



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning

10/01, 2008, and ending

09/30, 2009

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Please use IRS label or print or type See Specific Instruc- tions.	C Name of organization BOBCATS YOUTH FOUNDATION, INC.			D Employer identification number 200946449	
		Doing Business As			E Telephone number (704) 688-9000	
		Number and street (or P O box if mail is not delivered to street address)			F Room/suite	
		333 EAST TRADE STREET				
		City or town, state or country, and ZIP + 4			G Gross receipts \$ 1,108,265.	
		CHARLOTTE, NC 28202			H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list (see instructions)			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (insert no)		4947(a)(1) or		527		
J Website: ► WWW.NBA.COM/BOBCATS/CHARITABLE FOUNDATION						
K Type of organization		Corporation	Trust	Association	Other ► N/A	
L Year of formation		M State of legal domicile				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE STATEMENT 1		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	3	6
	3 Number of voting members of the governing body (Part VI, line 1a)	4	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	NONE
	5 Total number of employees (Part V, line 2a)	6	
	6 Total number of volunteers (estimate if necessary)	7a	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7b	NONE
	b Net unrelated business taxable income from Form 990-T, line 34		
	8 Contribution and grants (Part VIII, line 1h)	Prior Year	
	9 Program service revenue (Part VIII, line 2g)	Current Year	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,551,139.	778,277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,306,366.	-1,059,979.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,240.	-281,297.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	194,710.	139,717.	
14 Benefit plan (D) for members (Part IX, column (A), line 4)	NONE		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,467.		
b Total fundraising expenses, Part IX, column (D), line 25 ►	405.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,935.	8,855.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	198,645.	148,572.	
19 Revenue less expenses Subtract line 18 from line 12	47,595.	-429,869.	
20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
21 Total liabilities (Part X, line 26)	672,638.	279,102.	
22 Net assets or fund balances Subtract line 21 from line 20	618,669.	655,000.	
	53,969.	-375,898.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer <i>James H. Murray</i>	Date <i>7-8-10</i>	
Type or print name and title <i>James H. Murray</i>			

Paid Preparer's Use Only	Preparer's signature ► <i>Kurt V. Xing</i>	Date <i>7/6/10</i>	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) 583-78-4553
	Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP 214 N. TRYON STREET, SUITE 3600 CHARLOTTE, NC 28202		EIN ► 13-4008324	
			Phone no ► 704-344-7500	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 24,200. including grants of \$ 24,200.) (Revenue \$ _____)
GRANTMAKING (SEE STATEMENT 6)**4b** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ 115,517. including grants of \$ 115,517.) (Revenue \$ _____)
DONATING CHARLOTTE BOBCATS TICKETS TO VARIOUS CHARITIES (SEE STATEMENT 8)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 139,717. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Sections 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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S?

 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S? If "Yes," complete Schedule F, Part I

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

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

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

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

 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 II

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 III

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 IV

	Yes	No
1	X	
2	X	
3		X
4	X	
5		
6	X	
7	X	
8	X	
9		X
10	X	
11	X	
12	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a	X	
25b	X	
26	X	
27	X	

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.		
a	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	<input checked="" type="checkbox"/>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	<input checked="" type="checkbox"/>
c	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	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	NONE
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	NONE
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
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?	3a	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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	X
8	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?	9a	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body **1a** **6**
 b Enter the number of voting members that are independent **1b** **4**

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?

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?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body?
 b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

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

	Yes	No
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a		X
8b		X
9a		X
9b		
10		X
11		X

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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?
 a The organization's CEO, Executive Director, or top management official?
 b Other officers or key employees of the organization?
 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?
 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?

	Yes	No
12a	X	
12b		X
12c		X
13		X
14		X
15a		X
15b		X
16a		X
16b		

Section 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 Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JAMES DUNLEVY 333 EAST TRADE STREET CHARLOTTE, NC 28202**
704-688-9000

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 compensate any officer, director, trustee, or key employee.

Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **NONE**

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

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

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

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
SEE STATEMENT 2		

Part VIII Statement of Revenue

2008-449

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c	640,800.			
1d Related organizations	1d				
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f	137,477.			
1g Noncash contributions included in lines 1a-1f \$		115,517.			
1h Total. Add lines 1a-1f		778,277.			
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f			NONE		
3 Investment income (including dividends, interest, and other similar amounts)	STMT 3	405.			
4 Income from investment of tax-exempt bond proceeds		NONE			
5 Royalties		NONE			
6a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			NONE		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)			NONE		
8a Gross income from fundraising events (not including \$ 640,800. of contributions reported on line 1c) See Part IV, line 18	a 329,583.				
b Less direct expenses	b 1,389,562.				
c Net income or (loss) from fundraising events .	STMT 5	-1,059,979.			
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities			NONE		
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory			NONE		
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d			NONE		
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-281,297.			NONE

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 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 . . .	139,717.	139,717.		
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages				
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	5,432.		5,432.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	623.		623.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . . .				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BANK CHARGES	2,800.		2,800.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	148,572.	139,717.	8,855.	
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	91,808	1	266,182
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	572,000	4	12,920
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sales or use		8	
9	Prepaid expenses and deferred charges	8,830	9	NONE
10a	Land, buildings, and equipment, cost basis	10a		
b	Less: accumulated depreciation Complete Part VI of Schedule D.	10b		10c
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	672,638	16	279,102
Liabilities				
17	Accounts payable and accrued expenses	NONE	17	NONE
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable.		24	
25	Other liabilities. Complete Part X of Schedule D	618,669	25	655,000
26	Total liabilities. Add lines 17 through 25	618,669	26	655,000
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	53,969	32	-375,898
33	Total net assets or fund balances	53,969	33	-375,898
34	Total liabilities and net assets/fund balances	672,638	34	279,102

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990 (2008)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

BOBCATS YOUTH FOUNDATION, INC.

200946449

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)							
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . (Attach Schedule H)							
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:							
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) . (Complete Part II)							
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .							
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II)							
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.)							
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III)							
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) . (see instructions)							
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h							
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally Integrated	d <input type="checkbox"/>	Type III - Other	
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)							
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box								<input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?								
	(ii) A family member of a person described in (i) above?								
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?								
h	Provide the following information about the organizations the organization supports								

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

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

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	938,662.	1,140,408.	623,868.	2,367,768.	778,277.	5,848,983.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	938,662.	1,140,408.	623,868.	2,367,768.	778,277.	5,848,983.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,450,300.
6 Public support. Subtract line 5 from line 4						3,398,683.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	938,662.	1,140,408.	623,868.	2,367,768.	778,277.	5,848,983.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	NONE	NONE	NONE	1,968.	405.	2,373.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						5,851,356.
12 Gross receipts from related activities, etc (See instructions.)					12	1,593,881.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	58.08 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	54.46 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 "fact-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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)
Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% 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 more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

BOBCATS YOUTH FOUNDATION, INC.

Employer identification number

200946449**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
2a	
2b	
2c	
2d	

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 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, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(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

Yes	No
3a(i)	
3a(ii)	
3b	

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED ENTITIES	655,000

Total. (Column (b) should equal Form 990, Part X, col. (B) (line 25))

655 000

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

LIABILITIES**SCHEDULE D - PART X**

THE \$655,000 BALANCE LISTED IN OTHER LIABILITIES AS "DUE TO RELATED

ENTITIES" REPRESENTS AMOUNTS THAT BOBCATS BASKETBALL PAID ON BEHALF OF

THE BOBCATS YOUTH FOUNDATION FOR CHARLOTTE JUMPER CLASSIC FUNDRAISING

EXPENSES.

Supplemental Information Regarding Fundraising or Gaming Activities

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BOBCATS YOUTH FOUNDATION, INC.

Employer identification number

200946449

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

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

<input type="checkbox"/> a	Mail solicitations	<input type="checkbox"/> e	Solicitation of non-government grants
<input type="checkbox"/> b	Email solicitations	<input type="checkbox"/> f	Solicitation of government grants
<input type="checkbox"/> c	Phone solicitations	<input type="checkbox"/> g	Special fundraising events
<input type="checkbox"/> d	In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

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

Total ►

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

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

	(a) Event #1 <u>JUMPER CLASSIC</u> (event type)	(b) Event #2 <u>MY HEROES GALA</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	624,808.	345,575.	970,383.
	2 Less Charitable contributions	339,800.	301,000.	640,800.
	3 Gross revenue (line 1 minus line 2)	285,008.	44,575.	329,583.
Direct Expenses	4 Cash prizes	585,000.		585,000.
	5 Non-cash prizes	7,521.	18,794.	26,315.
	6 Rent/facility costs	150,822.	94,529.	245,351.
	7 Other direct expenses	324,081.	208,815.	532,896.
	8 Direct expense summary Add lines 4 through 7 in column (d)			► (1,389,562.)
	9 Net income summary Combine lines 3 and 8 in column (d)			► -1,059,979.

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

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

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

9a			
10a			
11			
12			

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records

13a	%
13b	%

Yes	No
-----	----

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

15a

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

Grants and Other Assistance to Individuals in the United States Schedule I-1 (Form 990) if additional space is needed.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

ORGANIZATION SELECTS GRANTEES BASED ON PREDETERMINED CRITERIA

Schedule I (Form 990) 2008

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

BOBCATS YOUTH FOUNDATION, INC.

Employer identification number

200946449

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory.				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens.				
24 Archeological artifacts.				
25 Other ►(<u>TICKETS</u>)	<input checked="" type="checkbox"/>	42	115,517.	SELLING PRICE
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	<input checked="" type="checkbox"/>
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

JSA

8E1298 1 000

58710X 3656 06/30/2010 09:25:09

33

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BOBCATS YOUTH FOUNDATION, INC.

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number

200946449

BOARD REVIEW OF FORM 990

PART VI, LINE A10

**FORM 990 IS REVIEWED EACH YEAR BY THE TREASURER OF THE FOUNDATION BEFORE
FILING WITH THE INTERNAL REVENUE SERVICE.**

ALL DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Part II Identification of Related Tax-Exempt Organizations

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

Schedule R (Form 990) 2008

Part III **Identification of Related Organizations Taxable as a Partnership**

Identification of Related Organizations Taxable as a Corporation or Trust

Part V Transactions With Related Organizations

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

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (ii) interest (iii) annuities (iv) royalties from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

		Yes	No
1f	Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g	Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h	Exchange of assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i	Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j	Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k	Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l	Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m	Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n	Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o	Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p	Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q	Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r	Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) BOBCATS BASKETBALL HOLDINGS, LLC	M	No Charge	
(2) CHARLOTTE ARENA OPERATIONS, LLC	O	39,885.	
(3) BOBCATS BASKETBALL, LLC	E	655,000.	
(4)			
(5)			
(6)			

Part VI

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE FOUNDATION CONDUCTS FUNDRAISING EVENTS (INCLUDING THE CHARLOTTE JUMPER CLASSIC) TO RAISE FUNDS IN ORDER TO SUPPORT CHARITABLE ORGANIZATIONS THAT DELIVER PROGRAMS THAT IMPACT LITERACY AND EDUCATION, FITNESS AND WELLNESS, AND EXPOSURE TO ART.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

STADIUM JUMPING, INC.
P.O. BOX 2919
TAMPA, FL 33601

HORSE EVENT SERVICES 269,458.

LEVY RESTAURANTS
333 EAST TRADE STREET
CHARLOTTE, NC 28202

CATERING 119,192.

TOTAL COMPENSATION

388,650.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	405.			
TOTALS	405.			

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CHARLOTTE JUMPER CLASSIC	285,008.	1,067,424.	-782,416.
MY HEROES GALA	44,575.	322,138.	-277,563.
TOTALS	329,583.	1,389,562.	-1,059,979.

BOBCATS YOUTH FOUNDATION, INC

FEIN: 20-0946449

FYE: SEPTEMBER 30, 2009

FORM 990

PART III, Line 4a

Activities:

The Foundation hosted special events (including the Charlotte Jumper Classic and My Heroes Gala), and made appeals for individual contributions to advance the work of the Foundation. In addition, the Foundation used its relationship with the players, coaches, and management of the Charlotte Bobcats NBA Team as a platform to raise awareness about the importance of literacy, education, health and fitness, and the arts. In order to meet the goals of the Foundation, the core focus of activities was grant making and raising awareness.

Grantmaking

Grantmaking was the Foundation's way of demonstrating and showcasing the Foundation's commitment to the priorities of the organization and community it serves. This year, eligible non-profit organizations were invited to submit grant applications for funding consideration. The community was made aware of the availability of grant dollars through press releases, the Foundation's website, and postcards mailed to eligible organizations. The volunteer board of directors, working with the President of the Foundation, granted various proposals. This year \$139,717 was granted to various non-profit organizations ranging from a grant to Presbyterian Hospital for the Medical Care Outreach program, the Taco Bell Foundation Community Teen Outreach, and several organizations for youth and community outreach programs.

Education and Awareness

Education and awareness represented the second priority area for the Foundation. Promotional campaigns such as billboards, in-arena public services announcements, as well as community public services announcements, posters, and informational literature were developed using players and coaches of the Charlotte Bobcats, as well as community leaders as spokespersons to raise community awareness about literacy, education, health and fitness, and the arts. These individuals used their standings in the community to promote issues important to the mission of the Foundation and the community it serves. The education and awareness campaigns align with the NBA basketball seasons and other national campaigns specific to the issues the Foundation championed. Working with a local advertising firm and media partners, the President of the Foundation and the Board of Directors of the Foundation created and implemented an awareness campaign.

STATEMENT 6

BOBCATS YOUTH FOUNDATION, INC

FEIN: 20-0946449

FYE: SEPTEMBER 30, 2009

FORM 990

PART VII-A

LINE 1A

The Bobcats Youth Foundation is related, through a common governing body and officers, to Bobcats Basketball Holdings, LLC, a non-exempt organization.

The following volunteer board members of Bobcats Youth Foundation were also employed and compensated by Bobcats Basketball Holdings, LLC during the fiscal year ending 9/30/2009:

- James Dunlevy
- Andre Walters

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYE. 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

The Foundation purchased basketball tickets from Bobcats Basketball, LLC for a total of \$115,517
These tickets were then donated to various 501(c)(3) organizations

<u>Organization</u>	<u>City</u>	<u>State</u>
100 Black Men Youth Academy	Charlotte	NC
A Better Place	Charlotte	NC
A Better World	Charlotte	NC
A Child's Place, Inc	Charlotte	NC
Academy of International Studies/Independence High	Charlotte	NC
Acheivement Zone Schools	Charlotte	NC
African American Cultural Center	Charlotte	NC
Albermarle Road Community Center	Charlotte	NC
Alexander Youth Network	Charlotte	NC
Alliance for Children & Youth	Belmont	NC
Alpha Kappa Alpha Sorority Inc	Murfreesboro	TN
Alston Wilkes Veterans Home	Columbia	SC
Alternative Academy for Success	Columbia	SC
American Heart Association		
American Red Cross		
Andrews High School	High Point	NC
Anita Stroud Foundation	Charlotte	NC
Another Choice Adoption	Charlotte	NC
Anson County Partnership for Children	Wadesboro	NC
Appropriate Placement Options	Statesville	NC
Arbor Glen Recreation Center	Charlotte	NC
Asian-American @ Cannon School	Charlotte	NC
Athletes United For Youth	Charlotte	NC
Auvna Prevention Services	Charlotte	NC
Back Creek Christian Academy	Harnsburg	NC
Back Creek Presbyterian Church	Charlotte	NC
Bailey Middle School PTA		
Baptist Children's Homes	Thomasville	NC
Belmont Community Organization	Belmont	NC
Bette Rae Thomas Recreation Center	Charlotte	NC
Big Brother--Big Sisters	Charlotte	NC
Big Brothers and Big Sisters of the Upstate	Greenville	SC
Big Brothers Big Sisters of Western NC	Morganton	NC
Big Brothers--Big Sisters	Greensboro	NC
Blackmon Road Community	Charlotte	NC
BOTSO	Charlotte	NC
Bounce Back Kids	Chapel Hill	NC
Boy Scout Troop 226	Greensboro	NC
Boys & Girls Club of Danville	Danville	VA
Boys & Girls Clubs of York County	Rock Hill	NC
Boys and Girls Club of Gaston	Gastonia	NC
Boys and Girls Club of Upstate	Spartanburg	SC
Brothers Organized to Save Others (BOTSO)	Greensboro	NC

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYD 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

Brun's Avenue Elementary School	Charlotte	NC
Busta Buddies	Greensboro	NC
C.N. Jenkins Outreach Ministry	Charlotte	NC
Cabarrus County Schools		
Cabarrus Victim Assistance Network	Concord	NC
Calvary Fellowship Church	Fayetteville	NC
Carmel Chinese School	Charlotte	NC
Carolina Community Intervention Project	Charlotte	NC
Carolina Youth Commission (International)	Charlotte	NC
Catawba Heights Elementary School	Belmont	NC
Cedar Creek Methodist Church	Lancaster	NC
Central AOB	Charlotte	NC
Charlotte City Schools--Achievement Zone School & Special Olympics	Charlotte	NC
Charlotte Housing Authority	Charlotte	NC
Charlotte Weed & Seed		
Cheer For Children	Rock Hill	SC
Cherokee County Youth Basketball	Gafney	SC
Child Care Resources	Charlotte	NC
Children & Family Services	Charlotte	NC
Children's Speedway Charities	Charlotte	NC
Chit's Emergency Housing, Rainbow Room	Charlotte	NC
Christian Ahtletic League	Charlotte	NC
Cities in Schools	Charlotte	NC
CMS Acheivement Zone Schools	Charlotte	NC
CMS Alternative Learning Program	Charlotte	NC
CMS Title One Schools (Allenbrook, Eastway, Statesville Road, Highland)	Charlotte	NC
Coltrane Life Center	Concord	NC
Columbia Parks and Rec	Charlotte	NC
Communitites In School	Charlotte	NC
Communities in Schools of Rowan County	Salisbury	NC
Community Boys & Girls Club of Wilmington	Wilmington	NC
Community Group	Winston-Salem	NC
Community Link	Charlotte	NC
Concord Boys and Girls Club	Concord	NC
Council For Childrens Rights	Charlotte	NC
Cramerton Police Department	Cramerton	NC
Darius Jennings Community Center for Autism	Orangeburg	SC
Department of Social Services	Charlotte	NC
Denta Christian Academy	Charlotte	NC
Double Oaks Community	Charlotte	NC
Double Oaks Family Resource Center	Charlotte	NC
Dowd YMCA		NC
Dream Team (Youth B-Ball)	Charlotte	NC
Druid Hill Neighborhood	Charlotte	NC
Durham Companions	Durham	NC
Durham Housing Authority	Durham	NC
Ebon's Group	Charlotte	NC
Elon Homes for Children	Charlotte	NC

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYD 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

Family Crisis Council	Salisbury	NC
Family Ties	Columbia	SC
Find A Friend Program	Fayetteville	NC
FIRST at Blue Ridge, Inc.	Ridgecrest	NC
First Book Charlotte	Charlotte	NC
First Tee of Charlotte	Charlotte	NC
First Ward Elementary	Charlotte	NC
Florence Crittenton Services-Elon Childrens Home	Charlotte	NC
Forsyth County United Way	Winston-Salem	NC
French Exchange Students	Charlotte	NC
Fresh Start Group Home	Charlotte	NC
Friendship Christian Church	Gastonia	NC
Friendship Trays	Charlotte	NC
Fuquay Varina Youth Initiative	Fuquay Varina	NC
G E M S	Charlotte	NC
Game of Life	Greensboro	NC
Gang of One--Spaugh Middle	Charlotte	NC
Gaston Boys & Girls Club	Gastonia	NC
Gaston Chapel AME Church	Gastonia	NC
Gastonia Neighborhood Development Association	Gastonia	NC
Genesis Park Neighborhood	Charlotte	NC
Gentleman of Jackson	Greensboro	NC
Girl Scouts Hornets Nest Council	Charlotte	NC
Girl Scouts of the Pioneer Council	Gastonia	NC
Girl Talk	Charlotte	NC
Glenn Springs Academy	Pauline	SC
Greater Enrichement Program	Charlotte	NC
Greater Galilee Ministries	Martinsville	VA
Greensboro Salvation Army Center of Hope	Greensboro	NC
Greensboro Youth Group	Greensboro	NC
Greenville Center	Charlotte	NC
Greenville Community	Greenville	SC
Guardian Ad Litem	Charlotte	NC
Halifax County Middle School	Weldon	NC
Hall House	Charlotte	NC
Henderson County Dept of Social Services	Hendersonville	NC
Highland Renaissance Elementary School-KIA Reading Day	Charlotte	NC
Hispanic Scholarship Fund	Charlotte	NC
Hoop Dreams Basketball Academy	Chapel Hill	NC
Hoops and Hope CR Event	Charlotte	NC
Hospice & Community	Rock Hill	SC
Hospice & Palliative Care Cabarrus County	Kannapolis	NC
Hospice & Palliative Care Charlotte Region	Charlotte	NC
International House	Charlotte	NC
Irvin Avenue Elementary	Charlotte	NC
J T Williams Middle School	Charlotte	NC
Johnson C Smith University	Charlotte	NC
Joseph Grier Elementary School	Charlotte	NC

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYE. 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

JT Martin After School Program	Charlotte	NC
Just In Case	Charlotte	NC
Kappa Foundation (Guide Right)	Charlotte	NC
Kitrell Job Corp Center	Charlotte	NC
Latin American Coalition	Charlotte	NC
Leadership Council for Young Black Men	Charlotte	NC
Lee County Schools	Sanford	NC
Lewis Chapel Church-Fayetteville Youth B-Ball Team	Fayetteville	NC
Life Span	Charlotte	NC
Life Span	Winston Salem	NC
Lincoln Heights Elementary	Charlotte	NC
Livingstone College	Salisbury	NC
Madres Y Madrinas	Charlotte	NC
Marie G Byers	Charlotte	NC
Mayor's Tickets For Kids	Charlotte	NC
McLeod Center		NC
Meck County Social Services	Charlotte	NC
Metrolina Aids Project	Charlotte	NC
Mighty Men of God	Wallace	NC
Miracle Hills Group Home		NC
MLS Walk	Charlotte	NC
Movement of Youth	Durham	NC
Mt. Moriah Baptist Church	Spartanburg	SC
Mt Olive Baptist Church	Belmont	NC
Mt Peace Baptist Church	Charlotte	NC
National Wild Turkey Federation - Union County Chapter	Marshville	NC
Nevins, Inc	Charlotte	NC
New Foundations Childrens and Family Services	Anderson	SC
Next Level Ministries	Charlotte	NC
Next Level Youth Enrichment	Winston-Salem	NC
North Rowan Communities In School	Spencer NC	NC
Oaklawn Recreation Center	Charlotte	NC
One 7 Urban Youth Ministry	Charlotte	NC
Palmento Healthy Start Program	Greenville	SC
Parkwood Baptist Church	Gastonia	NC
Philip O'Berry Recreation Center	Charlotte	NC
Potential For Youth	Greenville	SC
Prevention Education for Athletes	Augusta	SC
Priority House	Charlotte	NC
Providence High School Band Boosters	Matthews	NC
Ray of Hope Recreation Center	Charlotte	NC
Resourceful Solutions	Charlotte	NC
Resurrection Lutheran Chruch--Refugees	Charlotte	NC
Right Moves for Youth	Charlotte	NC
Robert E Howard Middle School		
Rockingham Housing Authority	Rockingham	NC
Rockwell AME Church	Charlotte	NC
Ronald E McNair Middle School	Lake City	SC

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYD 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

Rural Hall Moravian Church	Rurul Hall NC	NC
Salisbury Academy	Salisbury	NC
Salvation Army Boys & Girls Club	Greensboro	NC
Salvation Army Center of Hope - Greensboro	Greensboro	NC
Seigle Avenue Partners	Charlotte	NC
Social Service	Charlotte	NC
Southview Recreation Center	Charlotte	NC
Speedway Childerns Charities	Charlotte	NC
St Luke CME Church	Charlotte	NC
St Paul's Ray of Hope Recreation Center	Charlotte	NC
St Peter's Homes, Inc /McCreesh Place	Charlotte	NC
Stonewall Jackson Youth Development Center	Concord	NC
Stratford Richardson YMCA		
Summit House/Womens Commission	Charlotte	NC
Sumter County Sheriff--Basketball Team	Sumter	NC
Tabernacle Baptist Church	Gastonia	NC
Teen Health Connection	Charlotte	NC
Temple Church International	Gastonia	SC
The Boyz R Back Inc	Winston-Salem	NC
The Children's Center for Cancer & Blood Disorders	Columbia	SC
The Family Center	Charlotte	NC
The GENTS (Vance High School)	Charlotte	NC
The Males Place	Charlotte	NC
The Q, Foundation	Charlotte	NC
The Relatives, Inc	Charlotte	NC
The Urban Ministry Center	Charlotte	NC
Thomasboro Elementary	Charlotte	NC
Together4Moore Youth Services	Aberdeen	NC
Toys For Tots	Charlotte	NC
Troop 155	Charlotte	NC
Tuckasegee Elementary School	Charlotte	NC
Tyler's Mission		
UNC--Charlotte--Basketball Team	Charlotte	NC
Unique Caring Foundation		
United States Marines	Charlotte	NC
United Way of York County	Charlotte	NC
University Park Elementary	Charlotte	NC
Urban League		
Urban Ministries/Grace Cathedral	Charlotte	NC
Urban Restoration	Charlotte	NC
USC Sports Management Dept	Columbia	SC
Walls Memorial Youth Program	Charlotte	NC
Walter G Byers	Charlotte	NC
We Stand For Kids	Anderson	NC
Weed and Seed--City of Charlotte	Charlotte	NC
West Blvd Corridor Neighborhoods	Charlotte	NC
West Charlotte Community Center	Charlotte	NC
Wilson Middle School	Charlotte	NC

BOBCATS YOUTH FOUNDATION, INC
FEIN 20-0946449
FYE 9/30/2009

FORM 990, SCHEDULE A, PART II - OTHER GRANTS PAID DURING THE YEAR - VARIOUS CHARITIES

Workforce Development Board	Charlotte	NC
Workforce Development Corporation of Centralina	Charlotte	NC
Wounded Warrior Barracks/Manne Corps Council		
WQMG Greensboro	Greensboro	NC
York County Board of Disabilities and Special Needs	York	NC
York County Literacy Association	York	NC
Young Women of Promise	Charlotte	NC
Youth and Family Services	Charlotte	NC
Youth Leadership Academy		
Youth Services Bureau	Salisbury	NC

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- 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 filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization BOBCATS YOUTH FOUNDATION, INC.	Employer identification number 200946449
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 333 EAST TRADE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTE, NC 28202	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► JAMES DUNLEVY

Telephone No ► 704 688-9000

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box . ► If it is for part of the group, check this box . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15/2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year _____ or
► tax year beginning 10/01/2008, and ending 09/30/2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ _____ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization BOBCATS YOUTH FOUNDATION, INC.	Employer identification number 200946449
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 333 EAST TRADE STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions CHARLOTTE, NC 28202	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **JAMES DUNLEVY**

Telephone No ► **704 688-9000** FAX No. ► **704 688-8735**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ► If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **08/16/2010**
- 5 For calendar year **2008**, or other tax year beginning **10/01/2008**, and ending **09/30/2009**
- 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <input type="text"/>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <input type="text"/> NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$ <input type="text"/>

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev. 4-2009)

PRICEWATERHOUSECOOPERS LLP
214 N. TRYON STREET, SUITE 3600
CHARLOTTE, NC 28202