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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009
Open to Public Inspection

					
	<u>A_F</u>	or the	2009 calendar year, or tax year beginning and ending	-	
	B c	heck if opticable	Please use IRS	D Employer identific	ation number
		Addre	s label or Excuton ACCECCODIEC DENERIM DALL INC		
	\vdash	Johang Name	type David Barrell Ar	12_25	92313
	\vdash	Jchang Jinitial	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite		194313
	늗	_Iretum Termin	- Specific 1 DED COAM DOAD		27 0420
	\vdash	Jated Amend	(-4) ·		27-0420
	누	Iretum Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	544,953.
	_	Jtion pendir	MESTPORT, CT 06660	H(a) Is this a group ret	
			F Name and address of principal officer: REENIE BROWN	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates inclu	
			mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	<u> </u>	st (see instructions)
		/ebsit		H(c) Group exemption	
				of formation: 1990 M	State of legal domicile: CT
	Ра	rt I	Summary		
	Governance		Briefly describe the organization's mission or most significant activities. RAISE MONE ORGANIZATIONS	EY FOR OTHER	NONPROFIT
	ra L		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more	e than 25% of its net ass	ets.
	Ž		Number of voting members of the governing body (Part VI, line 1a)	3	_
\$	့် ပုံ		Number of independent voting members of the governing body (Part VI, line 1b)	4	5
2	80		Total number of employees (Part V, line 2a)	5	5 5 2
4	ا <u>ئ</u> ۆ ر		Total number of volunteers (estimate if necessary)	6	0
(04 790	, <u>ફ</u>	-	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
>=	ا ک		Net unrelated business taxable income from Form 990-T, line 34	7ь	0.
MAX				Prior Year	Current Year
_	ļ	8	Contributions and grants (Part VIII, line 1h)	389,650.	147,300.
H	Revenue		Program service revenue (Part VIII, line 2g)		
Z	Š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-40,430.	-14,966.
Ź.	ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,803.	44,803.
∢:			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,023.	177,137.
SCANNED	\neg		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	330,000.	50,500.
U			Benefits paid to or for members (Part IX, column (A), line 4)	33070001	007000
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	91,544.	87,821.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	22/0220	<u> </u>
	ğ		Fotal fundraising expenses (Part IX, column (D), line 25) 15, 973.		· · · · ·
	ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	65,215.	51,572.
		18	Total expenses Addunds (3.17) (must equal Part IX column (A) line 25)	486,759.	189,893.
		19	Revenue less expenses: Subtract-line 18 from line 12	-46,736.	-12,756.
	PS		[CD] [X]	ginning of Current Year	End of Year
	ᆲ	20		359,017.	409,984.
	888		Total liabilities (Part X, line 16)	390.	390.
	Net Assets or Fund Balances		Net assets of fund balances. Subtract line 21 from line 20	358,627.	409,594.
	Pa		Signature Block	000/02/1	200,0021
	Ŀ	•	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (ether then officer) is based on all information of which preparer has any knowledge	and to the best of my knowledge	and belief, it is true, correct,
			and complete Declaration of preparer (either than efficer) is based on all information of which preparer has any knowledge	.//.	
	Sign	,	Les El Disu	4/5/1	O
	Here		Signature of officer	Date	
			REENIE BROWN, FOUNDER & PRESIDENT	•	
			Type or print name and title		
				eck if Preparer	s identifying number uctions)
	Paid			iployed \blacktriangleright \Box	
	•	arer's	Firm's name (or BEERS HAMERMAN & CO. P.C.	EIN ►	
	Use (unly	self-employed), 234 CHURCH STREET		
			address, and ZIP+4 NEW HAVEN, CONNECTICUT 06510-0615	Phone no. ► (2	03)787-6527
	— Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	990 (2009)		ESSORIES BENE	FIT BALL, II	NC. 13-35	92313 Pag	<u>e 2</u>
Pa 1		of Program Service /	Accomplishments				
		ONEY FOR OTHER	NON-PROFIT O	RGANIZATIONS	5		
2	the prior Form 990 or	undertake any significant pi 990-EZ? ese new services on Schedi		year which were not lis	sted on	Yes X	No
3	Did the organization of	cease conducting, or make	significant changes in how	rt conducts, any progr	ram services?	☐Yes 🗓	No
4	Describe the exempt Section 501(c)(3) and	ese changes on Schedule C purpose achievements for \$501(c)(4) organizations an the total expenses, and re-	each of the organization's d section 4947(a)(1) trusts	are required to report t			
4a	PEOPLE OF)(Expenses \$ 1 FHE ACCESSORIE RAISES MONEY F		RE BROUGHT !		AN ANNUAL)
4b	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$		
							<u>_</u>
4c	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$		
							<u> </u>
4d 	(Expenses \$	ces. (Describe in Schedule (including g	rants of \$) (Revenue \$			
<u>4e</u>	Total program servi	ce expenses ►\$	141,978.			Form 990 (20	<u></u>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			İ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ļ
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI.			٠
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			'
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	į		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			,
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			~ .
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			, ;
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			اء -
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	40	X	المسا
404		12	<u> </u>	/ <u>10.5</u>
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X 12A X 12A X 12A 12		,	/ 额
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
140	Did the organization maintain an office, employees, or agents outside of the United States?	44.	<u> </u>	X
i-ta h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.15		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u> </u>		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			000 /	

Part IV | Checklist of Required Schedules (continued)

		7	1	T
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	<u> </u>		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 lines 24b through 24d and complete	ł		
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	•		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١		7.7
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		<u> </u>
35		٠.		v
26	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			v
37	If "Yes," complete Schedule R, Part V, line 2	36_		_X
31	and that is treated as a partnership for foderal income tay purposes? If "Vos." complete Schoolule P. Port VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		Λ
	Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2009)

Form 990 (2009) FASHION ACCESSORIES BENEFIT BALL, INC. 13-3592313 Statements Regarding Other IRS Filings and Tax Compliance Part V Y<u>es</u> 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 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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)? X 4a b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or diffs

-	,		
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		
	provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
	to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	honefit contract?	7-	

g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?					
8	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings					
	at any time during the year?					
9	Soonsoring organizations maintaining donor advised funds					

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings				
	at any time dunng the year?	8_			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	9a			

а	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:	

	occurrence (cyte) or Berniner Emeric		1 1	1 '	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u></u>	•	l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b].	(1)(1) (1)(2)	
11	Section 501(c)(12) organizations. Enter:		1 1		
а	Gross income from members or shareholders	11a		par.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1 * 3	3.5	1
	amounts due or received from them.)	11b	1 58	4.1	L

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 (2009)

7f

7g 7h Form 990 (2009) FASHION ACCESSORIES BENEFIT BALL, INC. 13-3592313 Page 6
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		İ	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· .	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	_X_	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		Ì	
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	* * * **		
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	ın joınt venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			, management of
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CT, NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat REENIE BROWN $-203-222-1755$	ion: 🕨		
	51 RED COAT ROAD, WESTPORT, CT 06880			
		Form	990 (2	2009)

932008 02-04-10

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

X X X Individual frustee or director	lnstitutional trustee	Pos call f	that		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
X Individual trustee or director	Institutional trustee	X			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
x		x					
x		x					
x					5,000.	0 -	^
x							0
		X					
					0.	0.	0
┻						•	
	├			Н	 0.	0.	0
$ _{\mathbf{X}}$					0.	0.	0
_	\vdash		_				
	X	X					

Form **990** (2009)

				SORIES E	BENEFIT BAL	L, INC.	13-3592	2313 Page 9
_	ort VI				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	tions) 1d le lits, and	47,300.				
contrib	_	similar amounts not included abo Noncash contributions included in lines			147 200			
	h	Total. Add lines 1a-1f		Business Code	147,300.			-
Program Service Revenue	b d)						
g	f	All other program service reve	enue					
	3	Total. Add lines 2a-2f Investment income (including other similar amounts)	dividends, intere		6,442.			6,442.
	4 5	Income from investment of tag Royalties	x-exempt bond p	roceeds (ii) Personal				
	6 a b c	Less: rental expenses Rental income or (loss)			A C C COMMISSION IN COMM			
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 230,122.	(ii) Other			\$,
		Gain or (loss) Net gain or (loss)	-21,408.	•	-21,408.		5	-21,408.
Other Revenue	8 a	Gross income from fundraising including \$ 147,3 contributions reported on line Part IV, line 18	00 • of 1c). See	161,089.				
Othe	b c	Less: direct expenses	ь[116,286. ▶	44,803.	2		44,803.
	b		a					
	10 a	Gross sales of inventory, less and allowances	- 1					
-	11 a	Net income or (loss) from sale Miscellaneous Revenue	е	Business Code		4.7		
	b c							
	d e 12	Total. Add lines 11a-11d Total revenue. See instructions.			177,137.	0.	0.	29,837.

Form **990** (2009)

	Section 501(c)(3) All other organizations must compl	` ` ` ` · · ·	tions must complete al		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	50,5 <u>00</u> .	50,500.		
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 .	59,668.	43,734.	10,467.	5,467.
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	21,791.	10,896.	4,358.	6,537.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,362.	4,546.	818.	998.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	9,484.		9,484.	
d					·· ···
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,658.		3,658.	
g	Other	20,502.	20,502.		
12	Advertising and promotion				
13	Office expenses	959.	671.	96.	192.
14	Information technology				
15	Royalties				
16	Occupancy	12,338.	8,636.	1,235.	2,467.
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	217.	173.	22.	22.
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.)	· · ·			
	MISCELLANEOUS	2,900.	2,320.	290.	290.
a	BANK FEES	1,514.	2,320.	1,514.	230.
D		1,314.		1,314.	
С.					
d					
e	All other oversees		 		
f	All other expenses	100 002	141,978.	21 042	1E 072
<u>25</u>	Total functional expenses. Add lines 1 through 24f	189,893.	141,9/8.	31,942.	15,973.
26	Joint costs. Check here Jif 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	<u></u>			5 000 (2222)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	62,640.	1	68,724
2	Savings and temporary cash investments	112,708.	2	58,029
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II	İ		
	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	
2 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D . 10a 14,340.			
b	Less: accumulated depreciation 10b 13,948.		10c	392
11	Investments - publicly traded securities	183,060.	11	261,011
12	Investments - other securities. See Part IV, line 11		12	21,828
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)	359,017.	16	409,984
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
۱	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	222
25	Other liabilities. Complete Part X of Schedule D	390.	25	390
26	Total liabilities. Add lines 17 through 25	390.	26	390
	Organizations that follow SFAS 117, check here X and complete			T.
ខ្ល	lines 27 through 29, and lines 33 and 34.	250 605	·	·
27 28 29 30 31 32 32	Unrestricted net assets	358,627.	27	409,594
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117, check here		*	
	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	<u> </u>
32	Retained earnings, endowment, accumulated income, or other funds	250 605	32	400 504
2 33	Total net assets or fund balances	358,627.	33	409,594
34	Total liabilities and net assets/fund balances	<u>359,017.</u>	34	409,984

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the	he organizat	ion						Į E	mployer	dentificat	ion nu	mber
			N ACCESSORIES						1	3-3592	313)
Part I	Reason	for Public Char	rity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions.				
The organi	zation is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	oox.)					
1 🔲	A church, co	nvention of churche	es, or association of chui	rches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2 🗀	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E.))							
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	In section	170(b)(1)	(A)(iii).					
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospita	l's nam	ne,
	city, and sta		•		•				•	•		•
	·=	•	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	t describ	ed in		
•	-	(b)(1)(A)(iv). (Compl	=	, -			- 3					
6 🔲			nent or governmental un	ıt describe	d in sectio	n 170/h)(:	1VAYw)					
		-	ceives a substantial part					or from the	nonoral	nublic desc	rrhad i	in
		(b)(1)(A)(vi). (Comple		or its supp	Jort Hom a	governing	ontai unii c	or monn the	generar	public desc	iibea i	и
			section 170(b)(1)(A)(vi).	(Complete	Part II \							
	-		ceives: (1) more than 33			rom contr	butions =	nombomb.	n food o	nd arass ro		fra
	•	•	nctions · subject to certa		• •				•	•	•	
		•	•	•		•				•		
			axable income (less sec	lion 511 ta	ט ווטווו טט	1511165565	acquired b	y trie orga	mzanon	aiter June 3	JU, 197	Э.
		509(a)(2). (Complete	•	at for autil	la anfatu (F00/-V	• \				
			perated exclusively to te									
	•	-	perated exclusively for the		-				•			or
			ations described in secti		-		2). See se e	ction 509(a)(3). On	eck the box	. tnat	
			organization and compl	_	_					٦		
	a Type		_ ,,	• •	e III - Fund	•	•		d∟	_l Type III - ℓ		
	-	=	at the organization is not		=	=	-			•		
		-	than one or more publicl	-	_				9(a)(1) or	section 509	(a)(2).	
	•		tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	∋ III				_
		rganization, check th					·					L
g	•		organization accepted a			_		• •				_
	• •		lirectly controls, either a	lone or tog	jether with	persons o	lescribed	ın (ii) and (iii) below	,	Yes	No
	the gove	eming body of the s	upported organization?							11g(i)	 _	<u> </u>
1	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)	igspace	<u> </u>
1	(iii) A 35% (controlled entity of a	ı person described in (i)	or (ii) abov	e?					11g(iii)	<u> </u>	L
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		- .	,			,		,				
(i) Name o	of supported	(ii) EIN	(iii) Type of		organization			(vi) is		(vii) An	nount o	of
	nization	'.	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col.	organizatı (i) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of your	support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
]	1]			
				1		1	1					
									<u>. </u>			_
			1									
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							ļ]			
				1]			
				<u>†</u>	1	 		<u> </u>				
Total					1							
	ivacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (For	m 990 or 99	10-E21	2009

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Page 2

<u>iedule A (Form 990 or 990 EZ) 2009 FA</u>											
art II Support-Schedule for O	rganizati	ons Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(i	vi)					
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)											
ction A. Public Support											
1	/ \ 000F	41.0000	(-) 0007	4-n 0000	(-) 0000	(0.7					

(Complete only if you checke	ed the box on line 5	, 7, or 8 of Part I.)	· ·			•		
Section A. Public Support								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1 Gifts, grants, contributions, and			(-1	X-7	1.07	.,,		
membership fees received. (Do not								
include any "unusual grants.")	294.327.	352,102.	408,150.	389,650.	147,300.	1591529.		
2 Tax revenues levied for the organ-		7						
ization'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 through 3	294,327.	352,102.	408,150.	389,650.	147,300.	1591529.		
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)]					180,240.		
6 Public support. Subtract line 5 from line 4						1411289.		
Section B. Total Support								
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7 Amounts from line 4	294,327.	352,102.	408,150.	389,650.	147,300.	<u>1591529.</u>		
8 Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources	3,494.	3,206.	8,587.	5,785.	6,442.	27,514.		
9 Net income from unrelated business								
activities, whether or not the								
business is regularly carried on		19,772.	80,445.	90,803.	44,803.	235,823.		
10 Other income. Do not include gain								
or loss from the sale of capital	[İ					
assets (Explain in Part IV.)						_		
11 Total support. Add lines 7 through 10	i				Ž.	1854866.		
12 Gross receipts from related activities	•				12			
13 First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	_		
organization, check this box and sto								
Section C. Computation of Pub	lic Support Pe	rcentage			•			
14 Public support percentage for 2009 (olumn (f))		14	76.09 %		
15 Public support percentage from 2008					15	<u>55.60 %</u>		
16a 33 1/3% support test - 2009. If the c	-			4 is 33 1/3% or m	ore, check this bo			
stop here. The organization qualifies		=				▶ 🗓		
b 33 1/3% support test - 2008. If the c	_							
and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶∟		

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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 - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ...

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for C	Organizations	Described in	Section 509(a	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009_	(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 per- formed, 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 bus-					1	İ
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					ļ <u></u>	
6 Total. Add lines 1 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				<u></u>		
8 Public support (Subtract line 7c from line 6)		1		<u> </u>	<u> </u>	
Section B. Total Support					,	
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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				1		
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		-
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.)						
14 First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a section	n 501(c)(3) orga	nization,
check this box and stop here	.			•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
Section C. Computation of Publ	ic Support Pe	rcentage		-		
15 Public support percentage for 2009 (olumn (f))		15	%
16 Public support percentage from 2008					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from	-	• • •			18	%
19a 33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than 3		
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2008. If the						6, and
line 18 is not more than 33 1/3%, che						. —
20 Private foundation, If the organization		•			-	▶ □
						990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	FASHION ACCESSORIES BENEFIT BALL,		13-3592313
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or A	ccounts. 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		
•	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor advised fun	de
5	are the organization's property, subject to the organization's exclusive legal control?	ioi advisco idii	Yes No
_	Did the organization of property, subject to the organization of exclusive legal controls		. — ::: — :::
6			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	purpose comer	
Do	impermissible private benefit?	000 Dod IV	Yes No
Pa		m 990, Part IV,	iirte 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
			ly important land area
		of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a co	inservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed by the organ	ization during the tax
	vear▶		
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, har	dling of	
_	violations, and enforcement of the conservation easements it holds?	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ements during t	• • • • •
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec		
Ŭ	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expense state	—
9	include, if applicable, the text of the footnote to the organization's financial statements that d		
	conservation easements.		gameation o accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasure	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	,	
	Complete ii the organization anomerous year to ronn easy, ratting into a		
	If the approximation planted as asserted under CEAC 11C met to connect in the regions atotoms	nt and balance	about works of art historical
ıa	If the organization elected, as permitted under SFAS 116, not to report in its revenue statements are at the similar assets held for public publishes adjusting or research in furtherm		
	treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of public se	rvice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.		al and a standard back to the same and
Ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement a		
	or other similar assets held for public exhibition, education, or research in furtherance of public	ic service, provi	de 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 fo	r financial gaın,	provide
	the following amounts required to be reported under SFAS 116 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		. ▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

			ES BENEFIT			3592313 Page 2
Par	t III Organizations Maintaining Co					
3	Using the organization's acquisition, accession	n, and other record	is, check any of the	following that are	a significant use of	ts collection items
	(check all that apply):					
а	Public exhibition	d		hange programs		
b	Scholarly research	e	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	llections and explai	n how they further t	the organization's	exempt purpose in F	Part XIV.
5	During the year, did the organization solicit or				nilar assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arrang		ete if organization a	nswered "Yes" to	Form 990, Part IV, lii	ne 9, or
	reported an amount on Form 990, Part					
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	ns or other assets	not included	
	on Form 990, Part X?	•			۱ ا	Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing table:		<u> </u>	
					ļļ	Amount
C	Beginning balance				. 1c	
d	Additions during the year				. 1d	
е	Distributions during the year .				. <u>1e</u>	
f	Ending balance				. <u> 1f </u>	
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21?			Yes No
	If "Yes," explain the arrangement in Part XIV.		1004 0 5		- 10	
Par	t V Endowment Funds. Complete if			1		
	<u>. </u>	(a) Current year	(b) Prior year	(c) I wo years bac	k (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions			<u> </u>	 	
C	Net investment earnings, gains, and losses					
d	Grants or scholarships			7 -		
е	Other expenditures for facilities			*		1
	and programs					
f	Administrative expenses			ACC.		
9	End of year balance			1 .773		
2	Provide the estimated percentage of the year					
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
С	Term endowment	~				
За	Are there endowment funds not in the posses	ssion of the organiz	ation that are held a	and administered t	or the organization	<u> </u>
	by:					Yes No
	(i) unrelated organizations					3a(i)
						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations		· ·			3b
Par	Describe in Part XIV the intended uses of the tylix Investments - Land, Building			Dart V line 10		·
i, ai					A A a sumu data d	(d) Dook volue
	Description of investment	(a) Cost or of basis (investr	1	t or other (d	c) Accumulated depreciation	(d) Book value
	Load	Daois (IIIVesti	nony basis	(54161)	depreciation	
1a	Land	·			C 42.81 702 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Buildings			 		
C	Leasehold improvements			· · · · ·		
d	Equipment		- 	4,340.	13 040	302
<u>е</u>	Other	rual Form 000 Post			13,948.	392.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 FASHION ACC Part VII Investments - Other Securities. Se	ESSORIES BEI	NEFIT BALL,	INC. 13	3-3592313	Page 3
(a) Description of security or category	(b) Book value		(c) Method of valu		
(including name of security)	(D) BOOK VAIDE	Co	ost or end-of-year ma	rket value	
Financial derivatives					
Closely-held equity interests Other		- +			
1200 SHARES PFIZER, INC	21,828	B. END-OF-Y	EAR MARKET	VALUE	
					
					
					-
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	21,828				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, lin	e 13.	(c) Method of valu	ntion:	
(a) Description of investment type	(b) Book value	Co	est or end-of-year ma		
					
	-				
					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15			· -	
	Description	·-···		(b) Book va	lue
	<u> </u>				
		-	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, 1	15.) line 25			<u>I</u>	
1. (a) Description of liability	iii 6 23.	(b) Amount			
Federal income taxes			1.		
PAYROLL WITHHOLDING		390.			
	·· ·				
			,	7 Y	
			1	•••	
]	* * * * * * * * * * * * * * * * * * *	
				Will the said	
Total. (Column (b) must equal Form 990, Part X, col (B) line		390.		- 125	
2. FIN 48 Footnote. In Part XIV, provide the text of the foot	note to the organizatio	n's financial statement	s that reports the org	ganization's liabilit	y for
uncertain tax positions under FIN 48. 932053 02-01-10				edule D (Form 9	90) 2009

	dule D (Form 990) 2009 FASHION ACCESSORIES BENEFIT BA			<u> 13-35</u>	92313	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audit	ted Finar	ncial St	atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,137.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		189	<u>,893.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-12	756.
4	Net unrealized gains (losses) on investments		4		63	723.
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 through 8		9		63	723.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		50	967.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements W	ith Reve	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	240	860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments 2a					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)		53,72	3.		
е	Add lines 2a through 2d			2e	63,	723.
3	Subtract line 2e from line 1			. 3		137.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)					
С	Add lines 4a and 4b	•		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		••••	5	177	137.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements W	With Exp	enses p	er Return		
1	Total expenses and losses per audited financial statements	•	<u>_</u>	11		893.
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			-		
	Other losses	<u> </u>	_	_		
ď	Other (Describe in Part XIV.)					
e	Add lines 2a through 2d	L		2e		0.
3	Subtract line 2e from line 1			3	189	893.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••				0,000
٦ 2	Investment expenses not included on Form 990, Part VIII, line 7b 4a			,		
	Other (Describe in Part XIV.)	<u> </u>		─ .		
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•••	5	189	893.
Par	t XIV Supplemental Information					<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	1a and 4· D	art IV line	e 1h and 2h	Part V line	4. Dort
						4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	s part to pr	ovide any	additional int	ormation.	
	· · · · · · · · · · · · · · · · · · ·					
DAT	OM VII IINE OD OMUED AD HICHMENMO.					
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
****	ADALTOND LOGGED ON GEGINTEERS					
INU	REALIZED LOSSES ON SECURITIES				-	
						

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 13-3592313 FASHION ACCESSORIES BENEFIT BALL, INC.

Part I Fundraising Activities required to complete this part	Complete if the organization answit.	ered "Y	es" to	Form 990, Part IV,	line 17. Form 990-E2	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P. If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includ	non-g gover ising of ling of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundri have cu or con contribu	stody roi of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		· · · · · · · · · · · · · · · · · · ·	
otal 3 List all states in which the organization	n is registered or licensed to solicit	funds c	r has	been notified it is ex	empt from registrati	on or licensing.
HA For Privacy Act and Paperwork Re	duction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	Schedule G (Forn	n 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 FASHION ACCESSORIES BENEFIT BALL, INC. 13-3592313 Page 2 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 (b) Event #2 (c) Other events (d) Total events FASHION NONE (add col. (a) through <u>ACCESSORIES</u> col. (c)) (total number) (event type) (event type) <u>308,389.</u> 308,389 Gross receipts 147,300 <u>147,300.</u> Less: Chantable contributions 161,089 161,089. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 13,150 13,150. 6 Rent/facility costs 41,834. 41,834 Food and beverages 22,983 22,983. 8 Entertainment <u>38,319</u>. 38,319 Other direct expenses 116,286) Direct expense summary. Add lines 4 through 9 in column (d) 44,803. Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11

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?

Schedule G (Form 990 or 990-EZ) 2009 FASHION ACCESSORIES BENEFIT BALL, INC.	<u> 13-359</u> 2	<u>231</u>		
			Yes	No
13 Indicate the percentage of gaming activity operated in:	1			
a The organization's facility	<u>%</u>			
b An outside facility	%			j
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
Name				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	unt			
of gaming revenue retained by the third party > \$	İ			
c If "Yes," enter name and address of the third party:				
Name				
Address >				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$	Ì			
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?	1	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

OMB No 1545-0047

)	Open to Public	Inspection

Name of the organization							
Part General Information on Grants and Assistance	and Assistance	TTJUNGG	י דווד י חחשם				13-3374313
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	tion
	istance?			:			X Yes
힗	ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box if no one recipient received more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not account to the second more than \$6,000. Check this box is not accoun	Governments and	d Organizations in the box if no one recipier	e United States. C	complete if the organia & Amplete if the organia	anization answered "Y	'es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR THE HOMELESS							
129 FULTON STREET							
NEW YORK, NY 10038	13-3072967	501(C)(3)	15,000,	0			CHARITABLE
KIDS IN DISTRESSED SITUATIONS 112 WEST 34TH STREET, SUITE 1133 NEW YORK NY 10120	13-3300271	501(0)(3)	15 000	c			навт. в
TAMENA GOS CINTA TENOTHENSE							
INTERNATIONAL FOR ANIMAL WELFARE - 1350 CONNECTICUT AVENUE NW, SUITE 1220 - WASHINGTON, DC 20036	31-1594197	501(C)(3)	15,000.	0			CHARITABLE
WIND OF SOUTH							
INO ESSEX PLACE STRATFORD, CT 06615	06-1550285	501(C)(3)	5,500,	0		;	CHARITABLE
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations				:	.₽
-1	SI						A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	action Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance 13-3592313 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2009 FASHION ACCESSORIES BENEFIT BALL, INC.
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES CHARITABLE DONATIONS RarkIV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. TO OTHER NON-PROFIT ORGANIZATIONS TO PROVIDE FUNDING FOR THEIR DEFINED (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 MISSION

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** FASHION ACCESSORIES BENEFIT BALL, INC 13-3592313 FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS COMPLETED BY THE ORGANIZATION'S INDEPENDENT AUDITOR AND THEN REVIEWED BY THE PRESIDENT. FOLLOWING THIS REVIEW, THE FORM 990 IS FORWARDED TO THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 18: UPON WRITTEN REQUEST FROM A MEMBER OF THE PUBLIC, THE ORGANIZATION WILL FORWARD BY MAIL A COPY OF ITS FORM 990. FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST FROM A MEMBER OF THE PUBLIC, THE ORGANIZATION WILL FORWARD BY MAIL A COPY OF ALL GOVERNING DOCUMENTS (E.G. BY-LAWS, CERTIFICATE OF INCORPORATION, AND FINANCIAL STATEMENTS)