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Department of the Treasury Internal Revenue Service

SCANNED MAY 3 1 2011

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 **Open to Public**

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

Inspection

Α	For the	2008 calendar year, or tax year beginning JUL 1, 2008 and en	naing J	<u>UN 30, 2009</u>					
В	Check if applicable	Please use IRS		D Employer identific	eation number				
Г	Addre	ss label or print or SUGAR BOWL							
F	Name chang	type		72-0	272830				
F	initial return		oom/suite	E Telephone number					
F	Termir	Specific 1 FOO CITCAR BOWL DRIVE	Jonesunc		828-2440				
5	Ameno return			G Gross receipts \$	12,787,871.				
	Applic								
L.	Itión pendir	NO. 1		H(a) Is this a group re	Yes X No				
		F Name and address of principal officer: PAUL HOOLAHAN		for affiliates?					
_	-	SAME AS C ABOVE		H(b) Are all affiliates incl					
		empt status: X 501(c) (3) ◀ (insert no)	<u> </u>	1	list. (see instructions)				
		te: > WWW.ALLSTATESUGARBOWL.ORG	1	H(c) Group exemption					
	art I	organization: X Corporation	L Year	of formation: 1935 M	State of legal domicile; LA				
	, '		OMTNO	AMAMBITO AND	<u> </u>				
9	1	Briefly describe the organization's mission or most significant activities CONDUC	CTING	AMATEUR ANI	<u>. </u>				
Governance	l _	COLLEGIATE SPORTING EVENTS							
/err	2	Check this box If the organization discontinued its operations or disposed	d of more	1 1					
ó	3	Number of voting members of the governing body (Part VI, line 1a)		3	26				
•ই	"	Number of independent voting members of the governing body (Part VI, line 1b)		4	24				
ties	1	Total number of employees (Part V, line 2a)		5	19				
Activities &	1	Total number of volunteers (estimate if necessary)		6	130				
Act		Total gross unrelated business revenue from Part VIII, line 12, column (C)		<u>7a</u>	31,600.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<u>7.</u>				
			<u> </u>	Prior Year	Current Year				
ě	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	3,000,000.	1,395,000.				
ē	9	Program service revenue (Part VIII, line 2g)		<u>29,787,532.</u>	10,319,861.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,256,799.	1,044,547.				
_	11	Other revenue (Part VIII, column (A), lines 5, 60, 8c, 80, 1100, and 11er		47,519.	<u>28,463.</u>				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line [2]		<u>34,091,850.</u>	12,787,871.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,000,000.	6,000,000.				
	14	Benefits paid to or for members (Part IX, column (A), line (A)							
es	15	Salaries, other compensation, employee benefits!(Part IX, column (A), lines 5-10)		1,593,414.	1,490,437.				
Expenses	16a	Professional fundraising fees (Part IX, column A), line 100 EM							
ă	b	Total fundraising expenses (Part IX, column (D), line 25)							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		8,888,072.	5,753,76 4 .				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,481,486.	13,244,201.				
	19	Revenue less expenses Subtract line 18 from line 12		11,610,364.	<456,330.>				
20.0	3			Beginning of Year	End of Year				
Sets	20	Total assets (Part X, line 16)		37,357,878.	32,688,129.				
SE SE	21	Total liabilities (Part X, line 26)		322,510.	667,356.				
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		37,035,368.	32,020,773.				
P	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, a	and to the best of my knowledg	e and belief, it is true, correct,				
		and complete because for prepare (when that office) is based on all information of which prepare has any	Kilowiedge	-1	- <i>1</i>				
Sig	ın	Tau / Klas / 12 hr		\& /3	/11				
He		Signature of officer		Date /	7				
		PAUL HOOLAHAN, CHIEF EXECUTIVE OFFICER							
		Type or print name and title							
Da:		Preparer's Date			r's identifying number tructions)				
Pai		signature /) range My Wille 5-5-1	// sett	ployed ▶ 🔲	05400(1				
	parer's	Firm's name (or LAPORTE, SEHRT, ROMIG & HAND		EIN ▶					
use	Only	self-employed), 111 VETERANS MEMORIAL BLVD SILT	TE 60	_					
		address, and ZIP+4 METAIRIE, LA 70005-4958		=	504)835-5522				
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
_	001 12-1		arate inst	tructions.	Form 990 (2008)				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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1 Brief COI 2 Did t the p if "Y 3 Did t if "Y 4 Desc Sect alloc 4a (Coo BY COI AM OR BE A I DE	It Statement of Program Service Accomplishments (see instructions) efly describe the organization's mission ONDUCTING AMATEUR AND COLLEGIATE SPORTING EVENTS If the organization undertake any significant program services during the year which were not listed of a pnor Form 990 or 990-EZ? Yes', describe these new services on Schedule O If the organization cease conducting, or make significant changes in how it conducts, any program service of the exempt purpose achievements for each of the organization's three largest program service ction 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the analocations to others, the total expenses, and revenue, if any, for each program service reported SEE SCHEDULE O FOR CONTINUATE and program service reported of the seem of the service of the service of the service of the service reported of the service of the service of the service reported of the service of the servi	ervices? Yes Tes by expenses. Thount of grants and PION(S) O.)(Revenue \$ 10,319 CHEDULING, TO INTERNATIONAL THE CITY OF NEW PS EXEMPT PURPOSI CHEDULING THE CITY OF NEW THE CITY OF N	ED NA
2 Did to the print of the print	the organization undertake any significant program services during the year which were not listed of a prior Form 990 or 990-E2? Yes', describe these new services on Schedule Of the organization cease conducting, or make significant changes in how it conducts, any program service the exempt purpose achievements for each of the organization's three largest program service ction 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the anaccations to others, the total expenses, and revenue, if any, for each program service reported SEE SCHEDULE O FOR CONTINUAT Ode) (Expenses \$ 9,385,456. including grants of \$ 6,000,00 Y SEEKING OUT, PROMOTING, FINANCING, SPONSORING, SPONDUCTING, AND OPERATING A CALENDAR OF NATIONAL AN MATEUR AND COLLEGIATE SPORTING EVENTS ANNUALLY IN ELEANS, LOUISIANA, THE SUGAR BOWL IS FURTHERING IT ECAUSE: REQUIRED AMOUNT OF THE SUGAR BOWL'S GROSS REVENUE INVIALLY EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE IDE INSTITUTIONS OF HIGHER LEARNING, WHICH MAY BE EVELOPMENT, EXPANSION OR IMPROVEMENT OF ATHLETIC F	ervices? Yes Tes by expenses. Thount of grants and PION(S) O.)(Revenue \$ 10,319 CHEDULING, TO INTERNATIONAL THE CITY OF NEW PS EXEMPT PURPOSI CHEDULING THE CITY OF NEW THE CITY OF N	, 861.) E
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<u> </u>			
4b (Coo	ode.) (Expenses \$ including grants of \$) (Revenue \$)
4c (Cod	ode) (Expenses \$ including grants of \$) (Revenue \$)
_			
_			
			,
	her program services (Describe in Schedule O) (penses \$ including grants of \$) (Revenue \$)	
4e Tota	tal program service expenses > \$ 9,385,456. (Must equal Part IX, Line 25, cold		990 (2008)

Form 990 (2008) SUGAR BOWL 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_	X	<u></u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X_
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	х	
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	х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
	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		x
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u>. </u>		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	х	
	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	<u> </u>	
	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	25a		х
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	25b		х
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		х
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		х
			990 (

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 IV	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization?			ļ
	If "Yes," complete Schedule L, Part IV	28b		X
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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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	<u> </u>	X
36	Section 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	ļ	Х
37	Did the organization conduct more than 5% 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	<u> </u>	X
		Form	990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Amual Summary and Transmittal of 88 U.S. Information Returns Enter -0- if not applicable 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 19 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008)

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

Sec	tion A. Governing Body and Management							
			Yes	No				
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	1						
	processes, or changes in Schedule O. See instructions							
1a	Enter the number of voting members of the governing body 1a 26							
b	Enter the number of voting members that are independent 1b 24							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	_2_		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6	X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a	X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	g ₂	Х					
a b	Each committee with authority to act on behalf of the governing body?	8a 8b	X					
_	Does the organization have local chapters, branches, or affiliates?	9a		x				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	98		A .				
-	and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	30						
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-10						
• •								
Sec	tion B. Policies	11		X				
			Yes	No				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b	X					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this is done	12c	Х					
13	Does the organization have a written whistleblower policy?	13	Х					
14	Does the organization have a written document retention and destruction policy?	14	Х					
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	x					
b	Other officers or key employees of the organization?	15b	X					
	Describe the process in Schedule O (see instructions)							
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		х				
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						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 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 Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial					
	statements available to the public							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🕨	·					
	THE ORGANIZATION - (504)828-2440							
	1500 SUGAR BOWL DRIVE, NEW ORLEANS, LA 70112							
832000		Form	agn /	20081				

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not c	ompensate an	y of	ficer	, dır	ecto	or, tri	uste	e, or key employee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Positioi					Reportable	Reportable	Estimated
	hours	(c	hecl	(all	that	that apply)		compensation	compensation	amount of
	per	흉				1		from	from related	other
	week	rdre			i	E		the organization	organizations (W-2/1099-MISC)	compensation from the
		ste o	ruste			Sugar		(W-2/1099-MISC)	(** 27 1000 141100)	organization
		la T	onal		ploye	8 a		, ,		and related
		individual trustee or director	institutional trustee	Officer	Key em	Highest compensated employee	Pormer			organizations
RONALD V. BURNS, SR.		-	-	<u> </u>			-			
PRESIDENT	0.50	x		x				0.	0.	0.
RICHARD R. SMITH										
PRESIDENT-ELECT	0.50	X		x				0.	0.	0.
DAVID B. MELIUS										
VICE PRESIDENT	0.50	X		X				0.	0.	0.
LANCE AFRICK										
TREASURER	0.50	Х		Х				0.	0.	0.
JACK LABORDE										
SECRETARY	0.50	X		X				0.	0.	0.
JAMES LANDIS		1	1							
EXEC. COMM. CHAIRMAN	0.50	X	L	X		<u> </u>	L	0.	0.	0.
TERRY ALARCON										
BOARD MEMBER	0.50	X	<u> </u>				ļ	0.	0.	0.
JOHN "JAY" BATT										
BOARD MEMBER	0.50	X		L		<u> </u>	<u> </u>	0.	0.	0.
RICHARD BRIEDE										
BOARD MEMBER	0.50	X		<u> </u>			<u> </u>	0.	0.	0.
JOHN BUSENLENER				İ					_	_
BOARD MEMBER	0.50	X	_				_	0.	0.	0.
MILES CLEMENTS								_		_
BOARD MEMBER	0.50	X	_		ļ		<u> </u>	0.	0.	0.
STANLEY COHN									_	
BOARD MEMBER	0.50	X						0.	0.	<u> </u>
P. KEITH DAIGLE	0.50								•	•
BOARD MEMBER	0.50	X			-	ļ		0.	0.	0.
MICHELLE GAIENNIE	0 50								0	
BOARD MEMBER	0.50	X			-	-		0.	0.	0.
OSCAR GWIN, III	0 50	.							•	•
BOARD MEMBER	0.50	X			\vdash	\vdash	-	0.	0.	0.
RAYMOND JEANDRON, JR.	0 50	-			Ì			0.	0.	^
BOARD MEMBER WILLIAM J. KEARNEY, III	0.50	^	-		\vdash				U •	0.
BOARD MEMBER	0.50	_						Lo.	0.	0.
DOWEN MEMBER	0.50	Λ	1	<u> </u>	<u> </u>	l	<u> </u>	<u> </u>		000 (2000)

832007 12-18-08

Form 990 (2008)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mpk	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)			
, (A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average hours	(с	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
CLIFFORD KERN, III									-			
BOARD MEMBER	0.50	X			ļ			0.	0.	0.		
G. CHARLES LAPEYRE				İ			ŀ					
BOARD MEMBER	0.50	X						0.	0.	0.		
CONRAD MEYER, IV												
BOARD MEMBER	0.50	X						0.	0.	0.		
WARREN MONTGOMERY					ļ	}						
BOARD MEMBER	0.50	X			<u> </u>			0.	0.	0.		
MIKE READ												
BOARD MEMBER	0.50	X						0.	0.	0.		
MARK ROMIG												
BOARD MEMBER	0.50	X			<u>L</u>	<u> </u>		0.	0.	0.		
DENNIS WALDRON												
BOARD MEMBER	0.50	X						0.	0.	0.		
BRIAN DAVID		1		ŀ								
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.		
WAYNE PIERCE]								-			
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.		
PAUL J. HOOLAHAN												
CHIEF EXECUTIVE OFFICER	50.00			X		ļ		522,517.	0.	122,869.		
1b Total								986,218.	0.	238,918.		
2 Total number of individuals (including those	e in 1a) who re	ceiv	ed n	nore	tha	ภ \$1	00,0	000 in reportable				

Z	rotal number of individuals (including those in Ta) who received more than \$100,000 in reportable			
	compensation from the organization	>		3
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 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	X	
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 J for such person	5		Х

Section B. Independent Contractors

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
DESTINATION MANAGEMENT, INC. 4220 HOWARD AVENUE, NEW ORLEANS, LA 70125	TRANSPORTATION	199,257.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

832008 12-18-08

Part VIII Statement of Revenue		n 990 (` 	BOWL				72-0272	830 Page 9
Total revenue Related or control Unricial Control Unricial Control Unricial Control Unricial Control Unricial Control Unricial Control Unricial Control Co	Pa	rt VII	Statement of Rever	nue					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	•	•					Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512.
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	nts its	1 a	Federated campaigns	1a					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	gra	b	Membership dues	1b					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	s, g	С	Fundraising events	1c					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	ar a	d	Related organizations	1d					·
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	S,E	е	Government grants (contribut	ions) 1e 1	395000.		1		•
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	tion	f	All other contributions, gifts, gran	ts, and					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	d the		similar amounts not included abo	ve 1f					
2 a FOOTBALL TICKET SALES 5 SPONSORSHIP SUGAR BOWL 6 HOTEL/MOTEL COMMISSION 711300 310,700 310,700 191,587 191,58	E S	g	Noncash contributions included in lines	1a-1f \$					
2 a FOOTBALL TICKET SALES- b SPONSORSHTP - SUGAR BOD c LICENSING - SUGAR BOWL d HOTEL (MOTEL COMMISSION e PROGRAM - SUGAR BOWL f All other program service revenue q Total. Add lines 2a2! f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other program service revenue) f (All other revenue) f (All ot	ŏĕ	h	Total. Add lines 1a-1f			1,395,000.			
Second S					Business Code				
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$	9	2 a	FOOTBALL TICKET	SALES-	711210	8,650,974.	8,650,974.		
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$	و چَ	b	SPONSORSHIP - S	UGAR BO	541800			31,600.	
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$	S	С	<u>LICENSING - SUC</u>	AR BOWL		310,700.	310,700.		
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$	ran Zev	d	HOTEL/MOTEL COM	<u>MISSION</u>	711300	191,587.	191,587.		
Total. Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$	6	е	<u>PROGRAM - SUGAR</u>	BOWL	711300	115,335.	115,335.	·	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	ء ا	f	All other program service reve	enue	711300	67,140.	67,140.		
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less' rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 8 a Gross income from fundraising events (not including \$	_	g	Total. Add lines 2a-2f			10319861.			
4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 18 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MTSCELLANEOUS 9 000099 28,463, 28,463, 41 other revenue e Total, Add lines 11a:11d 28,463, 12787871, 10316724, 31,600, 1044547.		3	Investment income (including	dividends, intere					
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b C All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 11b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	Ve l								•
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b C All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 11b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	ĕ		·			-			
9 a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 28, 463. 12787871. 10316724. 31,600. 1044547.	ᅙ	b	•	-	L	1			
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 28,463. 28,463. b C d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12787871. 10316724. 31,600. 1044547.	j	C	· · · ·	-					
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and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e b Less: cost of goods sold c Net income or (loss) from sales of inventory All other revenue 12		10 -		-					
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		io a							
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 28,463. b 28,463. c 4All other revenue e Total. Add lines 11a-11d ≥ 28,463. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ≥ 12787871. 10316724. 31,600.			-			1			
Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 28,463. 28,463. b C			•	_		1			
11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 900099 28, 463. 28, 463. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 12787871. 10316724. 31,600. 1044547.	ŀ				Business Code				
b c d All other revenue e Total. Add lines 11a-11d	ŀ	11 0		-		7	29 463		
c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 28, 463. 12 12787871. 10316724. 31,600. 1044547.			HIDCHHIMEOOD	 	700033	20,403.	20,403.		
d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 28, 463. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e 12787871. 10316724. 31,600. 1044547.									
e Total. Add lines 11a-11d Description: 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 8d, 7d, 8c, 9c, 10c, and 11e Description: 28, 463. 12787871. 10316724. 31,600. 1044547.		ن بم	All other revenue]				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12787871. 10316724. 31,600. 1044547.		۵				28 463	-		
		12		4 5 6d 7d 8c 9c 10			10316724	31.600	1044547
	83200 02-02	9	The state of the s		,				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	6,000,000.	6,000,000.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
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	929,354.		929,354.						
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	331,828.		331,828						
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)				<u></u>					
9	Other employee benefits	229,255.		229,255.						
10	Payroll taxes									
11	Fees for services (non-employees)			İ						
а	Management									
b	Legal	125,310.		125,310.						
С	Accounting	41,532.		41,532.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	17,857.		17,857.						
g	Other									
12	Advertising and promotion	238,597.	238,597.							
13	Office expenses	147,479.		147,479.						
14	Information technology	45,730.		45,730.						
15	Royalties									
16	Occupancy	98,587.		98,587.						
17	Travel	73,682.		73,682.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	186,123.		186,123.						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	130,886.		130,886.						
23	Insurance	154,989.	97,513.	57,476.						
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	SPECIAL APPROPRIATIONS	1,372,631.	216,931.	1,155,700.						
b	STADIUM EXPENSE	590,473.	590,473.							
С	BCS CHAMPIONSHIP EVENT	495,302.	495,302.							
d	FOOTBALL COMMITTEE EXPE	375,790.	375,790.							
е	AWARDS AND TROPHIES, HA	261,563.	227,744.	33,819.						
f	All other expenses	1,397,233.	1,143,106.	254,127.						
25	Total functional expenses. Add lines 1 through 24f	13,244,201.	9,385,456.	3,858,745.	0.					
26	Joint Costs. Check here 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									
					Form 990 (2000)					

Pai	Part X Balance Sheet									
		-			(A) Beginning of year		E	(B) nd of		
	1	Cash - non-interest-bearing			<706,679.	> 1		<26	1,1	70.
•	2	Savings and temporary cash investments			1,535,114.	2	6	,04	6,6	93.
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net			428,028.	4		34	6,9	37.
	5	Receivables from current and former officers, di	ectors	, trustees, key						
		employees, or other related parties. Complete P		· · · · · · · · · · · · · · · · · · ·		5				
	6	Receivables from other disqualified persons (as								
		4958(f)(1)) and persons described in section 495		1		ĺ				
		Part II of Schedule L	- (-/(-/	(1, 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		6				
ফ	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
ĕ	9	Prepaid expenses and deferred charges			172,414.	9		2	4,2	29.
	10a	Land, buildings, and equipment, cost basis	10a	1,346,137.						
	ь	Less accumulated depreciation. Complete		" -						
		Part VI of Schedule D	10b	248,322.	1,170,728.	10c	1	,09	7,8	<u> 15.</u>
	11	Investments - publicly traded securities		34,309,764.	11	25	,20	9,2	95.	
	12	Investments - other securities See Part IV, line 1		281,232.	12		10	8,9	12.	
	13	Investments - program-related. See Part IV, line			13					
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11			167,277.	15		11	5,4	18.
	16	Total assets. Add lines 1 through 15 (must equa	34)	37,357,878.	16	32	,68	8,1	29.	
	17	Accounts payable and accrued expenses			322,510.	17		35	9,3	10.
	18	Grants payable			18					
	19	Deferred revenue				19		30	8,0	46.
Liabilities	20	Tax-exempt bond liabilities				20				
	21	Escrow account liability. Complete Part IV of Sci	hedule	D		21				
	22	Payables to current and former officers, director	s, trust	ees, key employees,						
ap		highest compensated employees, and disqualification	ed pers	sons. Complete Part II						
_		of Schedule L		22						
	23	Secured mortgages and notes payable to unrela		23						
	24	Unsecured notes and loans payable				24				
	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			322,510.	26		<u>66</u>	<u>7,3</u>	<u>56.</u>
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete						
ès		lines 27 through 29, and lines 33 and 34.								
and	27	Unrestricted net assets			37,035,368.		32	<u>,02</u>	0,7	<u>73.</u>
Bal	28	Temporarily restricted net assets				28				
פַ	29	Permanently restricted net assets				29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, cl	heck h	ere ▶ and						
S O		complete lines 30 through 34.								
set	30	Capital stock or trust principal, or current funds			 	30				
As	31	Paid in or capital surplus, or land, building, or eq		ľ		31				
Zet	32	Retained earnings, endowment, accumulated in	come,	or other funds	25 025 260	32			<u> </u>	72
_	33	Total net assets or fund balances		}	37,035,368.	33				73.
Par	t XI	Total liabilities and net assets/fund balances Financial Statements and Reporting			37,357,878.	34	32	,08	<u>8,1</u>	<u> 29.</u>
. u	· Ai	I mancial Statements and neporting							Yes	No
4	Acco	ounting method used to prepare the Form 990		sh X Accrual	Other		ſ			
1 2a		the organization's financial statements compiled						2a		х
Za b		the organization's financial statements complied		•	accountants			2b	X	
		es" to lines 2a or 2b, does the organization have a	•		isibility for oversight of the	audit		ريع	-41	
·		w, or compilation of its financial statements and s				, audit,		2c	X	
32		result of a federal award, was the organization re-		•		ile Aud	_{rt}		41	
Ju		and OMB Circular A-133?	4 		ao oot torat at allo Ollig	, , wu	"	3a		х
b		es," did the organization undergo the required aud	dit or a	udits?	•			3b		

SCHEDULE A (Form 990 or 990-EZ)

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

SUGAR BOWL Employer identification number 72-0272830

Pa	<u>rt I</u>	Reason	for Public Char	rity Status (All organiz	zations mu	ist comple	te this par	t.) (see ins	tructions)				
The	organ	ization is not	a private foundation	because it is (Please ch	neck only o	ne organi	zation.)						
1		A church, co	onvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2				70(b)(1)(A)(ii). (Attach Sc									
3				ital service organization			170(b)(1)	(A)(iii). (At	tach Sche	dule H)			
4				operated in conjunction							ne hospital	's name,	
		city, and sta		,		•				•	•		
5		=		benefit of a college or u	niversity o	wned or or	perated by	a govern	mental uni	t describe	d in		
		· -	D(b)(1)(A)(iv). (Compl	-	,		•						
6				nent or governmental uni	it describe	d in sectio	n 170/b)/	1\/ A \/\/\					
7	一			ceives a substantial part					or from the	general n	ublic desc	ribed in	
-			(b)(1)(A)(vi). (Comple		o		90.0			90.10.0.			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
	$\overline{\mathbf{x}}$			ceives. (1) more than 33			rom contri	butions, n	nembershi	n fees, an	d aross rea	ceipts from	
		-	•	nctions - subject to certa		• •					•	•	
				axable income (less sec	•	•	•			• •	•		•
			509(a)(2). (Complet	·		-,			,, c. g.				
10				perated exclusively to te	est for publ	ic safety S	See sectio	n 509(a)(4). (see ins	tructions)			
11	$\overline{\Box}$			perated exclusively for the		-			-			of one or	
				ations described in secti							-		
				organization and compl				-,		-/(-/,			
		а 🔲 Туре	_ · · · _ <u> </u>	¬ ·		e III · Fund		tegrated		d 🗀	Type III - 0	Other	
е		* -		at the organization is not			-	_	r more dis	gualified p	· · ·		
				than one or more publicl		-		•					
f			-	tten determination from		•				()()			
			organization, check t			·							
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
_				lirectly controls, either al								Yes No	,
		the gov	erning body of the s	upported organization?	_		•		,,	•	11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	•						11g(ii)		
		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)		
h		Provide the f	following information	about the organizations	the organ	ization sup	oports.						
(i)	Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) Is	the	(vii) Am	nount of	
(-,		anization	(,	organization (described on lines 1-9		sted in your		ion in col.	Torganizatio	ON IN COI. I		port	
				above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.7	•	•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					İ								
						ł							
													_
					ļ		·		<u> </u>	<u> </u>			_
			1										
Tota			<u></u>										_
LHA	For F	rivacy Act ar	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 99	10-EZ) 200	8

832021 12-17-08

PE	(Complete only if you checke	-			(b)(1)(A)(IV) an	α 170(Β)(1)(Α)(71)
So	ction A. Public Support	a the box on mile t	5, . , 5, 5 5 1 1 at 1)	·			
		(-) 0004	(L) 2005	(-) 000C	(-n 0007	/=\ 2008	(0 T-4-1
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			· · · · · -		 	
2	ization's benefit and either paid to	[
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 - 3					 	
4	The portion of total contributions				1	 	
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)						
6	Public Support. Subtract line 5 from line 4				 		
	ction B. Total Support		<u></u>	ı	1	l	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	(a) 2004	(0) 2000	10/2000	(4) 2007	(6) 2000	(i) rotai
8	Gross income from interest,						
٥	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		 				
Ĭ	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						
	Gross receipts from related activities	etc. (see instruct	ions)	<u> </u>		12	<u> </u>
	First five years. If the Form 990 is fo		-	rd, fourth, or fifth t	ax year as a section		
	organization, check this box and stop	-			•		ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	ercentage		-		
14	Public support percentage for 2008 (line 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2007	' Schedule A, Part	t IV-A, line 26f			15	%
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	ported organization	n			▶∟_
t	33 1/3% support test - 2007. If the	organization did ne	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2008. If the orc	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			•	•	art IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		e
	organization meets the "facts-and-cire		-		· · · · · ·		▶∟
<u>18</u>	Private foundation. If the organization	in did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 SUGAR BOWL 72-0272830 Page 3

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
٠	membership fees received (Do not				}		
	include any "unusual grants ")	1011950.		1053539.	3000000.	1395000.	6460489.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	8780525.	9358000.	10471892.	29765932.	10288261.	68664610.
3	Gross receipts from activities that	-					
	are not an unrelated trade or bus-						
	iness under section 513			:			
4	Tax revenues levied for the organ-		 	-			
	ization's benefit and either paid to						
	or expended on its behalf			•			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5	9792475.	9358000.	11525431.	32765932.	11683261.	75125099.
7 a	Amounts included on lines 1, 2, and						,
	3 received from disqualified persons						
b	Amounts 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	1376701.	1153269.	487,710.	350,000.	222,427.	3590107.
c	Add lines 7a and 7b	1376701.	1153269.				
_8	Public support (Subtract line 7c from line 6)			-			71534992.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	9792475.	9358000.	11525431.	32765932.	11683261.	75125099.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	584,593.	545,021.	817,350.	1136387.	1044547.	4127898.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	584,593.	545,021.	817,350.	1136387.	1044547.	4127898.
11							
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on	21,500.	21,500.	21,500.	<7,566.	> 1,007.	57,941.
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)	746.	3,067.		47,519.	28,463.	79,795.
13	Total support (Add lines 9, 10c, 11, and 12)						79390733.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (ine 8, column (f) di	vided by line 13, o	∞lumn (f))		15	<u>90.10 %</u>
	Public support percentage from 2007					16	83.52 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	08 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	5.20 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h							4.53 %
19a 33 1/3% support 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							
							$\triangleright \mathbf{X}$
b	33 1/3% support tests - 2007. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	ınızatıon qualifies a	as a publicly suppo	orted organization	▶∐
<u>20</u>	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	
					Sch	edule A (Form 99	0 or 990-EZ) 2008

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

2008
Open to Public Inspection

Name of the organization

Employer identification number

		SUGAR_BOWL			72-0272830	<u> </u>
<u>Pa</u> į	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Acco	unts. Complete if the	
		organization answered "Yes" to Form 990, Part IV, line	e 6.			
			(a) Donor advised funds	(b) Fu	inds and other accounts	
1	Total	number at end of year				
2		egate contributions to (during year)				
3	-	egate grants from (during year)				
4		egate value at end of year				
5		ne organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds		
•		ne organization's property, subject to the organization's	•	2 .000	Yes	No
6		ne organization inform all grantees, donors, and donor a	_	sed only		,,
Ü		naritable purposes and not for the benefit of the donor of		-	t? Yes	☐ No
Pai		Conservation Easements. Complete if the organization				
1		ose(s) of conservation easements held by the organizat	·	it iv, iiie	r .	
•	Fuip			rically im	nortant land area	
		Preservation of land for public use (e.g., recreation or p		-	•	
	\vdash	Protection of natural habitat	Preservation of certified	nistoric	structure	
_		Preservation of open space	A land to the form of a second			
2		plete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a conse	rvation ea	asement on the last day	
	of the	e tax year.		F	T	
				-	Held at the End of the	e Year
а		number of conservation easements		2a		
b		acreage restricted by conservation easements		2b		
С		ber of conservation easements on a certified historic str		<u>2c</u>	1	
d		ber of conservation easements included in (c) acquired		_2d		
3		ber of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organizati	on during the taxable	
	year	· ———				
4		ber of states where property subject to conservation ea				
5		the organization have a written policy regarding the pe	riodic monitoring, inspection, violations, and	j		_
		cement of the conservation easements it holds?	_		L Yes L	l No
6		or volunteer hours devoted to monitoring, inspecting, a				
7		unt of expenses incurred in monitoring, inspecting, and				
8	Does	each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h))(4)(B)(i)		_
	and:	section 170(h)(4)(B)(ii)?			└── Yes └	No
9		rt XIV, describe how the organization reports conservat	•			
	ınclu	de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organız	ation's accounting for	
		ervation easements			•• • •	
Pai	rt III	Organizations Maintaining Collections o	•	ner Sim	liar Assets.	
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8			
1a		organization elected, as permitted under SFAS 116, no	·			
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service	, provide, in Part XIV, the	text of
	the f	potnote to its financial statements that describes these	rtems.			
b	If the	organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	sheet w	orks of art, historical treat	sures,
	or ot	her similar assets held for public exhibition, education, o	or research in furtherance of public service, i	provide tł	ne following amounts rela	iting to
	these	e items:				
	(i) F	Revenues included in Form 990, Part VIII, line 1		>	\$	
	(ii) A	Assets included in Form 990, Part X		>	\$ \$	
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financial g	gain, prov		
	the f	ollowing amounts required to be reported under SFAS 1	16 relating to these items			
а	Reve	nues included in Form 990, Part VIII, line 1		>	\$	
b	Asse	ts included in Form 990, Part X		>	\$ \$	
1 4	Ear I	Privacy Act and Bananyork Raduntian Act Notice and	the Instructions for Form 000		Schodula D /Form 000	N 2000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3		dule D (Form 990) 2008 SUGAR B			 					72830		
that apply) a Public exhibition d Loan or exchange programs b Scholarly research c Other c Preservation for future generations d Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to asse funds rather than to be maintained as part of the organization cellection? Yes No Part W Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part XI. Ine 21 Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table c Beginning balance Amount c Beginning balance Amount c Beginning balance d Additions during the year 1 Ending balance 2 Dott the organization include an amount on Form 990, Part X, Ine 21? Yes No b If "Yes, "Explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, Ine 10 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Pal											
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for luture generations d Prowde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5	3		r records, check an	y of the	following tha	at are a signi	ficant use	of its coil	iection ite	ms (checl	k all	
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. Drung the year, did the organization solicit or receive donations of airt, historical treasures, or other similar assets to be seld to rage funds rather than to be maintained as part of the organization collection? Yes No. Part VI Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is it he organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21 It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21 It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21 It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21 It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X! In 21 It is the organization's explaint the following table It is a contribution or form 990, Part X, in 21 It is the organization and explaint an asset in the organization shall an administered for the organization by the provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment I												
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(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value Buildings Leasehold improvements Equipment Equipment Other Other 351,758. 141,094. 210,664.											Yes	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, fine 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value Buildings Leasehold improvements Equipment Other Other 351,758. 141,094. 210,664.		(i) unrelated organizations								3a(i)		
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, fine 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value (d) Book value (e) Buildings (f) Depreciation (f) Book value (g) Depreciation (h) Book value (h) Cost or other basis (other)		(ii) related organizations								3a(ii)		
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, fine 10. Description of investment (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Depreciation (d) Book value 107,228. 887,151.	b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Sche	dule R?					3b		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other 351,758. 141,094. 210,664.	4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.							
basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other basis (investment) basis (other) 994,379. 107,228. 887,151. 107,228. 107	Par	t VI Investments - Land, Building	s, and Equipm	ent. s	ee Form 990	, Part X, line	10.			<u>_</u>		
basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other basis (investment) basis (other) 994,379. 107,228. 887,151. 107,228. 107					T			epreciatio	n	(d) Book	value	
b Buildings c Leasehold improvements d Equipment e Other 994,379. 107,228. 887,151. 107,228. 887,151. 107,228. 887,151.			basis (investi	ment)	basis	(other)	` `	•		•		
c Leasehold improvements 4 Equipment d Equipment 351,758. 141,094. 210,664.	1a	Land										
c Leasehold improvements 4 Equipment d Equipment 351,758. 141,094. 210,664.	b	Buildings			99	4,379.	1	L07.2	28.	887	1.1	51.
d Equipment e Other 351,758. 141,094. 210,664.		•									<u>,</u>	
e Other 351,758. 141,094. 210,664.		·				-	·				<u> </u>	
		• •			35	1.758.	1	41.0	94.	210	. 6	64.
			orm 990. Part X. coli	ımn (B)			-	,				

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 SUGAR BOWL				<u> 72-</u>	-02/28	<u> </u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Finar</u>	ncial State	ements				
1	Total revenue (Form 990, Part VIII, column (A) line 12)		ļ	1		12,	787,	<u>871.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		13,:	244,	201.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<	456,	330.>
4	Net unrealized gains (losses) on investments			4				265.>
5.	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4-8			9		<4.	558.	265.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	_			<u>595.</u> >
	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	/ith Rever		Retur		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	_		•	1		211.	749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				·			
a	Net unrealized gains on investments	2a	<4,55	8.265				
b	Donated services and use of facilities	2b	12/22	<u> </u>	Ť			
c	Recoveries of prior year grants	2c	-					
d	Other (Describe in Part XIV)	2d	-		_			
e	Add lines 2a through 2d				2e	_A	558	<u> 265.</u> >
_	Subtract line 2e from line 1				3		770,	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				3	12,	110,	OI4.
4		1 4-	1 1	7,857	,			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	1,001	-1			
b	Other (Describe in Part XIV)	4b	·		┥		17	857.
c	Add lines 4a and 4b Table large Add lines 2 and 4a (This should arguel Form 200 Part I line 10)				4c 5	12		871.
5 Pai	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	With Expe	nses ne	_		707,	071.
	Total expenses and losses per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ividi Expo	nood pe	1		226	344.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25				<u> </u>	13,	<u> </u>	<u> </u>
2	Donated services and use of facilities	2a	1					
a		2b			-			
b	Prior year adjustments				┥			
С.	Losses reported on Form 990, Part IX, line 25	2c	 		\dashv			
d	Other (Describe in Part XIV)	2d			\dashv			0.
e	Add lines 2a through 2d				2e	12	226,	
3	Subtract line 2e from line 1				3	13,	440,	344.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.	1 4	7 057	,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	<u>7,857</u>	-			
b	Other (Describe in Part XIV)	4b	l		┦.		177	0.57
С	Add lines 4a and 4b				4c	1		<u>857.</u>
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	1 13,	<u>244,</u>	<u> 201.</u>
	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines	1a and 4; Pa	ırt IV, lines	1b and	2b; Part	V, line 4	l, Part
X, Pa	rt XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.							
								
								
					Oct -	dula D.C		0) 0000
					ocne	edule D (F	orm 99	V) ZUUS

SCHEDULE								OMB No 1545-0047
(Form 990)			Grants and Govern	arants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations talls in the U.S.	. r		
Department of the Treasury Internal Revenue Service		▶ Сошр	 Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990. 	n answered "Yes," on F ► Attach to Form 990.	" on Form 990, Pa n 990.	art IV, lines 21 or 22.		Open to Public Inspection
Name of the organization	ion SUGAR BOWL	נ						Employer identification number $72-0272830$
Part I General In	I.≔	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	·
	criteria used to award the grants or assistance?	itance?						X Yes
뎴	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	States			
Part II Grants and	Grants and Other Assistance to Goverrments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	55,000 Check this	box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and ac	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWL CHAMPIONSHIP SERIES - NATIONAL COLLEGIATE ATHLETIC	P SERIES -							
- NOIT	ENTS			000	c			TO ENHANCE THE QUALITY OF
CINCLE - SALL LAN	LANE CITY, OT 04112	507/0C0-55	301151131	000				THE PROPERTY OF THE PROPERTY O
FRIENDS OF CITY PARK	ARK							TO HELP RESTORE AND
61								MAINTAIN CITY PARK'S
NEW ORLEANS LA 7	LA 70124	72-0875507	501(C)(3)	100,000	0			ATHLETIC FACILITIES
		:	;					
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd aovernment or	ganizations					2.
	Enter total number of other organizations							0
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (BCS), ALLSTATE SUGAR BOWL IS COMMITTED TO PAYING \$6,000,000 PER GAME THE BCS DISTRIBUTES THE PAYOUT TO THE WINNING CONFERENCE AND SCHOOL BASED ON A PREDETERMINED FORMULA. THE BCS CONTRACT EXPIRES UNDER THE ORGANIZATION'S CONTRACT WITH THE BOWL CHAMPIONSHIP SERIES (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients LINE PART I, (a) Type of grant or assistance Η, SCHEDULE 2014. TO THE BCS. FORM 990, APRIL 1 Part IV Part III

Schedule I (Form 990) 2008

22

832102 12-18-08

Page 2

72-0272830

SUGAR BOWL

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SUGAR BOWL Employer identification number 72-0272830

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

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Schedule J (Form 990) 2008

Page 2

SUGAR BOWL

Schedule J (Form 990) 2008 SUGAR

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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 VIII, line 1a

	(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(0)	(E)	(£)
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
TAKET A TOOL	382,	140		54,600.	68,269.	645,386.	322,000.
PAUL U. HOULAHAN (II)	0 0.	100,000.	00	31,200.	46,706.	398,023.	204,000.
JEFF HUNDLEY (ii)				4		1 1	0.
KATHY GASPARD	113,584.	30		16,500.	21,643.	181,727.	85,000.
(0)	(0						
	0						
(9)							
(1)	0						
(ii)) (i						
(0)	(
(ii)	ı)						
(3)							
(ii)	i)						
	0 12						
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(ii)	ij						
(9)	(
	ij						
(<u>0</u>)	0						
(ii)	(i						
(9)	()						
(ii)	9						
			•			Schedul	Schedule J (Form 990) 2008

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.

PART I, LINE 1B: THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY FOR

REIMBURSEMENT, HOWEVER IT HAS BEEN A LONG-STANDING POLICY OF THE SUGAR

BOWL'S EXECUTIVE COMMITTEE TO REIMBURSE SPOUSE TRAVEL TO CONFERENCE

MEETINGS AND TO THE ANNUAL NATIONAL FOOTBALL FOUNDATION AND COLLEGE HALL OF

FAME CEREMONY. ADDITIONALLY, REIMBURSEMENT HAS BEEN MADE FOR TRAVEL OF

OTHER OFFICERS WHO HAVE BEEN ASKED TO TRAVEL TO CONFERENCE MEETINGS AT THE

REQUEST OF THE PRESIDENT.

7: THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER ARE PART I, LINE

ELIGIBLE FOR BONUSES BY CONTRACT, HOWEVER THE AMOUNT OF CASH OR OTHER

PROPERTY IS NOT SPECIFIED IN THE CONTRACT, OR DETERMINED BY A FIXED FORMULA

SPECIFIED IN THE CONTRACT.

THE AMOUNT OF THE BONUSES PAID TO THE EMPLOYEES ARE AT THE SOLE DISCRETION

OF THE EXECUTIVE COMMITTEE. SUCH PAYMENTS ARE DETERMINED, IN PART, ON THE

BASIS OF A PERFORMANCE EVALUATION BY, OR AS DIRECTED BY, THE EXECUTIVE

COMMITTEE, AND SHALL INCLUDE CONSIDERATION OF THE EMPLOYEE'S OVERALL JOB

PERFORMANCE AND EMPLOYER'S FINANCIAL RESULT FOR THE YEAR.

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization SUGAR BOWL Employer Identification number 72-0272830

SUGAR BOWL 72-0272830 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Emplo													
Part I Continuation of Officers, Di	irectors, Tr	ust	ees	s, K	(ey	En	plo	yees, and Highes	t Compensated I	Employees			
(A)	(B)	(C) (D)							(E) (F)				
Name and Title	Average	1		Posi				Reportable	Reportable	Estimated			
	hours	(c		k all			ılv)	compensation	compensation	amount of			
	per week		T		····	 	··,,	from	from related	other			
		1				₂₅		the	organizations	compensation			
	110011	Ē				Pb.		organization	(W-2/1099-MISC)	from the			
		SE				틀		(W-2/1099-MISC)	(** 23 1000 111100)	organization			
		6	홣		ļ	캶		(11 27 1000 111100)		and related			
		Individual trustee or director	Institutional trustee		_ 	Highest compensated employee				organizations			
		la t	<u> </u>		훒	<u>\$</u>				o. 3			
		dwg	暴	Officer	Key employee	ě	Former						
		=	트	٥	¥	Ξ.	æ		 				
JEFF HUNDLEY													
CHIEF OPERATING OFFICER	50.00				X			320,117.	0.	77,906.			
KATHY GASPARD							i						
DIRECTOR OF BUSINESS OPE	50.00			ļ		X		143,584.	0.	38,143.			
Daniel of Dobinson of D	30:00							110/3010	J •	30/1131			
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Schedule J-2 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

➤ Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

Inspection

name or t	ne organization	GAR BOW	т						t i		7283		umber
Part I	Excess Benefit			tion 501(c)(3) and section	n 501(c)(4)	organizatio	ns only)		4-02	1203	<u> </u>	
	To be completed by		•		-		_	• .	orm 99	0-EZ, Pa	rt V, line	40b	
1		-					Description (_				(c) Corr	ected?
	(a) Name of dis	squailled pers				(0)	Pescription		CLIOIT	-		Yes	No
		·						.					
		· <u> </u>			-								
section	the amount of tax impon 4958 the amount of tax, if a		·		·	·	s during the	year un	der	▶ \$ ▶ \$			
Part II	Loans to and/o	or From Int	erestec	Persons									
	To be completed by	y organization:	s that ans	wered "Yes	on Form 99	0, Part IV,	line 26, or f	orm 990)-EZ, Pa	rt V, li <u>ne</u>	38a		
	lame of interested	(b) Loan 1			nal principal	(d) Bala	ance due		ln "		proved pard or		/ritten
per	son and purpose	the organ		ar	mount			-	ult?	cómr	nrttee?	<u> </u>	ment?
		To	From					Yes	No	Yes	No	Yes	No
				 				-		-	 		
				-									
				<u> </u>						ļ			<u> </u>
		J							<u> </u>	<u> </u>			<u> </u>
Total Part III	Grants or Assis	stance Ber	efiting	Interest	ed Person	<u> </u>				<u> </u>		l	
	To be completed by		_				line 27						
	(a) Name of interested		J tridit dirig		ionship betwe			and		(c) Amo	unt of gr	ant or ty	/ре
					the or	ganization					of assista	ınce	
						_			_				
	·, · · · ·					•			-				-
	- -												
	·												
Part IV	٠		_										
	To be completed by						i					(e) Sha	aring o
	(a) Name of interested		nip between in nd the organiz		(c) Amo		(a)	Descrip transact		òrganı	zation's		
					_							Yes	No
BRIAN	DAVID		во	ARD M	EMBER		18	,136	.BR	I MA	AVID	1	Х
WAYNE	PIERCE		вс	ARD M	EMBER		16	,048	.WA	NE E	PIERC		X
													
									-				<u> </u>
IHA For	Privacy Act and Page	nwork Badun	tion Act	Notice see	the Instruct	ions for E	orm 990		Schodu	le I (Fo	m 000 c	r 990-E	Z) 20C

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

SUGAR BOWL

Employer identification number 72-0272830

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE EDUCATIONAL OPPORTUNITIES OFFERED BY BONA FIDE INSTITUTIONS OF
HIGHER LEARNING FOR THE INSTRUCTION OF INDIVIDUALS AND THE GENERAL
PUBLIC ARE BENEFITTED, FURTHERED, AND ADVANCED BECAUSE OF THE PUBLICITY
OFFERED TO THE INSTITUTION;
THE GAMES ADVERTISE THE CITY OF NEW ORLEANS AND BRING ITS AREA
VISITORS, TOURISTS, SPORTS ENTHUSIASTS, EDUCATORS, ATHLETES, AND OTHERS
INTERESTED IN FURTHERING EDUCATION AND AMATEUR AND COLLEGIATE SPORTS;
AND
PROMOTION AND FURTHER ENHANCEMENT IS GIVEN TO AMATEUR AND COLLEGIATE
ATHLETIC PROGRAMS, EVENTS, AND COMPETITIONS IN SEVERAL AREAS OF THE
UNITED STATES AND FUNDS ARE RAISED IN SUPPORT THEREOF.
FORM 990, PART VI, SECTION A, LINE 6: THE SUGAR BOWL COMMITTEE IS
CURRENTLY COMPRISED OF 128 MEMBERS, 85 OF WHOM CAN BE IN THE "ACTIVE"
CATEGORY AT ANY ONE TIME PER THE ORGANIZATION'S BYLAWS. TOGETHER, THESE
128 MEMBERS FORM OVER 30 DIFFERENT WORKING COMMITTEES THAT CARRY OUT MUCH
OF THE SUGAR BOWL'S BUSINESS. LEADERSHIP FOR THE GROUP COMES FROM AN
ELECTED GROUP OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A: THE FOLLOWING OFFICER POSITIONS ARE
ELECTED ANNUALLY BY THE MEMBERSHIP AT LARGE: PRESIDENT, PRESIDENT-ELECT,
VICE PRESIDENT, TREASURER AND SECRETARY. ADDITIONALLY, THE MEMBERSHIP
ELECTS 3 INDIVIDUALS EACH YEAR FOR SERVICE ON THE EXECUTIVE COMMITTEE.

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

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

FINALLY

Department of the Treasury Internal Revenue Service

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.

EXECUTIVE COMMITTEE IS ELECTED BY THE MEMBERS

2008
Open to Public Inspection

Name of the organization

THE EXECUTIVE COMMITTEE

SUGAR BOWL

CHAIRMAN OF THE

Employer identification number 72-0272830

FORM 990, PART VI, SECTION A, LINE 10: A	DRAFT OF THE ORGANIZATION'S FORM
990 WILL BE PRESENTED AT A BOARD OF DIRE	CTORS MEETING. DURING THIS MEETING
THE TAX RETURN WILL BE REVIEWED AND ALL	QUESTIONS ARE RESOLVED AT THE
MEETING. A VOTE IS TAKEN TO APPROVE TO	AUTHORIZE THE FILING OF THE RETURN.
THE CEO AND COO ATTEND THIS BOARD MEETIN	G TO PARTICIPATE IN THE REVIEW OF
THE FORM 990.	

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY

AND QUESTIONNAIRE IS CIRCULATED TO EVERY OFFICER, DIRECTOR, MEMBER AND

EVERY EMPLOYEE ANNUALLY. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE

990 COMMITTEE DESIGNED BY THE BOARD FOR CONFLICTS OF INTEREST. ALL

CONFLICTS ARE REVOLVED AND DISCLOSED TO THE EXECUTIVE COMMITTEE. RECORDS

OF ALL DISPOSITIONS ARE RETAINED IN THE SUGAR BOWL OFFICES.

PARTNERS, A COMPENSATION CONSULTING FIRM, WHICH REVIEWS THE COMPENSATION OF THE CEO AND COO. STONE PARTNERS CONDUCTS A COMPARABLE COMPENSATION SURVEY AND PREPARES A REPORT AND PROVIDES THE REPORT TO THE EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE REVIEWS THE REPORT, RESOLVES ANY ISSUES AND MAKES A RECOMMENDATION TO THE EXECUTIVE BOARD. THE EXECUTIVE BOARD REVIEWS THE RECOMMENDATION IN THE CONSULTANT'S REPORT AT A REGULARLY SCHEDULED MEETING AND SETS COMPENSATION FOR THE CEO AND COO.

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

Schedule O (Form 990) 2008

SCHEDULE O

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization

SUGAR BOWL

Employer identification number 72-0272830

500.11. 50.12
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, THE
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C:
THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: BRIAN DAVID
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 18136.
(D) DESCRIPTION OF TRANSACTION: BRIAN DAVID IS AN OWNER OF HARVEY HAUSER
PRINTING. THE ORGANIZATION CONTRACTED HARVEY HAUSER PRINTING TO PROVIDE
PRINTING SERVICES.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: WAYNE PIERCE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER
(C) AMOUNT OF TRANSACTION \$ 16048.
(D) DESCRIPTION OF TRANSACTION: WAYNE PIERCE IS THE OWNER OF BON TON
CAFE. BON TON CAFE WAS CONTRACTED TO PROVIDE LIAISON DINNERS TO THE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE'O'

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2008
Open to Public Inspection

Name of the organization SUGAR BOWL	Employer identification number 72-0272830
ORGANIZATION.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
FORM 990, PAGE 1, PART B:	
DESCRIPTION OF AMENDMENTS	
FORM 990, PART VII, SECTION B: INDEPENDENT CONTRACTO	RS - DESTINATION
MANAGEMENT, INC. HAS BEEN INCLUDED FOR FULL AND COMP	LETE DISCLOSURES OF
INDEPENDENT CONTRACTORS.	

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fon	n 8868
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpo	ration required to file Form 990-T and requesting an automatic 6 month extension check this box and com	plete	
Part I o		P .0.0	▶ □
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns	extens	sion of time
noted to (not aut you mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic omatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ted Form 990-T Instead,
Type o	Name of Exempt Organization	Empl	oyer identification number
print			
File by the	SUGAR BOWL	7.	2-0272830
due date filing your	or Number, street, and room or suite no. If a PO box, see instructions		
return Se	1300 BOOM BOWN BRIVE		
instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70112		
Check	type of return to be filed(file a separate application for each return)		
	orm 990 Form 990-T (corporation) Form 47 orm 990 BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 orm 990-EZ Form 990-T (trust other than above) Form 60 orm 990 PF Form 1041-A Form 88	227 069	
Tele If th	books are in the care of ► 110 VETERANS MEMORIAL BLVD. STE 500 - Memory Phone No ► 504-828-2440 FAX No ► 504-828-2441 Be organization does not have an office or place of business in the United States, check this box is so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the lift it is for part of the group, check this box ► and attach a list with the names and EINs of all	ıs ıs foi	the whole group, check this
-	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniformal FEBRUARY 15, 2010, to file the exempt organization return for the organization named as for the organization's return for calendar year or tax year beginning JUL1, 2008, and ending JUN30, 2009		The extension
2 l	this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any conrefundable credits. See instructions	3a	\$
-	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	Sa	Ψ
	ax payments made Include any prior year overpayment allowed as a credit	3ь	\$
-	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		_ T
	leposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions	3с	\$ N/A
		9970	EO for navmont matricetic
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	00/9-	EO for payment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)

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Form	8868 (Rev. 4-2009)					Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and c	heck this bo	 K		. ▶	X
	. Only complete Part II if you have already been granted an automatic 3-month extension on a pre			8868		
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	•				
Pai		riginal (no co	pies n	eeded)		
Туре	or Name of Exempt Organization		Employer identification number			
print File by	SUGAR BOWL		72-0272830			
extend due da	Number, street, and room or suite no If a P O box, see instructions		For IF	RS use only	/	
filing the	See City, town or post office, state, and ZIP code For a foreign address, see instructions					
	k type of return to be filed (File a separate application for each return) Form 990 Form 990 EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990 BL Form 990-PF Form 990 T (trust other than above) Form	1041-A [4720 [rm 5227 rm 6069	F	orm 8870
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension o	n a previous	ly file	d Form 88	68.	
Τe	THE ORGANIZATION be books are in the care of \blacktriangleright 1500 SUGAR BOWL DRIVE - NEW ORLEAU blephone No \blacktriangleright (504)828-2440 FAX No \blacktriangleright		70	112		
	the organization does not have an office or place of business in the United States, check this box				•	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)				-	
box 4	If it is for part of the group, check this box and attach a list with the names and request an additional 3-month extension of time until MAY 15, 2010	d EINs of all i	nemb	ers the ext	ension is	tor
5		nd ending	אנוד	30.	2009	
6	If this tax year is for less than 12 months, check reason Initial return Final i			Change in		ng period
7	State in detail why you need the extension					
	ALL INFORMATION NECESSARY TO PREPARE A COMPLETE RETURN HAS NOT YET BEEN RECEIVED.	AND AC	CUR.	ATE T	AX	
8a	If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less a	ny				
0a	nonrefundable credits. See instructions	111,9	8a	\$		
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti-	mated				
	tax payments made include any prior year overpayment allowed as a credit and any amount pai					
	previously with Form 8868		8b	\$		
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, or	deposit				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See i	nstructions	_8c_	\$	1	I/A
	Signature and Verification					
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and stateme ue, correct, and complete, and that I am authorized to prepare this form				_	
Signa	ture - Bounie Wyllie Title - Vuce Pres LSR	<u>H</u>	Date	▶ 2-	11-0	2010
	. /					Rev 4-2009)

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