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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

| A F | or the | 2009 | cale | ndar year, or tax year beginning ,, 2009, and ending | | , 20 |
|------------|-------------------|----------|---------------------|---|---|--------------------------|
| В с | eck if app | licable | | C Name of organization CELEBRITY GAMES FOR CHARITY | D Employer identifi | cation number |
| | Address | | use IRS label or | Doing Business As | 75-298847 | 0 |
| | Name o | | print or | Number and street (or P O box if mail is not delivered to street address) Room/su | ite E Telephone numbe | er |
| | Initial r | etum | type. See | 2500 DALLAS PARKWAY #300 | (214) 965-6 | 5120 |
| | Termin | | Specific | City or town, state or country, and ZIP + 4 | | - |
| x | Amend | | Instruc- tions. | PLANO, TX 75093 | G Gross receipts \$ | 425,583. |
| 1 | return Applica | tion | | me and address of principal officer SAME AS ABOVE | H(a) Is this a group reti | |
| L | _ pendin | 9 | | into diad dad do or principal dinos. Diniz. 110 1120 12 | affiliates? H(b) Are all affiliates in | |
| _ | - | | <i>'</i> | V 3 | | st (see instructions) |
| | Tax-exe | | | X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | |
| | | | | HEROESBASEBALL.COM | H(c) Group exemption | |
| | Form of | <u> </u> | | | mation 2002 M State | e of legal domicile 1 A |
| Pa | rt II | Sur | nmary | | | |
| | 1 6 | Briefly | descri | be the organization's mission or most significant activities | | |
| œ. | | | | NIZATION'S PRIMARY PURPOSE IS TO RAISE FUNDS FOR | | |
| anc | _ | | | NIZATIONS. IT ORGANIZES AND CONDUCTS A CELEBRITY | | !E |
| E. | | THE | ORG | NIZATION RECEIVES SERVICES AND MATERIALS DONATED | BY OTHERS. | |
| Governance | 2 (| Check | this bo | x Fig. 1 if the organization discontinued its operations or disposed of more than 2 | 25% of its net assets | |
| ಷ | 3 1 | Numb | er of vo | oting members of the governing body (Part VI, line 1a) | 3 | 3 |
| | | | | dependent voting members of the governing body (Part VI, line 1b) | | 3 |
| Activities | | | | of employees (Part V, line 2a) | i - | 0 |
| \cti | | | | of volunteers (estimate if necessary) | م ا | 0 |
| • | ĺ | | | nrelated business revenue from Part VIII, column (C), line 12 | | 1. |
| | | • | • | I business taxable income from Form 990-T, line 34 | | 0. |
| | | ivet ui | ii Çiatot | Todalites texase mostle north of the second | Prior Year | Current Year |
| | 8 (| Contri | hutians | and grants (Part VIII line 1h): | 567,761. | 366,082: |
| Revenue | 9 1 | Drogra | m can | and grants (Part VIII, line 1h) | 70,000. | 59,500. |
| ĕ | | | | ncome (Part VIII, column (A), lines 3, 4, and 7d) | 15. | 1. |
| 8 | | | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, $\overrightarrow{D_s}$ and \overrightarrow{JA} 3 1 2011 \overrightarrow{Q} | | 0. |
| | | | | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 637,776. | |
| | 12 | l otal r | evenue | e - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 27,400. | 723,303. |
| | 13 (| Grants | s and s | imilar amounts paid (Part IX, column (A), lines 1-3) OGDEN; UT | 27,400. | 0. |
| | 14 | Beneti | its paid | to or for members (Part IX, column (A), line 4) | | 0. |
| es | | | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. |
| Expenses | | | | fundraising fees (Part IX, column (A), line 11e) | | |
| 쫎 | - | | | sing expenses, Part IX, column (D), line 25) ▶ | 602 407 | 772 242 |
| _ | | | | es (Part IX, column (A), lines 11a-11d, 11f-24f) | 623,487. | |
| | 18 | Total e | expens | es Add lines 13-17 (must equal Part IX columnt A ine23 V.E.D | 650,887. | |
| | 19 | Reven | ue les | expenses Subtract line 18 from line 12. | -13,111. | -347,759. |
| Assets or | | | | Part X June 16) | Beginning of Year | End of Year |
| set | 20 | Total a | assets (| Part X, line 16) | 75,663. | 12,294. |
| E AS | 21 | Total I | iabilitie | s (Part X, line 26) | 114,760. | 399,149. |
| Net A | 22 | Net as | sets o | fund balances Subtract line 21 from line 20. OCDEN. UT | -39,097. | -386,855. |
| Pa | rt II | Sig | natur | e Block) // | <u> </u> | |
| | | Under | penalti | es of perjury/I defare that have examined this return, including accompanying schedules | and statements, and to | the best of my knowledge |
| | | and b | elief, it | is rue, correct, and complete Declaration of preparer (other than officer) is based on all | information of which pro | eparer has any knowledge |
| S | ign | | | | | 7-146 |
| Н | ere | | Signatu | te of officer | Date | |
| | | . | CHAR | LES MCKINNEY | | |
| | | | Type or | print name and title | | |
| | | Prepa | arer's I | Date Check self- | rf Preparer | r's identifying number |
| Paid | | signa | | Tauren I Moonan 01/17/11 emplo | yed | ructions) P00695359 |
| • | arer's | | | or yours MONTGOMERY COSCIA GREILICH LLP | EIN ▶ | 75-2919818 |
| Use | Only | | employes, and 2 | | Phone no | 972-748-0300 |
| May | the IF | | | is return with the preparer shown above? (see instructions) | | X Yes No |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* JSA 9E1010 3 000

| orm 990 (2009) | | | | Page 2 |
|----------------|-----------------------------|--|---|--|
| | atement of Program Serv | | <u> </u> | ι |
| | cribe the organization's mi | ssion | | |
| Attac | hment 2 | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Did the org | ganization undertake any | significant program services during the y | rear which were not listed | on Yes X No |
| the prior Fo | orm 990 or 990-EZ? | as Cabadula O | | Yes X No |
| | scribe these new services | on Schedule O ng, or make significant changes in how it | andusta any program | |
| _ | | | | Yes X No |
| | scribe these changes on S | chadula O | | les ind |
| | | ements for each of the organization's three | largest program services by | expenses |
| | | inizations and section 4947(a)(1) trusts are | | |
| | | ses, and revenue, if any, for each program s | | • |
| | | | | |
| 4a (Code |) (Expenses \$ | 679,877 including grants of \$ |) (Revenue \$ |) |
| ` | | | - | · |
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| 41. (0 - 1 - | `* `* | including grants of \$ | | 3> |
| 4 b (Code |) (Expenses \$ | including grants or \$ |) (Revenue \$ |) |
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| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | ram services (Describe in | | | |
| (Expenses S | | |) | |
| e Total prog | ram service expenses ▶ | 679,877. | | - 000 |
| | | | | Form 990 (2009) |

| Part | V Checklist of Required Schedules | ١٠٠ | ** | |
|------|---|----------|--|--|
| | | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | Х |
| 5 | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | - | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 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 | | х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| • | complete Schedule D. Part III | 8 | | Х |
| 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 | | Х |
| 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 | | Х |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | |
| • • | VII, VIII, IX, or X as applicable | 11 | Х | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| • | Schedule D, Part VI | | | |
| | 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 18-that is 5% or more | ε | | |
| - | of its total 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 | ٠ | | |
| - | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 12△ | Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | 1 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, 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 or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | <u> </u> | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | · • | | |
| 17 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 19 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ├ | - | |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 40 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | · · · | | |
| 19 | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | | - | 1 | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | L | $\perp \Delta$ |

| Pari | V Checklist of Required Schedules (continued) | | _ | |
|------------|---|----------|--|----------|
| | | | Yes | No |
| 21. | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the 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, 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 | | - | |
| 23 | | 1 | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | 1 | | х |
| •• | employees? If "Yes," complete Schedule J | 23 | | |
| 24 a | 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 | | | Х |
| | 24b through 24d and complete Schedule K. If "No," go to question 25 | 24a | _ | _^_ |
| Ь | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | X |
| 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 | ĺ | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV 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 | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| _ | Schedule L. Part IV | 28b | | Х |
| 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 N | 28c | } | Х |
| 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, | | | |
| ٠. | Part I | 31 | İ | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| 0 2 | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | <u> </u> | |
| 33 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | ļ | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | " | | |
| 34 | | 34 | ŀ | X |
| 2.5 | Ill, IV, and V, line 1 | - 34 | - | <u> </u> |
| 35 | | 25 | ł | X |
| 2.0 | Schedule R, Part V, line 2 | 35 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | x |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | _^ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | 1 | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R | | [| , |
| | Part VI | 37 | <u> </u> | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | ,, |
| | 19? Note. All Form 990 filers are required to complete Schedule O | | 100- | (2009) |
| | | Earn | uan | (2000) |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | 45 | |
|-----|--|----------|--|
| | | | Yes |
| 1 a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | |
| | US Information Returns Enter -0- if not applicable | (l | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | |
| | gaming (gambling) winnings to prize winners? | 1 c | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0 | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | |
| | instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | <u> </u> | |
| | this return? | 3a | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | |
| | account)? | 4a | |
| b | If "Yes," enter the name of the foreign country | ' | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | 1 | |
| | and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | |
| · | Prohibited Tax Shelter Transaction? | 5 c | |
| ٠. | | - | |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | |
| | organization solicit any contributions that were not tax deductible? | - Oa | - |
| Þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | e h | |
| | gifts 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 | <u> </u> | <u> </u> |
| | and services provided to the payor? | 7a | <u> </u> |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | <u> </u> |
| | benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| _ | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | |
| •• | required? | 7h | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | <u> </u> | |
| 8 | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 8 | |
| _ | organization, have excess business holdings at any time during the year? | - | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | — |
| 10 | Section 501(c)(7) organizations. Enter | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | - | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| а | Gross income from members or shareholders | _ | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | |
| | | 1 | 1 |
| | amounts due or received from them) | 1 | |

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.

| Sect | tion A. Governing Body and Management | | | |
|--------|--|--------|-----|--|
| | and the contribute of the cont | | 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 | | Χ |
| 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? | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | : | | |
| | the year by the following | | | |
| а | The governing body? | 8a | | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Χ |
| 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 | 9a | | X |
| Sect | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Reve | enue Code.) | | 1 | |
| | | r | 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 | | 1 | 2 tu- |
| | form? | 11 | | X |
| 11A | , , , , | | | X |
| 12a | , , , , | 12a | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | _ |
| C | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 40. | | |
| | describe in Schedule O how this is done | 12c | | Х |
| 13 | Does the organization have a written whistleblower policy? | 13_ | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | - |
| 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? | 15a | | х |
| a b | The organization's CEO, Executive Director, or top management official | 15a | | X |
| D | 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 | | | |
| · va | with a taxable entity during the year? | 16a | | х |
| ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | _ |
| - | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶_NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): | s only |) | |
| - | available for public inspection. Indicate how you make these available. Check all that apply | | | |
| | Own website Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intel | rest | | |
| | policy, and financial statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHARLES MCKINNEY 2500 DALLAS PARKWAY #300 DALLAS, TX 75093 | ne | | |
| | organization ► CHARLES MCKINNEY 2500 DALLAS PARKWAY #300 DALLAS, TX 75093 | | | |
| | 214-965-6120 | | | |

Part VII Compensation of Officers, Directors, Frustees, 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

Check this box if the organization did not compensate any current officer, director, or trustee (C) (E) (F) (B) (A) Reportable Estimated Reportable Name and Title Position (check all that apply) Average amount of compensation hours per ō Officer Highest compensation employee Individual Institutional trustee Key employee from from related other director week organizations compensation the compensated (W-2/1099-MISC) organization from the trustee organization (W-2/1099-MISC) and related organizations CHARLES MCKINNEY PRESIDENT Х Х LANCE MCILHENNY ± 1/1 DIRECTOR Х 2. 1 2 3100 BRIAN NADURAK DIRECTOR Х

9E1041 3 000

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|----------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|------------|---------------------------------|---------------------------------------|-------|---------------|----------------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | | | (F) |
| Name and title | Average hours per | | $\overline{}$ | Officer | | that app | (y) Former | Reportable compensation | Reportabl compensat from relate | ıon | amo | imated ount of other |
| | week | Individual trustee or director | titutio | cer | Key employee | hest o | mer | from the | organizatio | ns | comp | ensation |
| | | or tag | nal tr | | loyee | e | | organization (W-2/1099-MISC) | (W-2/1099-N | iisc) | | m the nization |
| | | tee | Institutional trustee | | | Highest compensated employee | | | | l | and | related nizations |
| | | | _ | | | ed | | | | | | |
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| | | | | | | | | | | | | |
| 1b Total | | | | ٠ | ٠. | | | | | | | - |
| 2 Total number of individuals (including but not | | | | d a | bov | e) wh | o re | eceived more than | \$100,000 in | | _ | |
| reportable compensation from the organization | 1 🕨 | |) | | | | | | | | - r | Yes No |
| 3 Did the organization list any former office | er directi | or or | tri | iste | ا م | kev e | mn | Novee or highes | t compensa | ted | | Yes No |
| employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | | 3 | Х |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | 1 1 |
| the organization and related organizations individual | | | | | | | | | | | 4 | X |
| 5 Did any person listed on line 1a receive | | | | | | | | | | | 1 | - |
| services rendered to the organization? If "Yes," | | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest compensation from the organization | compensal | ted in | dep | enc | dent | cont | trac | ctors that received | more than | ¥10 | 0,000 | of |
| (A) Name and business addi | roce. | | | | | | | (B) Description of se | DACOS | C | (C) ompens | ation |
| - INAITIE AIRO DOSITIESS AGGI | | | | | | | + | Description of ser | VICCS | | Ompens | |
| _ | | | | | | | | | | | | |
| | | | | | | | \perp | | | | | |
| | | | | | | | +- | | | | | |
| 2 Total number of independent contractors (in | ncludina bi | ut not | lım | nite | d to | thos | e I | isted above) who | received | | | |
| more than \$100,000 in compensation from the | | | | | | 0 | | | | | | |
| | | | | | | | | | | | | 000 (000) |

| Pai | t VII | Statement of Revenue | | | | | |
|--|--------|---|---------------|---------------|--|---|---|
| | | 256, | | Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats str | 1a | Federated campaigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues 1b | | | | | } |
| an Eg | С | Fundraising events 1c | | | | | |
| igi ilar | d | Related organizations 1d | | | | | |
| ons slm | е | Government grants (contributions) 1e | | | | | |
| er. | f | All other contributions, gifts, grants, | | | | | |
| i i | | and similar amounts not included above . 1f | 366,082 | | | | |
| Cor | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| _ | h | Total. Add lines 1a-1f | | 366,082 | | | |
| Program Service Revenue | | | Business Code | | | | |
| Šę | 2a | LIVE AUCTION REVENUE | | 59,500. | 59,500 | | |
| 9 | b | | | | | <u> </u> | |
| 2 | С | | | | | | |
| Š | d | | | | | | |
| Jrar | e | | | | | | |
| õ | f g | All other program service revenue L Total. Add lines 2a-2f | | 59,500 | | · · · · · · · · · · · · · · · · · · · | |
| _ | 3 | Investment income (including dividends, intere- | | 33,300 | | | |
| | 3 | other similar amounts). Attachment | st, and | 1 | | 1 | |
| | 4 | Income from investment of tax-exempt bond pr | | 0. | | | |
| | 5 | Royalties · · · · · · · · · · · · · · · · · · · | | 0 | | | |
| | ٦ | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | | | |] |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | . 0 | | | |
| | 7 a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| | ' " | assets other than inventory | | | , | | |
| | b | Less cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | <u> ▶</u> | 0. | | | ļ |
| ne | 8a | Gross income from fundraising | | _ | | | |
| en | | events (not including \$ | | - | | | |
| ě | | of contributions reported on line 1c) | | | | | 1 |
| 7 | | See Part IV, line 18 a | | | | | |
| Other Revenue | | Less direct expenses b | | | | | |
| 0 | С | Net income or (loss) from fundraising events | <u> </u> | . 0 | | | |
| | 9 a | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 a | | | | | |
| | b | Less direct expenses b Net income or (loss) from gaming activities | | 0 | | | |
| | 100 | 1 | | | | | |
| | Iva | Gross sales of inventory, less returns and allowances | | | | | |
| | ь | Less cost of goods sold b | | | | | [|
| | C | Net income or (loss) from sales of inventory. | | 0 | · · · · · · · · · · · · · · · · · · · | | |
| | | | Business Code | | | | |
| | 11a | • | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 0 | | | |
| | 12 | Total Revenue. See instructions | | 425,583 | 59,500 | 1 | |

Part IX Statement of Functional Expenses

| | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | | |
|----------|--|--------------------|---------------------------------------|-------------------------------------|--------------------------|--|--|--|--|
| | 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 | 0. | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | |
| | the U.S. See Part IV, line 22 | 0. | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | U.S. See Part IV, lines 15 and 16 | 0. | | | | | | | |
| 4 | Benefits paid to or for members | 0. | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | |
| | trustees, and key employees | 0. | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0. | | | | | | | |
| 7 | Other salaries and wages | 0. | | | | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | | | | | |
| _ | and section 403(b) employer contributions) | 0. | | | | | | | |
| 9 | Other employee benefits | 0. | | · - | | | | | |
| 10 | Payroll taxes | U. | | | | | | | |
| 11 | Fees for services (non-employees) | 18,000. | | 18,000. | | | | | |
| | Management | 18,000. | | 10,000. | | | | | |
| | Legal | 13,148. | | 13,148. | | | | | |
| | Accounting | 0. | | 13,140. | | | | | |
| | Lobbying | 0. | | | | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | · | | | | |
| | Investment management fees | 54,500. | | 54,500. | | | | | |
| g | | 21,466. | 21,466. | 34,300. | | | | | |
| 12 | Advertising and promotion | 473. | 21,1001 | 473. | | | | | |
| 13 14 | Office expenses | 0. | | | | | | | |
| 15 | Information technology | 0. | | | ··. | | | | |
| 16 | Royalties | 0.1 | | | | | | | |
| 17 | Travel | 93,325. | 93,325. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | for any federal, state, or local public officials | 0. | | | | | | | |
| 19 | Conferences, conventions, and meetings | 371,457. | 371,457. | | *** | | | | |
| 20 | Interest | 0. | | | | | | | |
| 21 | Payments to affiliates | 0. | • | | | | | | |
| 22 | Depreciation, depletion, and amortization | 0. | | | | | | | |
| 23 | Insurance | 11,000. | 11,000. | - | | | | | |
| 24 | Other expenses Itemize expenses not | | | | | | | | |
| | covered above (Expenses grouped together | | | | | | | | |
| | and labeled miscellaneous may not exceed | | | | | | | | |
| | 5% of total expenses shown on line 25 below) | | | | | | | | |
| а | BAD DEBT | 70,500. | 70,500. | | | | | | |
| b | BANK SERVICE CHARGE | 814. | | 814. | | | | | |
| | CONTRACT LABOR | 12,631. | 12,631. | | | | | | |
| | CREDIT CARD FEES | 7,168. | 7,168. | | | | | | |
| | MARKETING | 23,500. | 23,500. | | | | | | |
| f | All other expenses | 75,360. | 68,830. | 6,530. | | | | | |
| | Total functional expenses. Add lines 1 through 24f | 773,342. | 679,877. | 93,465. | | | | | |
| | Joint Costs. Check here ▶ If following | | | | | | | | |
| | SOP 98-2 Complete this line only if the | | | } | | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | 1 | | | | | |
| | fundraising solicitation | | | | | | | | |

| Pa | rt X | Balance Sheet | 4 | | rage 11 |
|------------------|------------|---|--------------------------|-----|--------------------|
| | | • | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 5,663. | 1 | 12,294. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 70,000. | 4 | 0. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees Complete Part II of | | | |
| | | Schedule L | İ | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | |
| ts | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete | | | |
| | | Part II of Schedule L | | 6 | • |
| ets | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or 10a | | | · |
| | ł | other basis. Complete Part VI of Schedule D | | | |
| | Ь | Less accumulated depreciation | * | 10c | • |
| | 11 | Investments - publicly traded securities | . | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 75,663. | 16 | 12,294. |
| | 17 | Accounts payable and accrued expenses | 420. | 17 | 1,809. |
| | 18 | Grants payable | | 18 | ···-·· |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| w | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key | | | - |
| þ | | employees, highest compensated employees, and disqualified | | | |
| Ξ. | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 114,340. | 25 | 397,340. |
| | 26 | Total liabilities. Add lines 17 through 25 | 114,760. | | 399,149. |
| s | | Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. | · | | |
| Š | 27 | Unrestricted net assets | ; | 27 | |
| 3ala | 28 | Temporarily restricted net assets | | 28 | |
| Б | 29 | Permanently restricted net assets | • | 29 | |
| or Fund Balances | | Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. | | | |
| ş | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | -39,097. | 32 | -386,855. |
| Net Assets | 33 | Total net assets or fund balances | -39,097. | 33 | -386,855. |
| ~ | 34 | Total liabilities and net assets/fund balances | 75,663. | 34 | 12,294. |
| | V • | Total liabilities and het assets/fully balances | , 5, 605. | 34 | 14,494 |

Form **990** (2009)

| Part XI Financial Statements and Reporting | | Yes | No |
|--|------------|----------|------|
| . Accounting method used to prepare the Form 990 X Cash Accrual Other | | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in | _ | | |
| Schedule O | | _ | |
| a Were the organization's financial statements compiled or reviewed by an independent accountant? | <u>2</u> a | | X |
| b Were the organization's financial statements audited by an independent accountant? | <u>2b</u> | <u> </u> | X |
| : If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | <u> </u> | |
| If the organization changed either its oversight process or selection process during the tax year, explain in | : | | |
| Schedule O | | 1 | |
| If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| issued on a consolidated basis, separate basis, or both | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | ļ |
| As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | 1 |
| the Single Audit Act and OMB Circular A-133? | <u>3a</u> | <u> </u> | X |
| o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | <u> </u> | L |
| | Form | 990 | (200 |

JSA

SCHEDULE A (Form 990 or 990-EZ)

-.-

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
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| CELEBR | RITY GAME | S FOR CHARI | TY | | | | | | 75-29 | 88470 | |
|--------|--|--------------------|---|---------------|---|------------|---------------------|------------|---------------------------|-------------|-------------|
| Part I | Reason fo | r Public Chari | ty Status (All organi | izations m | ust compl | ete this p | oart) Se | e instruc | tions | · | |
| | | | dation because it is (F | | | | | | | | |
| 1 | | • | rches, or association of | | - | | | | | | |
| 2 | | | on 170(b)(1)(A)(ii). (Att | | | | | | | | |
| 3 | | | hospital service organi | | | ction 170 | (b)(1)(A) | (iii). | | | |
| 4 | | | zation operated in co | | | | | | 170(b)(1) | (A)(iii). E | Enter the |
| · Ш | | ime, city, and sta | | ., | | , | | | | ` | |
| 5 | | | or the benefit of a coll | lege or un | versity owi | ned or o | perated b | ov a gove | rnmental | unit des | cribed in |
| • — | | (b)(1)(A)(iv). (Co | | .090 or arm | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , , , , , | , g- · · | | | |
| s 🗀 | | | vernment or governme | ntal unit de | scribed in s | ection 1 | 70(5)(1)(| Δλ(ν) | | | |
| 6 | | | | | | | | | or from t | he denei | ral nublic |
| ′ — | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | |
| • 🗀 | | | | | moloto Dad | E II A | | | | | |
| 8 X | | | d in section 170(b)(1)(Ily receives. (1) more t | | | | m contrib | utions n | omborch | ın foes s | and arnee |
| 9 X | | | | | | | | | | | |
| | | | ted to its exempt fun | | | | | | | | |
| | | | ment income and uni | | | | | | SIT (ax) | ווטווו טנ | 1211162262 |
| 🗀 | | | after June 30, 1975 | | | | | | | | |
| 10 | - | - | nd operated exclusive | | | | | | | to | |
| 11 | | | and operated exclusi | | | | | | | | |
| | • | | ublicly supported orga | | | | | | | | section |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _ | at describes the type o | | | | | | | | 41 |
| | a Typ | | | | e III - Func | - | - | | | pe III - O | |
| e | | | ertify that the organiz | | | | | | | | |
| | | | ion managers and oth | er than on | e or more | publicly s | supported | ı organiz | ations de | scribed i | n section |
| _ | | section 509(a)(| | | | | | | | | |
| f | • | | l a written determina | tion from t | the IRS tha | at it is a | Type I, I | ype II, o | r type iii | support | ing |
| | • | , check this box | | | | | | | | | Ш |
| g | _ | | the organization acce | pted any g | ift or contri | bution fro | om any of | the | | | |
| | following pe | | | | | | | | | | <u></u> |
| | • • • | _ | or indirectly controls | | | ether wit | h person | is describ | ped in (ii) | <u> </u> | Yes No |
| | | | erning body of the supp | | anization? | | | | | 11g(i) | |
| | | | erson described in (i) a | • - | | | | | | 11g(ii) | |
| | | - | of a person described | | • | | | | | 11g(iii) | |
| h | Provide the | following inform | ation about the suppo | rted organi | zation(s) | | | | | | |
| | of supported | (ii) EIN | (iii) Type of organization | (iv) Is the d | organization | | ou notify | | s the | | nount of |
| org | anization | | (described on lines 1-9 above or IRC section | | sted in your document? | | nization in of your | | tion in col zed in the | Sup | port |
| | • | | (see instructions)) | goronnig | | sup | port? | `` U | S? | | |
| | | | | Yes | No | Yes | No | Yes | No | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

| Par | Support Schedule for Org (Complete only if you check | ganizations D ked the box o | escribed in S n line 5, 7, or 8 | Sections 170(B of Part I.) | b)(1)(A)(iv) a | nd 170(b)(1)(/ | 4)(VI) |
|-------|--|--------------------------------|------------------------------------|---|----------------|------------------|-------------|
| Sec | tion A. Public Support | | | | | | |
| Cale | ndar 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 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | <u> </u> | | | |
| 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), | | | | } | | |
| _6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | ج <u>َ</u> | .; | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| 11 | Total support. Add lines 7 through 10 | | | ~å | di, | ž | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | <u> </u> | <u></u> | | | | |
| | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2009 (li | • | | | | 14 | |
| 15 | | | | | | | <u> %</u> |
| 16a | 331/3% support test - 2009. If the c | | | | | | 1 |
| _ | this box and stop here. The organizati 331/3% support test - 2008. If the organization | - | | _ | | | |
| D | check this box and stop here. The org | _ | | | | | |
| 170 | 10%-facts-and-circumstances test - 2 | • | | | | | |
| 1 / a | or more, and if the organization me | | | | | | |
| | Part IV how the organization meets | | | | | - | • |
| | organization | | | | | | → |
| b | 10%-facts-and-circumstances test - | | | | | | and line |
| - | 15 is 10% or more, and if the orga | | • | | | | |
| | Explain in Part IV how the organization | | | | | | |
| | supported organization | | | | - | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |
| | | | | | | Schedule A (Form | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

| Section A. Public Support | | | | | | | |
|--|--|----------------------|----------------------|-------------------|-------------------|-------------------|-------------|
| , | alendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | i di | | | | | | |
| | membership fees received (Do not include | 1 | | i | | İ | |
| | any "unusual grants ") | 469,126. | 780,955. | 881,441. | 567,761 | 366,082 | 3,065,365. |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| _ | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | J | | j | |
| | organization's tax-exempt purpose | 408,344. | 4,822. | 126,798. | 70,000. | 59,500 | 669,464 |
| 3 | Gross receipts from activities that are not an | 100,511. | 1,022. | 120,130. | - 10,000. | 35,500 | |
| 3 | , | | | | | İ | |
| 4 | unrelated trade or business under section 513 Tax revenues levied for the organization's | | | | | | |
| * | - I | ĺ | | Ĭ | ĺ | 1 | |
| | benefit and either paid to or expended on | | | | į | | |
| _ | its behalf | | _ | | | | |
| 5 | | | | | | | |
| | furnished by a governmental unit to the | i | | | - | l l | |
| | organization without charge | 077 470 | 705 777 | 1 000 030 | 627.761 | 425 502 | 3 724 020 |
| 6 | Total. Add lines 1 through 5 | 877,470 | 785,777 | 1,008,239. | 637,761 | 425,582. | 3,734,829 |
| 7 a | Amounts included on lines 1, 2, and 3 | | 04.5.000 | 160 500 | 017 057 | 155 400 | 1 005 004 |
| b | received from disqualified persons | 253,957. | 216,000 | 162,500. | 217,057. | 155,490 | 1,005,004 |
| - | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 | | | | | | |
| | for the year | | | 1.50 500 | | 355 100 | 1 005 004 |
| _ | Add lines 7a and 7b | 253,957 | 216,000 | 162,500. | 217,057 | 155,490 | 1,005,004 |
| 8 | Public support (Subtract line 7c from | İ | 1 | | | | 0.200.000 |
| | line 6) | | | l | | | 2,729,825 |
| | tion B. Total Support | | | (-) 2007 | (4) 2000 | (-) 2000 | (D. Total |
| | alendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6, | 877,470 | 785,777 | 1,008,239 | 637,761 | 425,582 | 3,734,829 |
| ıva | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | - - | | |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12) | 877,470 | 785,777 | 1,008,239 | 637,761 | 425,582 | 3,734,829 |
| 14 | First five years. If the Form 990 is for | the organization | n's first, second, | third, fourth, or | fifth tax year as | s a section 501(d | :)(3) |
| | organization, check this box and stop here. | | | <u> </u> | <u></u> | <u> </u> | ▶ │ |
| Sec | tion C. Computation of Public Sup | | <u> </u> | | | | |
| 15 | Public support percentage for 2009 (line 8, | column (f) dıvıde | ed by line 13, colun | nn (f)) | | 15 | 73.09% |
| 16 | Public support percentage from 2008 Sche | dule A, Part III, Im | e 15 | | <u></u> | 16 | 77.70% |
| Sec | tion D. Computation of Investmer | | | | | | |
| 17 | Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | | | | | | |
| 18 | Investment income percentage from 2008 Schedule A, Part III, line 17 | | | | | | |
| 19a | 33 1/3% support tests - 2009. If the or | ganization did n | ot check the box | on line 14, and | d line 15 is more | e than 331/3%, a | nd line |
| | 17 is not more than 33 1/3 %, check th | | | | | | 1 - 2 7 |
| b | 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and | | | | | | |
| | line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. | | | | | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | | | | | |
| ICA | | | | | | | |

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line \$0, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number Name of the organization CELEBRITY GAMES FOR CHARITY 75-2988470 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Aggregate contributions to (during year) Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a 2b b 2 c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > _ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

| investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. | | | | | | |
|--|---|---------------------------------|------------------------------|----------------|--|--|
| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | |
| 1a Land | | | | | | |
| b Buildings | | | | | | |
| c Leasehold improvements | | | | | | |
| d Equipment | | | | | | |
| e Other | | | | | | |
| Total. Add lines 1a through 1e (Column (d) mus | t equal Form 990, Part | X, column (B), line 1 | 0(c)) ▶ | | | |

Schedule D (Form 990) 2009

| Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (notuding name of security) Financial derivatives Closely-held equity interests Other Total, (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value Total, (Column (b) must equal Form 990, Part X, col (B) line 13) Total, (Column (b) must equal Form 990, Part X, col (B) line 13) (a) Description (b) must equal Form 990, Part X, col (B) line 13) (b) Book value (c) Method of valuation Cost or end-of-year market value (c) Method of valuation Cost or end-of-year market value | |
|---|-------------|
| (including name of security) Financial derivatives Closely-held equity interests Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Closely-held equity interests: Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Closely-held equity interests: Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | |
| Part IX Other Assets. See Form 990, Part X, line 15 | |
| | |
| (a) Description (b) Book | |
| | ilue |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) | |
| Part X Other Liabilities. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability (b) Amount | |
| Federal income taxes | |
| INTERCOMPANY PAYABLES 102,340. | |
| DUE TO CHARLIE MCKINNEY 295,000. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total (Column (b) must equal Form 990, Part X, col (B) line 25) > 397,340. | |

| Schedu | e D (Form 990) 2009 | Page 4 |
|--------|--|-------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen | nts ng |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | |
| 2、 | Total expenses (Form 990, Part IX, column (A), line 25) | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | Other (Describe in Part XIV) | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | |
| | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | |
| | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments | |
| b | Donated services and use of facilities | |
| C | Recoveries of prior year grants | |
| d | Other (Describe in Part XIV) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIV) | |
| С | Add lines 4a and 4b | 4c |
| _5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | ırn |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| а | Donated services and use of facilities 2a | |
| b | Prior year adjustments 2 / 2b | |
| c | Other losses 2c | |
| d | Other (Describe in Part XIV) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | |
| | Other (Describe in Part XIV) Add Inco 45 and 45 |] |
| | Add lines 4a and 4b | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). | 5 |
| Part | XIV Supplemental Information | · |
| and 2b | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part o, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also lift to provide any additional information | complete |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
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| | | |
| | | |

7.35

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization

CELEBRITY GAMES FOR CHARITY

Employer identification number

75-2988470

Attachment 1

EXPLANATION OF AMENDED RETURN

TAXPAYER IS FILING AN AMENDED RETURN TO CORRECT THE CONTRIBUTIONS TOTAL, REDUCING IT BY \$295,000, WHICH IS TO BE A LOAN TO THE TAXPAYER ON THE ADDITIONALLY, A PROGRAM EXPENSE OF \$1,736 IS BALANCE SHEET INSTEAD. BEING INCLUDED THAT WAS ERRONEOUSLY OMITTED ON THE ORIGINAL RETURN FILING.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

NO REVIEW WAS OR WILL BE CONDUCTED.

Attachment

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

THE ORGANIZATION'S PRIMARY PURPOSE ID TO RAISE FUNDS FOR OTHER 501(C)(3) (3) ORGANIZATIONS. IN DOING SO, IT ORGANIZES AND CONDUCTS A CELEBRITY BASEBALL GAME. THE ORGANIZATION RECEIVES SERVICES AND MATERIALS DONATED BY OTHERS.

Attachment

PART VIII - INVESTMENT INCOME FORM 990,

| Schedule O (Form 990) 2009 | | | | Page 2 | |
|-------------------------------|------------|----------------|--------------------------------|---------|--|
| Name of the organization | | ÷ - | Employer identification number | | |
| CELEBRITY GAMES FOR CHARITY | | | 75-2988470 |) | |
| | | | Attachment 3 (| Cont'd) | |
| FORM 990, PART VIII - INVESTM | ENT INCOME | | | | |
| | (A) | (B) | (C) | (D) | |
| | TOTAL | RELATED OR | UNRELATED | EXCLUDE | |
| DESCRIPTION | REVENUE | EXEMPT REVENUE | BUSINESS REV. | REVENUE | |
| Dividend Income- UBS | 1 | | 1. | | |
| TOTALS | | | 1 | | |