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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form

990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

	Α	For the 2008 calendar year, or tax year beginning $9/01$, 2008, and en	ding 8/3⊥		, 2009				
	В	Check if applicable C		D Employer i	dentification number				
		Plance							
	H		L.		30323				
	Institute of the language Institute of the language								
	\sqcup	Initial return type SAN DIEGO, CA 92101		(619)	282-7366				
	Ш	Specific	<u>}</u>	(01)	202 1300				
		Amended return Instruc-	ĺ:	F Group E:	xemption				
		Application pending		Number	· •				
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting r Other (specif		Cash Accrual				
(
\odot		THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	H Check ►		ganization is not				
≥		Website: ► WWW.PROPLAYERFOUNDATION.ORG	required to a	attach Sche	dule B (Form 990,				
Z	J	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 9	190-PF)					
4	K	Check ► If the organization is not a section 509(a)(3) supporting organization and its c	gross receipts ar	e normally	not more than				
SCANNED		\$25,000 A return is not required, but if the organization chooses to file a return, be sure to	file a complete	return					
	L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file	Form 990						
\geq	L	instead of Form 990-EZ	01111 990	► \$	331,930.				
AUG		Revenue, Expenses, and Changes in Net Assets or Fund Balance	oc (Soo the u						
0	F, a		62 (266 tile 1						
		1 Contributions, gifts, grants, and similar amounts received		1	331,930.				
e,		2 Program service revenue including government fees and contracts		2					
2		3 Membership dues and assessments		3					
2010		4 Investment income		4					
		5a Gross amount from sale of assets other than inventory 5a		2.32					
		· · · · · · · · · · · · · · · · · · ·							
	_	•							
	R E V	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)		5c					
	V E	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	k here 🏲 [
	מצו	a Gross revenue (not including \$ of contributions							
	E	reported on line 1) 6a							
	_	b Less direct expenses other than fundraising expenses 6b							
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6 c					
		7a Gross sales of inventory, less returns and allowances 7a							
		b Less cost of goods sold 7b							
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c					
		8 Other revenue (describe ►) 8					
		9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		▶ 9	331,930.				
			IA DELATERATED 1						
		,	ATEMENT 1	10	85,344.				
	Ε	11 Benefits paid to or for members		11					
	X	12 Salaries, other compensation, and employee benefits		12					
	E	13 Professional fees and other payments to independent contractors		13	2,950.				
	N	14 Occupancy, rent, utilities, and maintenance		14					
	S E	15 Printing, publications, postage, and shipping		15	360.				
	S	16 Other expenses (describe SEE STATEMENT 2	,	16	181,021.				
		16 Other expenses the SEHA STIM EMEIN 1 Z)						
		17 Total expenses (and unes 10 through 6)		▶ 17	269,675.				
		18 Excess of (deficit) for the year (Subtractine 17 from line 9)		18	62,255.				
	A	19 Net assets of fund ballances at beginnings year (from line 27, column (A)) (must ac	roo with and of	vear					
	NS	19 Net assets of fund palanges at beginning of year (from line 2/, column (A)) (must ag figure reponed on prior year's return)	lice with end-of-	19	21,897.				
	ŦĒ	ngare reported on prior years retains		20					
	Ś	20 Other changes in net assets or fund balances (attach explanation)		-	04 152				
		21 Net assets or fund to admires attend of year Combine lines 18 through 20		▶ 21	84,152.				
	Pa	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	e, file Form 990	instead of	Form 990-EZ				
		(See the instructions for Part II)	(A) Beginning	of year	(B) End of year				
	22	Cash, savings, and investments	21.	897. 22	84,152.				
	23			23					
		· · · · · · · · · · · · · · · · · · ·		24					
	24	·	21		0/ 152				
	25			897. 25	84,152.				
	26	`		0. 26	0.				
	27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,	897. 27	84,152.				

TEEA0803L 09/18/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

• Form	. , 990-EZ (2008) PRO PLAYER FOUN	IDATI	ON		47	7-093	30323 Page			
	Statement of Program Se			(See the instruction	ons.)		Expenses			
	uired for 501(c)(3)									
Desc desci	s the organization's primary exempt purpose? <u>SE</u> ribe what was achieved in carrying out the the services provided, the number of am title	he orga f perso	anization's exempt purpons benefited, or other	ooses. In a clear and corelevant information for	oncise manner, r each	and 4947	(4) organizations and (a)(1) trusts, optional thers)			
1 0	28 THE FOUNDATION RAISED FUNDS THROUGH VARIOUS EVENTS WHICH GENERATES									
20	AMOUNTS CONTRIBUTED TO VA					1				
	AND CHARITIES.									
		00-	05 244							
	(Grants \$ 85,344.) If the	nis amo	ount includes foreign gr	ants, check here	>	28 a	85,344			
29						_				
										
	(Grants \$) If the	nis amo	ount includes foreign gr	ants, check here	>	29 a				
30										
				· -						
						1				
	(Grants \$) If the	ns amo	ount includes foreign gr	ants, check here		30 a				
31	Other program services (attach schedule		<u> </u>							
٥.	· -		ount includes foreign gr	ants, check here	▶ □	31 a				
32	Total program service expenses (add II			arito, orioott tioro	>	32	85,344.			
	List of Officers, Directors			nlovees (List each o	ne even if not co		 			
13 O. 1.	City and Elist of Officers, Directors		itle and average hours		(d) Contribution		(e) Expense account			
	(a) Name and address		per week devoted	not paid, enter -0)	employee benefit pla					
		<u> </u>	to position		deferred compens	ation				
DAR	REN BENNETT		CEO/SECRETARY	0.		0.	0.			
224	O ENCINITAS BLVD, STE D	1	5.00							
	INITAS, CA 92024	1								
	RRI WEEKS	G	ENERAL MANAGER	0.		0.	0.			
	ORTIME.COM, 5900 PASTEUR	<u></u>	5.00			٠.				
		1	5.00							
	LSBAD, CA 92008		DIDECTOR							
NEW	RAY MCMILLAN CHOICE BUILDERS, 1240 HA STON, TX 77020	HL	DIRECTOR 5.00			0.	0.			
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Page 2

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	n 990-EZ (2008) FRO FLATER FOUNDATION		47-093032	<u> </u>		age :
Pa:	other Information (Note the statement requirement in General Instru	iction V.)			V	NI.
					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attack each activity	h a detailed c	description of	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a confor	med copy of the	changes	34	w 24. 4.	Χ
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), attach a statement explaining your reason for not reporting the income on Form 990-T	but not reported	on Form 990-T,	1		
	 Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) not proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year? 	ice, reporting	ı, and	35 a 35 b		Х
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year 2 If 'Yes,' complete applicable parts of Schedule N			. 36		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.			
- 1	b Did the organization file Form 1120-POL for this year?			37 b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still unpaid at the start of the period covered by this	employee or return?	were	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A			
39	501(c)(7) organizations Enter	San Contract			. 49 d	
	a Initiation fees and capital contributions included on line 9	39 a	N/A		2 V	
I	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	4 × 1		100 mg 100 m Magazina ngangangangangangangangangangangangangan
40	${f a}$ 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year un	der		wir con		
	section 4911 ► 0., section 4912 ► 0., section 4955	5 •	0.			<u>پُ</u> و چُ
I	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess ben year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	efit transactio	on during the	40 b		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the				15	- 1
	year under sections 4912, 4955, and 4958	-	0.	117	633	
(d Enter amount of tax on line 40c reimbursed by the organization	-	0.		R _i m ³	
(e All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 886-T	ed tax		40 e	₹\ _{\$}	X
41	List the states with which a copy of this return is filed ► <u>CA</u> a The books are in care of ► <u>GATTO</u> , <u>POPE & WALWICK</u> , <u>LLP</u>	Telephone	no ► <u>(619)</u>	282	- <u>73</u> 6	66
	Located at ► 550 WEST C ST, STE 1700, SAN DIEGO, CA SAN DIEGO (CA ZIP	+ 4 - 92101_			
ı	b At any time during the calendar year, did the organization have an interest in or a signature	or other auth	ority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other fi	nancial accoi	unt) ⁷	42b	 	X
	If 'Yes,' enter the name of the foreign country.	<u> </u>				
			İ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Fin	oneial Accounte				
	c At any time during the calendar year, did the organization maintain an office outside of the U		'	42 c	<i>#</i>	X
,	If 'Yes,' enter the name of the foreign country	, 5 .	i	420		
	Tes, enter the name of the loreign country					
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch	neck here			► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43			N/A
	and the series of the series o					
			r		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be complete of Form 990-EZ	d instead		44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section Form 990 must be completed instead of Form 990-EZ	on 512(b)(13)	? If 'Yes,'	45		Х

►X Yes No

Form 990-EZ (2008)

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 4 Yes No 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 46 46 Χ X 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х 48 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Χ 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a 49 b b If 'Yes,' was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 NONE Total number of other employees paid over \$100,000 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter 'None (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service NONE Total number of other independent **#**ing over \$100,000 mined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is required this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjutrue, correct, and complete Sign Here PRESIDENT BENNETT DARREN Type or print nd title Preparer's Identifying Number (See instructions) Check if Preparer s signature Paid 2010 N/A employed Pre-POPE & WALWICK, GATTO, Firm's name (or yours if self-employed), parer's 550 WEST C ST, SUITE 1700 N/A Use FIN address, and ZIP + 4 (619)282-7366 Only DIEGO, CA 92101-3568 SAN Phone no

May the IRS discuss this return with the preparer shown above? See instructions

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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



Employer identification number

PRO	P]	LAY	ER F	OUNDA	ATIO1	J														47-0	<u> </u>	0323	3		
Part	ور کر ان	Re	ason	for P	ublic	Cha	rity S	tatu	ıs (A	II org	janı.	zatı	ions	mu	st c	omp	olet	te this	part) (see	ıns	struct	ions)		
The c	rga	nızat	ion is	not a p	rivate	found	iation l	becau	use it	ıs (Pl	lease	e ch	eck o	nly c	one o	organ	ııza	ition)							
1	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).																								
2	П	A so	chool c	lescribe	ed in s e	section 170(b)(1)(A)(ii). (Attach Schedule E)																			
3	П	A ho	spital	ital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)																					
4																									
	name, city, and state																								
5	170(b)(1)(A)(iv). (Complete Part II)																								
6 7																									
,	X	ın s	ection	170(b)	(1)(A)(\	vi). ((Compl	ete P	art II)							go	· CITIIIIC	incar an		,,,,,	ne ger	iciai pasii	, 400.	J., DOG
8	\square			nity trus																					
9		from	activil stmen	ies rela	ted to it ne and	ts exe unrel	empt fu lated b	nctior iusine	ns – s ess ta:	ubject xable	to co	ertan me	n exce	eptio	ns. a	nd (2	2) no	o more	than 33	-1/3 % :	of its	Suppo	gross receip ort from gro ne organiz	SS	after
10	\Box			zation c									for n	ıblıc	safe	tv S	ee	section	1 509(a)	V4) . (s	ee 1	nstruc	tions)		
11	Н		-		_					-													ne purpose	s of a	one or
11	Ш	mor	e nubl	icly sup the typ	ported	Lorga	anızatı	ons c	descri	bed in	i sec	ction	509(a)(1)	ors	ectio	on 5	509(a)(2) See	sectio	n 50	9(a)(3). Check t	he bo	x that
		a	Туре	: I		b	Ту	pe II			c [_] Ty	ype II	1 — F	unc	tiona	ılly ı	ıntegra	ted			d 🔙	Type III-	· Othe	er
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)																								
f		If th			n recei	ved a	writte	en det	termır	nation	fron	n the	e IRS	that	ıs a	Тур	e I,	Type I	l or Typ	e III su	appo	orting (organizatio	n,	
g		Sind	e Aug	ust 17,	2006,	has t	he org	anıza	ation a	accept	ted a	any (gıft o	r co	ntribi	ution	fro	m any	of the f	ollowir	g p	ersons	,7		Т
		<i>~</i> ``								-14					11					ما بما (با	٠	d ()		Yes	No
		(i)	a pe belo	rson wh	no dire governi	ing bo	ody of	the s	contro toggue	rted or	mer rgan	alor ıızatı	ion?	toge	mer	WILLI	per	150115 0	escribe	u III (II) all	u (III)	11 g (i)		
		(ii)	a far	nily me	mber	of a	person	desc	cribed	ın (ı)	abo	ve?											11 g (ii)		
		(111)	a 35	% conti	rolled e	entity	of a p	ersor	n desc	cribed	ın (ı	ı) or	(II) a	bove	,7								11 g (iii)	<u> </u>	
h		Prov	ide th	e follov	ving int	forma	ation a	bout 1	the or	ganıza	atior	ns th	ne org	janiz	ation	sup	por	ts							
	(1)		e of Sup ganization			(11)) EIN		(0	i) Type o described above of (see ins	d on I r IRC	lines 1 sectio	19 on	1 (i)	(iv) Is inizatii listed gover docum	in you		the organ	ou notify nization in (i) of upport?	organiz (i) orga) is the ation nized	ın col	(VII) Amou	nt of Su	pport
															es	No	,	Yes	No	Yes	T	No			
			_		-		-																		
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(Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 29,737. 130,550 234,229 272,512 331,930 998,958. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge 998,958. 331,930 234,229 272,512 29,737 130,550 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 998,958. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 272,512 331,930 998,958. 7 Amounts from line 4 29,737 130,550 234,229 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on 10 Other income Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV) 4 *** Total support. Add lines 7 998,958. through 10 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ightharpoonsSection C. Computation of Public Support Percentage 100.0% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 100.0% 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 Schedule A (Form 990 or 990-EZ) 2008

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

BAA

Sche	edule A (Form 990 <u>or 990-EZ) 200</u>	08 PRO PLAY	ER FOUNDAT.	LON		4/-0930323	Page 3
Par	VIII Support Schedule fo	r Organizatio	ns Described	in Section 509	9(a)(2)		
	(Complete only if you che	cked the box on l	ine 9 of Part I)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-			-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	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						
C	: Add lines 7a and 7b						
8	Public support (Subtract line	107.1440.744.20000000000000000000000000000000			E Comment of the Comment	2000	
	7c from line 6)			e)	XXXXXXXXXXX		
	tion B. Total Support			1		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						-
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
14	Total support. (add ins 9, 10c 11 and 12) First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,		s a section 501(c)(3)	>
	tion C. Computation of Pu			101		15	0/
	Public support percentage for 20))	15	<u>%</u>
	Public support percentage from					16	%
	tion D. Computation of Inv					1,21	
	Investment income percentage				umn (f))	17	%
	Investment income percentage						
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	oox and stop here	. The organizatio	n qualifies as a p	oublicly supported of	organization	▶ []
t	33-1/3 support tests – 2007. If to use not more than 33-1/3%, check	he organization d k this box and sto	lid not check a bo p here. The organ	x on line 14 or 19 nization qualifies	9a, and line 16 is r as a publicly supp	nore than 33-1/3%, orted organization	and line 18 ☐

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

Schedule A	(Form 9	990 or 9	990-EZ)	2008	PRO	PLAYE	R FOUL	NDATIO	N			4 /	-09303.	2 <u>3</u>	Page 4
Schedule A Part IV	Suppl Part I	ement I, line	tal Inf o 17a oi	ormat i r 17b;	ion. Co or Par	mplete t III, Iin	this pe 12 F	art to p Provide	rovide the any other	ne expla er additi	nation r ional inf	equired ormatioi	by Part า (see เ	II, line 1 nstructio	10; ons)
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008	FEDERAL STATEMENTS	PAGE 1
	PRO PLAYER FOUNDATION	47-093032
STATEMENT 1 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU	0 JNTS PAID	
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	WELFARE FAMILY REACH FOUNDATION 25 HOMER ST. PARSIPPANY, NJ 07054	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NOT RELATED	\$ 17,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS.	MEDICAL PARENT PROJECT MUSCULAR DYSTROPHY 158 LINWOOD PLAZA FORT LEE, NJ 07024	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NOT RELATED	\$ 40,000
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	WELFARE UNITED SERVICE ORGANIZATION, INC. 2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NOT RELATED	\$ 250
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	RELIGIOUS CAMP HOPE PO BOX 1622 LITCHFIELD, CT 06759	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$ 21,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	RESEARCH JUVENILE DIABETES FOUNDATION INT. 120 WALL ST, 19TH FLOOR NEW YORK, NY 10005	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$ 250.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	EDUCATION ENCANTO ELEMENTARY 822 65TH STREET SAN DIEGO, CA 92114	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$ 2,004.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	EDUCATION DULLES HIGH SCHOOL 550 DULLES AVENUE SUGARLAND, TX 77458 NONE	

100.

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

2	n	n	O
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FEDERAL STATEMENTS

PAGE 2

PRO PLAYER FOUNDATION

47-0930323

1,500.

2,500.

240.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

RESEARCH

SUSAN G. KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY, SUITE 250

DALLAS , TX 75244

NONE

MEDICAL RADY CHILDREN'S HOSPITAL

3020 CHILDREN'S WAY SAN DIEGO, CA 92123

NONE

MEDICAL

TEE IT UP FOR MOMS

9002 HAMPSHIRE AVENUE N BROOKLYN PARK, MN 55445

NONE

ART PROGRAM MEDIA ART CENTER 921 25TH STREET

SAN DIEGO, CA 92102

NONE

500.

\$

\$

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADMINISTRATION
BANK CHARGES
CRO'S BOWLING BASH
FAIRWAYS FORE KIDS
FILING FEE
FLAVOR OFGASLAMP EVENT EXP
FRANCHISE TAX
GREAT AUSTRALIAN BBQ EVENT EXP
MAIL BOX SERVICES
OUTSIDE SERVICES
WEB SERVICES

Ś	5,000.
Y	
	6,454.
	32,697.
	63,385.
	70.
	29,967.
	10.
	38,258.
	180.
	4,880.

120. TOTAL \$ 181,021.

2008

FEDERAL STATEMENTS

PAGE 3

PRO PLAYER FOUNDATION

47-0930323

STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE PRO PLAYER FOUNDATION IS TO ADDRESS THE NEEDS OF UNDERSERVED YOUNG PEOPLE AND CHILDREN BY RAISING MONEY AND AWARENESS THROUGH SPECIAL EVENTS AND PROGRAMS.

STATEMENT 4 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO