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A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PARKER YOUTH AND SPORTS FOUNDATION		D Employer identification number 20-1584691
☐ Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number (509) 965-1508
☐ Name change		Room/suite		
☐ Initial return		PO BOX 1311		
☐ Termination		City or town, state or country, and ZIP + 4 YAKIMA, WA 98907		F Group Exemption Number ☐
☐ Amended return				
☐ Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ Accounting method: ☐ Cash ☒ Accrual
 Other (specify) ▶

I Website:  WWW.PARKERYOUTHFOUNDATION.COM		H Check   if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)—  501(c)(3)  (insert no.)  4947(a)(1) or  527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 94,908

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	59,887
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,825
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$_____ of contributions reported on line 1) ☐	6a	33,196
	b	Less direct expenses other than fundraising expenses	6b	18,147
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,049
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ☐ _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	76,761
	10	Grants and similar amounts paid (attach schedule) ☐	10	25,150
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	17,117
	13	Professional fees and other payments to independent contractors	13	5,213
Expenses	14	Occupancy, rent, utilities, and maintenance	14	2,600
	15	Printing, publications, postage, and shipping	15	2,475
	16	Other expenses (describe ☐ _____)	16	12,900
	17	Total expenses (add lines 10 through 16)	17	65,455
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,306
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	107,525
	20	Other changes in net assets or fund balances (attach explanation) ☐	20	3,262
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	122,093

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	87,708	22 120,832
23	Land and buildings		23
24	Other assets (describe )	20,683	24 10,097
25	Total assets	108,391	25 130,929
26	Total liabilities (describe )	866	26 8,836
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	107,525	27 122,093

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? SUPPORT AND PRESERVE PARKS, SPORTS FACILITIES AND ATHLETIC PROGRAMS IN THE GREATER YAKIMA AREA BY AWARDING GRANTS AND SCHOLARSHIPS TO ORGANIZATIONS AND INDIVIDUALS			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule) ☐			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐		32	25,150

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Additional Data

Software ID:

Software Version:

EIN: 20-1584691

Name: PARKER YOUTH AND SPORTS FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PROVIDE FUNDS TO SUPPORT WRESTLING PROGRAM (Grants \$ 5,100) If this amount includes foreign grants, check here . . . ☒	28a	
29 PROVIDE FUNDS TO COMPLETE PURCHASE OF TEAM BUS (Grants \$ 1,500) If this amount includes foreign grants, check here . . . ☒	29a	
30 PROVIDE FUNDS TO UPGRADE BASEBALL FIELDS (Grants \$ 1,500) If this amount includes foreign grants, check here . . . ☒	30a	
PROVIDE FUNDS FOR EQUIPMENT PURCHASES FOR GOLF SKILLS TAUGHT IN ELEMENTARY SCHOOLS (Grants \$ 3,000) If this amount includes foreign grants, check here . . . ☒		
PROVIDE FUNDS FOR EDUCATION (Grants \$ 2,400) If this amount includes foreign grants, check here . . . ☒		
PLAYER PARTICIPATION FEES FOR LOW INCOME PARTICIPANTS (Grants \$ 5,000) If this amount includes foreign grants, check here . . . ☒		
PLAYER PARTICIPATION FEES-SCHOLARSHIPS FOR LOW INCOME PARTICIPANTS (Grants \$ 1,650) If this amount includes foreign grants, check here . . . ☒		
PROVIDE FUNDS TO SUPPORT AND PRESERVE PARKS (Grants \$ 5,000) If this amount includes foreign grants, check here . . . ☒		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MIKE BASTINELLI PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
ERIC CARLSON PO BOX 1311 YAKIMA, WA 98907	1ST VICE-PRES 1 00	0		
JERRY WARD PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
WILLIAM FALLER PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
RICH AUSTIN PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
DARYL PARKER PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
CAROL FINNEY PO BOX 1311 YAKIMA, WA 98907	BOARD MEMBER 1 00	0		
NANCY KENDRICK PO BOX 1311 YAKIMA, WA 98907	Secretary 1 00	0		
CHUCK HINKLEY PO BOX 1311 YAKIMA, WA 98907	Treasurer 1 00	0		
SCOTT WILSON PO BOX 1311 YAKIMA, WA 98907	2ND VICE-PRES 1 00	0		
BOB ALEXANDER PO BOX 1311 YAKIMA, WA 98907	President 1 00	0		
LEANN LEAHY PO BOX 1311 YAKIMA, WA 98907	Executive Direc 20 00	17,117		

Form **990-EZ** (2008)

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."				
(a)	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c)	Compensation
	NONE				
	Total number of other independent contractors receiving over \$100,000				

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-02-10 Date		
Paid Preparer's Use Only	CHUCK HINKLEY Treasurer Type or print name and title				
	Preparer's signature	ERIC RASMUSSEN	Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Glenn Rasmussen & Co PS 2580 Yakima Valley Hwy Wapato, WA 98951		EIN	Phone no. (509) 877-3260
	May the IRS discuss this return with the preparer shown above? See instructions. Yes No				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization PARKER YOUTH AND SPORTS FOUNDATION	Employer identification number 20-1584691
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	☐	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	☐	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	☐	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
5	☐	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).
7	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	☐	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	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)
10	☐	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19,660	28,065	60,549	78,258	59,887	246,419
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add line 1-3	19,660	28,065	60,549	78,258	59,887	246,419
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 (f)						87,182
6 Public Support subtract line 5 from line 4						159,237

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	19,660	118	60,549	78,258	59,887	246,419
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36	118	884	859	1,825	3,722
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total Support (Add lines 7 through 10)						250,141
12 Gross receipts from related activities, etc (See instructions)					12	154,670

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☒

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	

- 16a 33 1/3% Test - 2008.** If 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 ☐
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
PARKER YOUTH AND SPORTS FOUNDATION

Employer identification number
20-1584691

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total		►				

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			GOLF TOURNAMENT			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	33,196			33,196
Direct Expenses	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	33,196			33,196
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses	18,147			18,147
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				18,147
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				15,049

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** PARKER YOUTH AND SPORTS FOUNDATION**EIN:** 20-1584691**Software ID:** 08000091**Software Version:** 2008v2.7

Item No.	1
Class of Activity	SUPPORT
Donee's Name	YAKIMA VALLEY COMMUNITY COLLEGE
Donee's Address	SOUTH 16TH NOB HILL BLVD YAKIMA, WA 98902
Amount (FMV)	5,100
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SUPPORT
Donee's Name	YAKIMA YOUTH BASEBALL
Donee's Address	PO BOX 132 YAKIMA, WA 98907
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SUPPORT
Donee's Name	ZILLAH YOUTH BASEBALL
Donee's Address	1054 ORCHARDVALE RD ZILLAH, WA 98953
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SUPPORT
Donee's Name	FIRST TEE OF YAKIMA
Donee's Address	PO BOX 787 YAKIMA, WA 98907
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	EDUCATION
Donee's Name	CHELSEA NILL
Donee's Address	PO BOX 1311 YAKIMA, WA 98907
Amount (FMV)	2,400
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	SUPPORT
Donee's Name	YAKIMA YOUTH SOCCER ASSOCIATION
Donee's Address	313 SOUTH 11TH AVENUE YAKIMA, WA 98902
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	SUPPORT
Donee's Name	TEAM YAKIMA VOLLEYBALL CLUB
Donee's Address	YAKIMA YAKIMA, WA 98901
Amount (FMV)	1,650
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	SUPPORT
Donee's Name	YAKIMA PARKS AND RECREATION
Donee's Address	129 N 2ND ST YAKIMA, WA 98901
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NOT AFFILIATED
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule**Name:** PARKER YOUTH AND SPORTS FOUNDATION**EIN:** 20-1584691**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses and Deferred Charges	3,623	
Furniture and Fixtures	8,665	7,506
Accounts Receivable	8,395	2,591

TY 2008 Other Changes in Net Assets Schedule

Name: PARKER YOUTH AND SPORTS FOUNDATION

EIN: 20-1584691

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	3,262

TY 2008 Other Expenses Schedule**Name:** PARKER YOUTH AND SPORTS FOUNDATION**EIN:** 20-1584691**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
WEBSITE	1,267
SUPPLIES	2,419
STATE FEES	45
STAFF DEVELOPMENT	50
PHONE/INTERNET	1,765
Office Expenses	148
MISCELLANEOUS	127
MEETINGS	797
MARKETING	1,612
INVESTMENT FEES	500
Depreciation	1,159
BANK CHARGES	391
Advertising and Promotion	1,955

TY 2008 Other Liabilities Schedule

Name: PARKER YOUTH AND SPORTS FOUNDATION

EIN: 20-1584691

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	866	8,836