?	

Did the organization become aware during the year of a material diversion of the organization's assets? .	
Does the organization have members or stockholders?	•

Does the organiza	tior	า ha	ve i	men	nbe	rs, s	stoc	kho	lder	s, o	r oth	ner	per	sons	wh	o m	nay	elec	tor	ie d	or m	ore	me	mbe	rs o	of the
governing body?																										
<b>A </b>		LI										1	I		I				<b></b>							

Are any decisions of the governing body subject to approval by members, stockholders, or other persons.	
Did the organization contemporaneously document the meetings held or written actions undertaken during the	3
year by the following	

the c	organızatıon	contemporaneously	document the	meetings h	ield or written	actions i	ındertaken duı	rıng the
ır by t	the following							

a	the governing body?												-								
Ь	each committee with	auth	nori	tv to	o ac	t or	ı be	half	of t	he o	10V	erni	na b	odv	?						

9a	Does the organization have local chapters, branches, or affiliates?												
ь	If "Yes." does the organization have written policies and procedures	ao	vern	ına	the	act	iviti	ıes	ofsu	uc h	c ha	pte	rs.

affiliates, and branches to ensure their operations are consistent with those of the organization?
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
must describe in Schedule O the process, if any, the organization uses to review the Form 990

• • • • •		
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	reached	d at
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

8a	Yes	
8b	Yes	
9a		Νo
9b		
10		Νο
11		No

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website  $\overline{\mbox{\em \colored}}$  another's website  $\overline{\mbox{\em \colored}}$  upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization G WILLIAM HUNTER 310 lenox avenue NEW YORK, NY 10027 (212) 655-0880

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

		(C) Position (check all that apply) (E)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DEREK FISHER , PRESIDENT	1 00	Х		Х				0	0	0
ADONAL FOYLE , FIRST VICE-PRESIDENT	1 00	Х		Х				0	0	0
G WILLIAM HUNTER , DIRECTOR	1 00			Х				0	3,044,051	35,968
							_			
			-				-			
				$\vdash$						
				<b>-</b>						
				$\vdash$						

### Part VII Continued

			tion ( that a	(che	y)			(D)	(E)	(F) Estimated
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
							Ш			
							$\vdash$			
								_		
1b Total		<u> </u>		Ш.			<b> </b>		3,044,051	35,968
2 Total number of individuals (including	those in 1	a) who					n \$1	 00.000 in reportabl	e	]

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			1 03	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Vas	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

### Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	paigns 1a	1				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>. 1b</b>					
₽ĕ	c	Fundraising eve	ents 1c					
£ E =	d		ations 1d					
<u>0,≅</u>	_   e	Government grants						
Sir Sir		_	ons, gifts, grants, and <b>1f</b>					
量量	'	similar amounts no	ot included above					
물핑	g		butions included in					
<u> </u>	h	lines 1a-1f \$ _	s 1a-1f)		2,851,577			
	┞"	Total (Add IIIIc.						
ë	3-			Business Code				
ven	2a 							
윤	Ь							
956	C							
Ę.	d							
Ē	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
š	g	Total. Add lines						+
	3		ome (including dividen					
			nounts)		412,125			412,125
	4		tment of tax-exempt bond					
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	L me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	8,113,624					
		from sales of assets other						
	Ь	than inventory Less cost or	10,108,571					
		other basis and sales expenses	, ,					
	c	Gain or (loss)	-1,994,947					
	d	Net gain or (los	s)		-1,994,947	-1,994,947		
	8a	Gross income fi events (not incl						
ψ		\$	reported on line 1c)					
듄		See Part IV , lın	e 18					
ě			G if total exceeds					
÷	ь		penses b					
Other Revenue	c		loss) from fundraising	Levents ┡-				
Ò	9a		rom gaming activities					
		See part IV, lın	e 19					
		\$15,000	ule G If total exceeds					
			а					
	ь		penses <b>b</b>					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
		returns and and	a					
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inv	entory 🛏				
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	_ c							
	d	All other revenu	ue					
	e		s 11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,		1,268,755	-1,994,947	C	412,125
		9c, 10c, and 11	le	►				
	ı				l l	<u> </u>		Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orga All other organizations must complete column (A) but are not re				)
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	996,385	996,385		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		<b>,</b>		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
L1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	62,108		62,108	
g	Other				
<b>L2</b>	Advertising and promotion				
.3	Office expenses	2,301		2,301	
.4	Information technology				
<b>L</b> 5	Royalties				
<b>L6</b>	Occupancy				
L7	Travel				
L8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
L9	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	740		740	· · · · ·
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	CAMP & CHARITABLE EVENT	34,467	34,467		
ь					
c					
d	ı <u> </u>				
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,096,001	1,030,852	65,149	
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
- 1	1	Cash—non-interest-bearing			933,246	1	Liid O	447,477
	2	Savings and temporary cash investments			5,024,530			6,212,822
	3	Pledges and grants receivable, net			-,,	3		
	4	Accounts receivable, net	· . · .		1,645,156	4		2,666,463
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		nployees or		5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
90	9	Prepaid expenses and deferred charges				9		
형	10a	•						
Assets		Land, buildings, and equipment cost basis	10a	3,700				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	3,210	1,230	10c		490
	11	Investments—publicly traded securities			12,129,352	11		9,190,708
	12	Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$	t VII o	f		12		517,797
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			12,376	15		13,086
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,745,890	16	1	9,048,843
	17	Accounts payable and accrued expenses .				17		
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
꺜		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			1,516	25		50,497
	26	Total liabilities. Add lines 17 through 25			1,516	26		50,497
S O		Organizations that follow SFAS 117, check here ▶	ete line	es 27				
and	27	Unrestricted net assets			19,744,374	27	1	8,998,346
Balance	28	Temporarily restricted net assets				28		
=	29	Permanently restricted net assets			29			
Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	compl	ete				
9	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
25	32	Retained earnings, endowment, accumulated income, or other fur		- •		32		
Net /	33	Total net assets or fund balances			19,744,374	33	1	8,998,346
ž	34	Total liabilities and net assets/fund balances			19,745,890			9,048,843
	<b>J</b> .	. Stat. Habilities and het absets/falla balances			10,1 10,000	<b>-</b> 7		-,5.5,070
Pai	t XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493137060230

**Employer identification number** 

OMB No 1545-0047

## **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

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

Open to Public Inspection

NATIO	NAL BA	SKETBALL PLAY	ERS ASSOCIATION	FOUNDATION					pioyei ide		ii iidiiibei
								13	-389413	2	
	rt I			harity Status (to be co					Instruct	ions)	
The c	rganı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school d	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedu	ıle E )					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H)
4	Γ	A medical	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	$\sqcap$	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )							
6	$\sqcap$	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ι	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	$\Gamma$	A commun	ıty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)				
9	$\sqcap$	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	ership fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	/3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sinesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (S	ee instruc	tions )
11	$\sqcap$	-	-	and operated exclusively fo					,	•	· ·
				orted organizations describe		٠,	` '	•	, , ,	Section 5	<b>09(a)(3).</b> Check
				type of supporting organiza  Type II c			nes lle t nally Integ		n <b>d</b>	□ Type	III - Other
e	$\vdash$		• •	rtify that the organization is							
_	'	•		agers and other than one or			-			-	•
		section 50		-	·		-				
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
-		check this		as the organization accepted	d any dift	or contrib	ution from	any of the			ı
g		following pe		as the organization decepted	a any gne	or contrib		uny or the	•		
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	y member of a p	erson described in (i) above	?					11g(	(ii)
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports			•	_
			Γ		1		1		1		
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		is the	(vii) A mount of
		oorted nization		(described on lines 1-9 above or IRC section		ation in listed in		inization i) of your		ation in	support?
	Organ	lization		(See Instructions))		verning		ort?		rganized US?	
				(000 2000 2000 2000		ment?					
					Yes	No	Yes	No	Yes	No	
-											

Total

## Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you ched	cked the box o	n line 5, 7, or	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,798,535	2,789,467	1,895,436	1,651,156		2,851,577	12,986,171
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	3,798,535	2,789,467	1,895,436	1,651,156		2,851,577	12,986,171
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,540,360
6	(f) <b>Public Support</b> subtract line 5 from line 4							11,445,811
T	otal Support						I	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	3,798,535	265,391	1,895,436	1,651,156		2,851,577	12,986,171
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	190,159	265,391	392,997	364,453		412,125	1,625,125
9	sources Net income from unrelated business 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 IV )							
11	Total Support (Add lines 7 through 10)							14,611,296
12	Gross receipts from related activities, etc	(See instruction	ıs )			12		
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	-	rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvıd	ed by line 11 co	lumn (f))		14		<b>78.340</b> %
15	Public Support Percentage for 2007 Scheo	dule A , Part IV - A	, line 26f			15		68.720 %
	33 1/3% Test - 2008. If the organization di and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization d	s a publicly supp	orted organizati	on				▶▽
	box and stop here. The organization qualifi 10% Facts and Circumstances Test - 2008.	es as a publicly : If the organization	supported organ on did not check	ization a box on line 13	3, 16a, or 16b a	ınd lıne	e 14 is 10	<b>▶</b> % or
b	more, and if the organization meets the "fa organization meets the "facts and circums 10% Facts and Circumstances Test - 2007.	tances" test The Ifthe organization	e organization qu on did not check	ualifies as a pub a box on line 13	licly supported 3, 16a, 16b, or	organı 17a ar	zation nd line 15	<b>▶</b>
18	more, and if the organization meets the "fa the organization meets the "facts and circ <b>Private Foundation.</b> If the organization did	umstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	▶□
	instructions		•					<b>▶</b> □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization'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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

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Schedule D (Form 990) 2008

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION 13-3894132

art I	Organizations Maintaining Donor Ad organization answered "Yes" to Form 990		
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds	(b) Funds and other accounts
	I number at end of year		
	egate Contributions to (during year)		
	egate Grants from (during year)		
	egate value at end of year		
funds	the organization inform all donors and donor advis s are the organization's property, subject to the o	rganization's exclusive legal control?	Г Yes
used	the organization inform all grantees, donors, and only for charitable purposes and not for the bene I only for charitable purposes and not for the bene Irmissible private benefit?		
art II	Conservation Easements. Complete	the organization answered "Yes"	to Form 990, Part IV, line 7.
	ose(s) of conservation easements held by the org Preservation of land for public use (e g , recreatio Protection of natural habitat Preservation of open space	n or pleasure)	an historically importantly land area ertified historic structure
	plete lines 2a–2d if the organization held a qualif ne last day of the tax year	ed conservation contribution in the fori	m of a conservation easement  Held at the End of the Ye
Tot	al number of conservation easements		2a
	al acreage restricted by conservation easements		2b
	nber of conservation easements on a certified his		2c
	nber of conservation easements included in (c) a	` ,	2d
	ber of conservation easements modified, transfer	•	
	axable year 🕨	reu, releaseu, extiliguistieu, or terifiliai	ted by the organization during
Num	ber of states where property subject to conservat	ion easement is located ►	
	s the organization have a written policy regarding reement of the conservation easements it holds?	the periodic monitoring, inspection, vio	olations, and Yes No
Staff	or volunteer hours devoted to monitoring, inspec	ting and enforcing easements during th	ne year ►
A mo	unt of expenses incurred in monitoring, inspectin	g, and enforcing easements during the y	year ► \$
	s each conservation easement reported on line 2( (h)(4)(B)(i) and 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection Yes No
balaı the c	art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the organization's accounting for conservation easem	e footnote to the organization's financia ents	al statements that describes
rt III	Organizations Maintaining Collection Complete if the organization answered "		, or Other Similar Assets.
art, l	e organization elected, as permitted under SFAS : nistorical treasures, or other similar assets held f ide, in Part XIV , the text of the footnote to its fina	or public exhibition, education or resea	rch in furtherance of public service,
histo	e organization elected, as permitted under SFAS : orical treasures, or other similar assets held for p ide the following amounts relating to these items	·	•
(i) <sub>R</sub>	evenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
(ii)	assets included in Form 990, Part X		<b>►</b> \$
	e organization received or held works of art, histo wing amounts required to be reported under SFAS	· ·	for financial gain, provide the
Reve	enues included in Form 990, Part VIII, line 1		<b>►</b> \$
Δςς	ets included in Form 990. Part X		<b>b.</b> #

Cat No 52283D

3	Organizations Maintaining Collections of A	iit, mis	COLIC	cal Treasur	es, or Otnei	r Similar Asse	<b>ts</b> (continued)
	Using the organization's accession and other records, check attems (check all that apply)	any of th	ne foll	owing that are	a sıgnıfıcant us	se of its collection	
а	Public exhibition	d	Γ	Loan or excha	nge programs		
b	Scholarly research	е	Γ	Other			
С	Preservation for future generations						
4	Provide a description of the organization's collections and exp Part XIV	plaın hov	w they	further the org	ganızatıon's ex	empt purpose in	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a					ılar 🖵 <b>y</b>	res
Par	Trust, Escrow and Custodial Arrangements Part IV, line 9, or reported an amount on Form				ızatıon answe	ered "Yes" to Fo	rm 990,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	for co	ontributions or	other assets n	ot	res □ No
b	If "Yes," explain why in Part XIV and complete the following t	able					
						A moui	nt
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 990, Part X, $I$	lıne 21?				Γ,	fes No
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete if the organizat						
4_	(a)Current Year	(B	)Prior Y	ear (c) iwo	Years Back (d)	hree Years Back (e)	rour Years Back
1a	Beginning of year balance	_					
b	Contributions	_					
с	Investment earnings or losses	_					
d	Other expenditures for facilities	<u> </u>					
e							
	·						
f	and programs	_					
f g	·	_					
g	Administrative expenses	— — — d as					
g 2	and programs	  _ d as					
g 2 a	and programs	   d as					
g 2 a b	and programs	— — d as					
g 2 a b	and programs		that a	re held and adj	munistered for	·he	
g 2 a b	and programs		that a	re held and adı	ministered for t	the [	Yes No
g 2 a b	and programs		that a	re held and adi	mınıstered for t	the <b>3a(i)</b>	Yes No
g a b c 3a	and programs	nization 			mınıstered for t	3a(i) 3a(ii)	Yes No
g 2 a b c 3a	and programs	nization • • • • • • red on §	 Sched		ministered for t	3a(i)	Yes No
g 2 a b c 3a	and programs	nization red on S	 Sched ent fu	  ule R?		3a(i) 3a(ii)	Yes No
g 2 a b c 3a	and programs	nization red on S	sched ent fur see Fo	ule R?	t X, line 10.	3a(i) 3b	Yes No
g 2 a b c 3a	and programs	nization red on S	Sched ent fur See Fo	  ule R?		3a(i) 3b	Yes No (d) Book value
g 2 a b c 3a b Par	and programs	nization red on S	Sched ent fur See Fo	ule R?	t X, line 10.	3a(i) 3a(ii) 3b	
g 2 a b c 3a b 4 Par	and programs	nization red on S	Sched ent fur See Fo	ule R?	t X, line 10.	3a(i) 3a(ii) 3b	
g 2 a b c 3a Par	and programs	nization red on S	Sched ent fur See Fo	ule R?	t X, line 10.	3a(i) 3a(ii) 3b	
g 2 a b c 3a  b 4 Par	and programs	nization red on S	Sched ent fur See Fo	ule R?	t X, line 10.	3a(i) 3a(ii) 3b	
g 2 a b c 3a  Par  1a b c d e	and programs	red on Sendowmo	Schedient fundeent fu	ule R? orm 990, Par orm 990, Par a) Cost or other sis (investment)	t X, line 10.  (b)Cost or other basis (other)	(c) Depreciation	

(a) Description of security or cateory (including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		Cost of Cha of your market value
losely-held equity interests		
) ther		
	, 10	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12	) •	
art VIII Investments—Program Related.	See Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	•	
Part IX Other Assets. See Form 990, Part 3		/AND and another
(a) De	scription	(b) Book value
<b>otal.</b> (Column (b) should equal Form 990, Part X, col.(B)		
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liability	(b) A mount	
ederal Income Taxes DUE TO NATIONAL BASKETBALL PLAYERS		
SSOCIATION	50,497	
Setal (Column (b) should sound from 2000 for 11 (10) 1 (1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	<i>)</i> ▶ 50,497	

Par	t XII Reconciliation of Cl	hange in Net Assets from Forr	n 990	to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	1,268,755
2	Total expenses (Form 990, Par	2	1,096,001				
3	Excess or (deficit) for the year	3	172,754				
4	Net unrealized gains (losses) or	n ınvestments				4	-918,782
5	Donated services and use of fac	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Iir	nes 4 - 8				9	-918,782
10	Excess or (deficit) for the year	per financial statements Combine line:	3 and	9		10	-746,028
Par	XIII Reconciliation of Re	evenue per Audited Financial	Stater	nen	ts With Revenue <sub>I</sub>	er R	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .			1	349,973
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	. [ 2	2a	-918,782		
b	Donated services and use of fa	acılıtıes	. [2	2b			
c	Recoveries of prior year grants	5	. :	2c			
d	Other (Describe in Part XIV)		. 🗆	2d			
e	Add lines <b>2a</b> through <b>2d</b> .					2e	-918,782
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	1,268,755
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	.   4	la			
b	Other (Describe in Part XIV)		4	ŀЬ			
c	Add lines <b>4a</b> and <b>4b</b>					4c	0
5	Total Revenue Add lines 3 and	d <b>4c.</b> (This should equal Form 990, Part	I, line	12)		5	1,268,755
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	State	me	nts With Expense:	s per	Return
1	Total expenses and losses per	r audited financial statements				1	1,096,001
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25			1		
а	Donated services and use of fa	acılıtıes	L	2a			
b	Prior year adjustments		· L	2b		_	
c	Losses reported on Form 990,	Part IX, line 25	· · L	2c		_	
d	Other (Describe in Part XIV)		. L	2d			
e	Add lines <b>2a</b> through <b>2d</b>					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	1,096,001
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:			1		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a		]	
b	Other (Describe in Part XIV)		. L	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	0
5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I, lıne	18	· · · · · · ·	5	1,096,001
Par	t XIV Supplemental Inf	ormation					
		scriptions required for Part II, lines 3, 9 , Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	
		· ·					

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NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137060230

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

THE THE BROKET BREET ER	TERO AGGGGIAT	101110011011				13-3894132	
Part I General Infor	mation on Gra	nts and Assistance	е			•	
1 Does the organization mathe selection criteria use	ed to award the gra	nts or assistance?					िYes
2 Describe in Part IV the c					Caradala fila		-1 HV H
Form 990, Part Part IV and Sch	IV, line 21 for a ledule I-1 if add	ny recipient that rec itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the confirmation one recipient reconstruction.	served more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of secondanizations					•	_	
3 Enter total number of oth			<u> </u>				
For Paperwork Reduction Act Not	tice, see the Instruc	tions for Form 990.		Cat No 50055	۲	Sc	hedule I (Form 990) 2008

		<b>ce to Individua</b> ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	<b>on.</b> Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

**EIN:** 13-3894132

Name: NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Pa	<u>rt II, Grants a</u>	<u>ind Other Assistanc</u>	ce to Government	<u>s and Organizatio</u>	ns in the United St	ates	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIKEMBE MUTOMBO FOUNDATION HOSPITAL 5335 WISCONSIN AVENUE NW WASHINGTON, DC 20015	58-2359589	501(C)(3)	50,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
FRIENDS OF THE THEO RATLIFF CENTER600 E JACKSON STREET DEMOPOLIS,AL 36732		501(C)(3)	10,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
THE 6TH MAN FOUNDATION23428 BROADWOOD DRIVE ELKHART,IN 46514	01-0686604	501(C)(3)	50,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
CHILDREN'S HOSPITAL AND RESEARCH CENTER		501(C)(3)	10,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
DAWN STALEY FOUNDATION5230 NORTH BROAD STREET PHILADELPHIA,PA 19141	23-2868003	501(C)(3)	25,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
NBA RETIRED PLAYERS ASSOCIATION475 PARK AVENUE 6TH FLOOR NEW YORK,NY 10016	04-3165255	501(C)(3)	294,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
FEED THE CHILDREN333 N MERIDIAN OAKLAHOMA CITY,OK 73107		501(C)(3)	192,141				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
WOMEN'S SPORT FOUNDATION EISENHOWER PARK EAST MEADOW,NY 11554	23-7380557	501(C)(3)	5,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
REBUILDING TOGETHER INC1899 L STREET NW WASHINGTON, DC 20036	52-1585880	501(C)(3)	47,500				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
NBA LEGENDS FOUNDATION645 FIFTH AVENUE NEWYORK,NY 10022	13-3307719	501(C)(3)	50,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES

Form 990,Schedule I, I	Part II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United States	<b>S</b>
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039	74-2488628	501(C)(3)	50,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
THE KEROSENE LAMP FOUNDATIONPO BOX 1456 ORINDA,CA 94563	01-0857784	501(C)(3)	5,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
THE CHRIS PAUL FOUNDATION		501(C)(3)	5,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
CRIME STOPPERS OF MINNESOTA 9036 GRAND AVENUE SOUTH BLOOMINGTON, MN 55420		501(C)(3)	5,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
MOTHERS OF PROFESSIONAL BASKETBALL PLAYERS		501(C)(3)	25,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES
BEHIND THE BENCH		501(C)(3)	10,000				TO PROMOTE EDUCATION AND OTHER CHARITABLE PURPOSES

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NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION

As Filed Data -

DLN: 93493137060230

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

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

▶ Attach to Form 990. To be completed by organizations

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

that answered "Yes" to Form 990, Part IV, line 23.

		13-3894132			
Pa	rt I Questions Regarding Compensation	n			
				Yes	Νo
.a		ovided any of the following to or for a person listed in Form I 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 idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	ritten policy regarding payment or reimbursement or No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	hat apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
ŀ	During the year, did any person listed in Form 990	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	ntal nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	•			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
•	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
,	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	line 1a, did the organization provide any non-fixed describe in Part III	7		No
3	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			N.o.

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
G WILLIAM HUNTER	(=)	3,044,051			9,100	26,868	3,080,019	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493137060230

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization NATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION Employer identification number

13-3894132

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF THE ORGANIZATION'S OUTSIDE AUDIT FIRM AND IN-HOUSE FINANCIAL AND LEGAL PROFESSIONALS AFTER REVIEW THE FORM IS FINALIZED AND SUBMITTED THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the executive committee reviews the annual statement and takes any action needed to ensure that any conflicts are resolved

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		the documents are provided upon request

ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1		TO PROVIDE GRANTS TO SELECTED 501(C)(3) ORGANIZATIONS FOR THE PURPOSE OF PROMOTING EDUCATION AND OTHER CHARITABLE PURPOSES

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

#### DLN: 93493137060230

OMB No 1545-0047

2008

**Open to Public** Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

### **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

IATIONAL BASKETBALL PLAYERS ASSOCIATION FOUNDATION				13-3894132	
Part I Identification of Disregarded Entities				•	
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ons		1		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	( <b>E)</b> Public charity stati (if section 501(c)(3	(F) us Direct controlling 3)) entity
NATIONAL BASKETBALL PLAYERS ASSOCIATION					
310 LENNOX AVENUE NEW YORK, NY10027 23-7038813	LABOR UNION	NY	501(C)(5)		N/A

Cat No 50135Y

(A) Name, address, and EIN of related organization		<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

No

No

No

No

No

No

No No

No No

1b

1c

1d

1i

Part V Transactions with Related Organizations		
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Y	es
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 (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i lease of faculties equipment or other assets from other organization(s)

(5)

(6)

J	Lease of facilities, equipment, or other assets from other organization(s)	1)		NO			
k	k Performance of services or membership or fundraising solicitations for other organization(s)						
ı	Performance of services or membership or fundraising solicitations by other organization(s)						
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No			
n	Sharing of paid employees	1n		No			
0	Reimbursement paid to other organization for expenses	10		No			
р	Reimbursement paid by other organization for expenses	1р		No			
q	O ther transfer of cash or property to other organization(s)	1q		No			
r	O ther transfer of cash or property from other organization(s)	1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds						
	(A) Name of other organization(s)  (B) Transaction type(a-r)  (C) Amount Involv	ed					
(1)	National Basketball Players Association						
(2)							
(3)							
(4)							
(4)							

### Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	. D / Farms	9907 2008						