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## Form **990-EZ** Department of the Treasury

Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Please Address change use IRS label or Name Ichange MEMPHIS BOYS' CLUB FOUNDATION 8056000406 print or 62-6082222 Number and street (or P.O. box, if mail is not delivered to street address) Initial return Room/suite E Telephone number Specific Termin-ated 44 REMBERT 901-278-2947 Amende City or town, state or country, and ZIP + 4 tions F Group Exemption Application pending MEMPHIS, TN 38104-4018 Number > Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accruat Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X if the organization is not ) ◀ (insert no.) 🗶 4947(a)(1) or \_\_\_\_ 527 required to attach Schedule B (form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — 501(c) ( Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 20,117. Investment income Δ STMT 1 283,764. 5a Gross amount from sale of assets other than inventory 5a 315,889. Less: cost or other basis and sales expenses -32,125. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6a b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 Gross sales of inventory, less returns and allowances Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 8 -12,008. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) STMT 10 40,000. 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 3,738. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 OGDEN, U 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe > 16 17 Total expenses. Add lines 10 through 16 43,738. 17 -55,746. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 907,524. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 851,778. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 907,524 851,778. Cash, savings, and investments 22 22 Land and buildings 23 23 24 Other assets (describe 24 778. 25 Total assets 907.524. 25 0. 26 Total liabilities (describe 26 778. Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009)

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

	m 990-EZ (2009) MEMPHIS BOYS' CLUB FOUNDA			<u>62-</u>	60822	22 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for I	Part III.)		Ex	<b>penses</b>
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	4				r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt purp	poses. In a clear and conci	se manner, descri	be		i) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	t information for each prog	ram title.		for others)	
28	SUPPORT OF THE PROGRAMS OF THE BOYS	AND GIRLS CL	UBS OF		1	
	GREATER MEMPHIS				<b>\</b>	
			<u></u>			
	(Grants \$ ) If this amount includes foreign g	rants, check here .			28a	40,000.
29					1 1	
					} }	
	(Grants \$ ) If this amount includes foreign of	rants, check here			29a	
30		<u>-</u>				
	(Grants \$ ) If this amount includes foreign of	grants, check here	>		30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign of	grants, check here	. · · . <b>&gt;</b>		31a	
32	Total program service expenses (add lines 28a through 31a)				32	40,000.
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	See the		for Part IV)
					ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		position	U .,		pensation	Oliver dilevarious
TI	HOMAS R. DYER	TRUSTEE				
_	4 REMBERT AVENUE, MEMPHIS, TN 38104	0.00	0.		0.	0.
_	RANK A. JONES	TRUSTEE		_		
4		0.00	0.		0.	0.
	HARLES ASKEW	TRUSTEE		_		<del></del>
4		0.00	0.		0.	_ 0.
	ERROLD GRABER	TRUSTEE	•			
4		0.00	0.		0.	0.
	OB VANCE	TRUSTEE		<del>                                     </del>	<u> </u>	<del>- •</del>
4		0.00	0.		0.	0.
	OHN STEMMLER	TRUSTEE				
_	4 REMBERT AVENUE, MEMPHIS, TN 38104	0.00	0.		0.	0.
	AUL BRUNDIDGE	TRUSTEE				<del>  •</del>
	4 REMBERT AVENUE, MEMPHIS, TN 38104	0.00	0.	1	0.	_ 0.
_	OHN J. THOMASON	TRUSTEE			<u> </u>	
	4 REMBERT AVENUE, MEMPHIS, TN 38104	0.00	0.	1	0.	_ 0.
	ETH ELZEMEYER	TRUSTEE				
	4 REMBERT AVENUE, MEMPHIS, TN 38104	0.00	0.	[	0.	_ 0.
	ERNAL SMITH	VICE PRESIDEN			<u> </u>	
4		0.00	0.		0.	_ 0.
<del>4</del> .	A KEMBERI AVENUE, MEMPHIS, IN 30104	0.00				
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02-	08-10				⊦orm	990-EZ (2009)

Pa	If V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		_X_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			l
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		_ X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37ь		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	2 2 2	1	1	1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		ĺ
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A			١.
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it 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	40b	N/	Α
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			ĺ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			İ
	organization    N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		İ '	
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of $\blacktriangleright$ <b>LARRY PENNINGTON</b> Telephone no. $\blacktriangleright$ <b>901–27</b>	8-2	<u>947</u>	
	Located at ► 44 REMBERT AVENUE, MEMPHIS, TN ZIP+4 ► 3	<u>810</u>	4	
þ	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		Yes	<del></del>
	account)?	42b	L	X
	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.			1
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	<u> </u>
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	$\mathbf{x}$
	and enter the amount of tax-exempt interest received or accrued during the tax year			<u>0.</u>
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u> </u>	<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	45	<u> </u>	<u> </u>
		Form 9	90-EZ	(2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 Did the drganization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 47 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Contributions (b) Title and average hours (c) Compensation to employee (e) Expense (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances NONE compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 ned this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Paid Preparer's signature Date Check if self-Preparer's identifying number (See instr.) Preparer's employed 🛌 Use Only UIBERALL. PLLC 62-1804252 EIN > Firm's name (or yours POPLAR AVENUE, SUITE 200 Phone > rt setf-employed). address, and ZIP + 4 761-2720 MEMPHIS TN 38138 May the IRS discuss this return with the preparer shown above? See instructions X Yes Form 990-EZ (2009)

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

**Employer identification number** 

		MEMPHIS		FOUND	<u>ATION</u>	8056	<u>00040</u>	6	<u>62</u>	<u>-6082222</u>
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this par	t) See inst	ructions.		
The organ	ization is not a	a private foundation t	pecause it is: (For lines 1	through <sup>-</sup>	11, check d	only one b	ox)			
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)			
2 🔲	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)						
з 🗀	A hospital or	a cooperative hospit	al service organization (	described	n section	170(b)(1)	(A)(iii).			
4	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital's name,
	city, and stat	te:								
5 🔲	An organizat	ion operated for the I	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental unr	describe	d in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🖳	A federal, sta	ate, or local governme	ent or governmental unr	t described	d in sectio	n 170(b)(	1)(A)(v).			
7	An organizat	on that normally reco	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic described in
	section 170	(b)(1)(A)(vi). (Complet	te Part II.)							
8 🖳	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🔲	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, n	nembershij	p fees, and	d gross receipts from
	activities rela	ated to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	1/3% of rts	support f	rom gross investment
	income and	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 30, 1975.
		509(a)(2). (Complete	•							
10			perated exclusively to te							
11 X			perated exclusively for the							
			itions described in secti				2) See <b>se</b> e	ction 509(a	a)( <b>3).</b> Che	ck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•					
<u></u>	a X Type		•		e III - Func	_	-			Type III - Other
e 📖		-	t the organization is not		•	•	•			
			han one or more publicly		_				9(a)(1) or s	ection 509(a)(2).
f			ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		<del></del>
		organization, check th		•						
9	•		rganization accepted ar			•				[ <del></del>
	• •	•	irectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (i	ii) below,	Yes No
	_	- •	upported organization?							11g(i) X
		· ·	n described in (i) above?		- 0					11g(ii) X
			person described in (i)							11g(iii) X
h	Provide the 1	rollowing information	about the supported or	ganization	(S)					
	<del> </del>		(iii) Type of	kind to the		[4.3 Did		(vi) Is	the	
	of supported	(ii) EIN	organization	r ,	organization sted in your	, , ,	u notily the tion in col.	Lorganizátic	on in col. l	(vii) Amount of
orga	anization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
BOYS	AND		(		1.10		·••			
		62-0646371	50103	х		X		x		40,000.
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Total						1	1			40,000.
	Privacy Act a	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for	·	•	Schedul	e A (Form	990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

ection A. Public Support		<del>,                                     </del>		<del></del>	<del>,</del> -	
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
I Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")				<u> </u>	ļ	
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					<u> </u>	
The value of services or facilities						
furnished by a governmental unit to		ļ		ļ		
the organization without charge					<del> </del>	
Total. Add lines 1 through 3					<del> </del>	
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					1	
amount shown on line 11,		ļ			j	
column (f)		İ				
5 Public support. Subtract line 5 from line 4		<del> </del>				
ection B. Total Support			·	·	·	
ilendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					<u> </u>	
Gross income from interest,						
dividends, payments received on		1	1		1	İ
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business			1			ŀ
activities, whether or not the						
business is regularly carried on	<del>_</del>					
Other income Do not include gain		1				
or loss from the sale of capital			1			
assets (Explain in Part IV.)					ļ	
1 Total support. Add lines 7 through 10	<del>-</del>	L			<u> </u>	l
2 Gross receipts from related activities, e				·	12	
3 First five years. If the Form 990 is for t		s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	٠. ١
organization, check this box and stop ection C. Computation of Public		ercentage				<u>▶</u> L
Public support percentage for 2009 (lin	<del>_</del>		column (f))		14	
5 Public support percentage from 2008 S			<b>(,,</b>		15	
Sa 33 1/3% support test - 2009. If the org	anization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
stop here. The organization qualifies a	s a publicly supp	oorted organizatioi	า	_		▶[
b 33 1/3% support test - 2008. If the org	anization did no	t check a box on !	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ııs box
and stop here. The organization qualifi	es as a publicly	supported organiz	ation			. ▶[
7a 10% -facts-and-circumstances test	- 2009. If the org	anization did not d	check a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "facts	s-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	art IV how the organ	nızatıon
meets the "facts-and-circumstances" to	est. The organiza	ation qualifies as a	publicly supporte	d organization		▶[
b 10% -facts-and-circumstances test	- 2008. If the org	anization did not o	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-circi	umstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	е
organization meets the "facts-and-circu	mstances" test.	The organization	qualifies as a publ	cly supported org	janization	▶[
Private foundation. If the organization	did not check a	hay on line 12 16	a 16h 17a ar 17	h chack this hav	and sac instruction	.a ⊾[

Pa	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	if you checked the bo	ox on line 9 of Part I.)
Se	ction A. Public Support		<b>,</b> -				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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				<u> </u>		
3	Gross receipts from activities that						ļ
	are not an unrelated trade or bus-						
	iness under section 513				ļ	ļ	
4							
	ization's benefit and either paid to						
_	or expended on its behalf				ļ		
5	The value of services or facilities						
	furnished by a governmental unit to			j			
_	the organization without charge			<del></del>	ļ	<del> </del>	<del></del>
	Total. Add lines 1 through 5		<del> </del>	<del> </del>	<del>  -</del>	<del> </del>	
/ 6	Amounts included on lines 1, 2, and						l
	3 received from disqualified persons Amounts included on lines 2 and 3 received					<del> </del>	
	from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the		ĺ	Į			
	amount on line 13 for the year  Add lines 7a and 7b	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
	Public support (Subtract line 7c from line 6)	<u></u>				ļ	<del></del>
	ction B. Total Support		I		<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	, uj 2000	(5) 2000	(6) 2001	(0) 2000	(6) 2003	(i) Total
_	Gross income from interest,			<del></del>	<del>                                     </del>		
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources				ŀ		
t	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is			Ì	Ì		Ĭ
	regularly carried on			Į	<b>\</b>		į
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)			ļ		<u> </u>	
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
15	Public support percentage for 2009 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2008					16	%
	ction D. Computation of Inve					<del>, , ,</del>	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2009. If the						17 is not
	more than 33 1/3%, check this box a	•	-	• •	• •	•	▶∟∟
Ł	33 1/3% support tests - 2008. If the	-			•	•	and
_	line 18 is not more than 33 1/3%, che		•	•		_	▶∟
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
					Sci	hedule A (Form 90	M or 990-E71 2000

FORM 990-EZ GAIN (	LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
ARTIO GLOBAL HIGH YIELD	17,500.	17,668.	0.	-168.
ARTIO GLOBAL HIGH	17,500.	17,000.	0.	-100.
YIELD	5,357.	5,332.	0.	25.
ARTIO GLOBAL HIGH YIELD	6,633.	5,500.	0.	1,133.
DODGE & COX GLOBAL				
STOCK	29,614.	48,600.	0.	-18,986.
I-DOW JONES SELECT DIVIDEND	22,392.	39,053.	0.	-16,661.
I-DOW JONES SELECT	22,352.	33,033.	•	10,001
DIVIDEND	288.	499.	0.	-211.
I-DOW JONES SELECT	000			4.0.0
DIVIDEND	288.	416.	0.	-128
I-DOW JONES SELECT DIVIDEND	238.	370.	0.	-132
I-DOW JONES SELECT	2501	370.	•	152.
DIVIDEND	315.	375.	0.	-60
I-DOW JONES SELECT	210	200	•	20
DIVIDEND I-DOW JONES SELECT	318.	289.	0.	29
DIVIDEND	11.	10.	0.	1.
ISHARES M* SMALL CAP				
GROWTH	45,205.	37,322.	0.	7,883
ISHARES M* SMALL CAP GROWTH	15,099.	12,061.	0.	3,038
ISHARES M* SMALL CAP	13,033.	12,001.	0.	3,030
GROWTH	6,265.	5,004.	0.	1,261
ISHARES M* SMALL CAP				
GROWTH	3,070.	2,452.	0.	618
LEHMAN BANK - 5.1% FDIC	37,000.	37,000.	0.	0.
MARSICO FOCUS FUND	19,587.	22,921.	0.	-3,334
MARSICO FOCUS FUND	8,271.	10,000.	0.	-1,729
MARSICO FOCUS FUND	4,135.	5,000.	0.	-865
MARSICO FOCUS FUND	45.	72.	0.	-27
MARSICO FOCUS FUND	1,051.	1,659.	0.	-608
MARSICO FOCUS FUND	350.	579.	0.	-229
MARSICO FOCUS FUND	2,991.	4,958.	Ö.	-1,967
MARSICO FOCUS FUND	1,304.	2,000.	0.	-696
MARSICO FOCUS FUND	6.	6.	0.	0
MARSICO FOCUS FUND	39.	37.	0.	2
MARSICO FOCUS FUND	290.	274.	0.	16.
VANGUARD GNMA	46,102.	45,000.	0.	1,102
WINTERGREEN FUND	10,000.	11,432.	0.	-1,432
TO FORM 990-EZ, LINE 5	283,764.	315,889.	0.	-32,125

FORM 990-EZ	PAYMENTS TO	AFFILIATES	STATEMENT 2
 AFFILIATE'S NAME		AFFILIATES ADDRESS	
BOYS & GIRLS CLUBS OF	F GREATER MEMPHIS	44 REMBERT MEMPHIS, TN 38104	
PURPOSE OF PAYMENT			AMOUNT
OPERATING SUPPORT			40,000.
TOTAL INCLUDED ON FO	RM 990-EZ, LINE 10		40,000.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			3
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	£	] YES	[X]	NO
	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	] YES	[X]	NO

990-EZ PG 2

STATEMENT 4

SUPPORT OF THE PROGRAMS OF THE BOYS AND GIRLS CLUBS OF GREATER MEMPHIS