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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or th	e 2009	calen	dar	year, or t	ax ye	ar begin	ning			,	2009, and	dending				, 20			
Вс	heck if ap	plicable		C N	ame of organ	nızatıo	n THE C	CRYSTA	AL CH	ARITY	BAL:	L _			D Employer id	lentific	ation number			
	Addre		use IRS	D	oing Busines	s As									75-603	5893				
	7	print or Number and street (or P O box if mail is not delivered to street address)									Room/sui	te	E Telephone number							
	Initial	-	specific City or town state or country and ZIP + 4												(214) 526-5868					
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-	Amen		Instruc-		LLAS,		•								G Gross receip	ıts S	7,928,8	270		
-	return Applic	,			and addres				EDOD V	ם אחו	r c				H(a) Is this a grou			X No		
	pendi				LAND P							75205		}	affiliates?		_ ``` -	No		
_	Tau au										1 1				H(b) Are all affilia		(see instructions)			
<u> </u>		empt st			501(c) (3				4947(a)(1) or	1 13	27								
_					STALCH		1 1	1		100				<u></u> -	H(c) Group exemp					
		of organi		_	Corporation	1	Trust	Associa	tion	Other		<u> </u>	L Year of for	mati	on 1952 M	State	or legal domicile	TX		
Pa	rt I	Sui	nmary																	
	1				e organizat									==:			<u>-</u>			
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auc												ERNED V	WITH OR	FC	OR THE					
er					COPMENT															
Activities & Governance	2										or disp	posed of mo	ore than 25%	6 of	its net assets					
∞	3	Numb	er of vo	ting r	members o	f the q	governing	body (Pa	art VI, line	e 1a) .						3		7		
ies	4	Numb	er of ind	lepei	ndent votin	g mer	nbers of th	ne govern	ning bod	y (Part V	I, line 1	b)				4		7		
Ĭ	5	Total r	number	of er	mployees (I	Part V	/, line 2a)		. .							5		5		
AG	6	Total r	umber	of vo	olunteers (e	stıma	ite if neces	sary) .								6	10	0		
	7 a	Total g	ross ur	relat	ted busines	s rev	enue from	Part Will	Column	(C), line	12					7a		0.		
	b	Net ur	related	busi	ness taxab	legno	omerhop.	form 98	V Tipe	3 410€].						7b		0.		
	Prio											Prior Year		Current Year	Г					
	8	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII) a 2NVG 2 3. 2UV										8,556,57	4.	6,193,5	548.					
Ž	9	Progra	ım servi	ce re	evenue (Pa	ırt 🞶 I	Male 2AV	16 Z	J. u	. /尼	1					0.		0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 78)												232.						
œ	11 Other revenue (Part VIII, column (A), lines 7,60,80 9c Noc and Fre) -537,585. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,273,156.											-529,6	500.							
	12	Total r	evenue	- ad	d lines 8 th	rough	11 (must	equal Pa	art VIII, c	olumn (A	A), line	12)	:::::		8,273,15	6.	5,748,1	180.		
	13				amounts p					2)					7,229,27	2.	3,779,1	120.		
	14				•	•				· • • •	• • •				· · · · · · · · · · · · · · · · · · ·	0.		0.		
un.	4E October other community and the first Market Mar									257,48	31.	258,1	115.							
Expenses	ļ				undraising fees (Part IX, column (A), line 11e)								0.		0.					
ě	1				expenses, F	-														
ũ	17				art IX, colu										1,631,11	8.	1,061,3	350.		
	!		•	•	dd lines 13		•					• • • • •			9,117,87	—⊢	5,098,5			
	ı		•			•	•			• • •					-844,71		649,5			
ces ces	,,,	710101	40 1000	U.P.	0,1000 000				• • • •	• • • • •		·····		В	eginning of Ye		End of Year			
anc	20	Total	esots (l	Part	X, line 16)								<u> </u>		8,087,33		6,954,6			
SSE	21				rt X. line 26										4,776,10		2,857,6			
Net Assets Fund Balan	22			•	balances	· • •	act line 21	from line		• • • • •		• • • • •	• • • • •		3,311,22		4,097,0			
	rt II		nature			Oubli	dot iiile 2 i	110(11 11)					· · · · · ·		3,311,22	· · · I	4,057,0			
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		1	ss, and Z		<u> </u>		VE , SUI					3102			Phone no	4 (05-239-6411			
May	the IF	RS disc	uss this	retu	irn with the	prepa	arer showr	n above?	(see ins	itructions	i)						X Yes	No		

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

Form **990** (2009)

SCANNED SEP 1 7 2010

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оп	n 990 (2009		75-6035893	Page 2
Pa	rt III	Statement of Program Service	e Accomplishments	
		describe the organization's mis CHEDULE O	ssion	
				<u> </u>
	the prior		significant program services during the year which were not on Schedule O	
}	services	5 ⁷	g, or make significant changes in how it conducts, any progr	
ŧ	Describ Section	501(c)(3) and 501(c)(4) orga	chedule O ements for each of the organization's three largest program service initial services and section 4947(a)(1) trusts are required to report the ses, and revenue, if any, for each program service reported	
la	_) (Expenses\$	3,849,866. including grants of \$3,779,120.) (Revenue	;\$)
b	(Code) (Expenses\$	including grants of \$) (Revenue	;\$)
c	(Code _) (Expenses \$	including grants of \$) (Revenue	\$)
	(Expens		g grants of \$) (Revenue \$)
le	Total pr	rogram service expenses	3.849.866.	

Part	Checklist of Required Schedules		V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	- <u>x</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_ 		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	Ť		
•	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		, 4"	
	Schedule D, Part VI	14	44.	T. 2°
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	17.5		# -
	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	630		
	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	130%		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		2	स्योत्स्य सम्बद्धः
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		3	er of
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	,	v_ (•33
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	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	, ,	ž.,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	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			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Part	Checklist of Required Schedules (continued)			
		ĺ	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 17 If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		ŀ	
	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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			ĺ
	24b through 24d and complete Schedule K If "No," go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ.	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	· · · · · · · · · · · · · · · · · · ·	2-70		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		l x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	20a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes,"complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	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,			1
	Part IV	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
J1	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
2.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
34		34		Х
	III, IV, and V, line 1	34		 ^
35		25		v
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ł
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		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	38	Х	ı

1a Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S Information Returns Enter -0- in ot applicable. U.S Information Returns Enter -0- in ot applicable. D. Enter the number of Forms W2-2G included in line 1a Enter -0- if not applicable. D. Enter the number of Forms W2-2G included in line 1a Enter -0- if not applicable. D. Enter the number of enter w2-2G included in line 1a Enter -0- if not applicable. Enter the number of enter physics reported on Form W-3. Transmittal of Wage and Tax. 2a Enter the number of emptyleses reported on Form W-3. Transmittal of Wage and Tax. 2a Enter the number of emptyleses reported on Form W-3. Transmittal of Wage and Tax. 2b If all least one is reported on line 2a, did the organization file all required defeat emptylement tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions). 3b If Vess, has it fled a Form 990-T for this year? If No.* provide an explanation in Schedule O. 3b If all least one is reported by this return? 3b If Vess, has it fled a Form 990-T for this year? If No.* provide an explanation in Schedule O. 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c Dot and a At any time during the calcidant year, did the organization have an interest in, or a signature or other authonity over, a financial account; 3b If Vess, interest the name of the foreign country (such as a bank account, securities account, or other financial account)? 3c Dot the organization and party to a prohibited tax sheller transaction? 3c If Yes, Yes, and year the property of the organization that it was or is a party to a prohibited tax sheller transaction? 3c If Yes, Yes, Indicate the proparation include with every solicitation and party to a prohibited tax sheller transaction and property for the organization solicit any contributions that was or is a party to a prohibited tax sheller transaction? 3c I	Par	t V Statements Regarding Other IRS Filings and Tax Compliance		-	
U.S. Information. Returns Enter-0-ind applicable. □ Enter the number of Forms W2.C included in line 1a. Enter-0-if not applicable □ D. 5 □ D				Yes	No
U.S. Information. Returns Enter-0-ind applicable. □ Enter the number of Forms W2.C included in line 1a. Enter-0-if not applicable □ D. 5 □ D	1 a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of i	12 K. 4	¥~ .	43
b Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable			40		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prize winners? 2	b	1 1	¥	7.5	\$
gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b if at least one is reported on Ine 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines is and 2a is greater than 250, you may be required to e-file this returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 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; a foreign country (such as a bank account, securities account, or other financial account?) 5b if Yes, that introduces or exceptions and fifing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Was the organization a party to a prohibited tax shelter transaction? 6c If Yes, to question 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, to question 5a of 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes, to question 5a of 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If Yes, to question 5a of 5b, did the organization file form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Organization shall may receive deductible contributions under section 170(c). 6d Did the organization have annual gross receipts that are normally greater than \$100,000 and did the organization shall may receive deductible contributions under section 170(c). 6d Did the organization shall may receive deductible contributions under section 170(c). 6d Did the organization file Form 8282? Sind during the year to the property did the organization file for		• • • • • • • • • • • • • • • • • • • •		***	3" "
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. b if Yes, *has it filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O. 4a All any time during the calendary 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization aparty to a prohibited tax sheller transaction? 5a Was the organization aparty to a prohibited fax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited she sheller transaction? 6c Does the organization she amount of the diversity of the organization and the organization solicit any contributions that were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b Typics, "Indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6b If Yes, "indicate the number of Forms 8282 filed during the year 9c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums	Ĭ		1c	X	
Slatements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule 0. 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)? b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction? 5a Was the organization a party to a prohibited tax shelter transaction? 6a Does the organization shot, and the very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282? b If "Yes," did the organization only the donor of the value of the goods or services provided? c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization of cars, boats, simplanes, and other vehicles, did the organization file Form 8282? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organiza	2a		477	4 73	E 1. 3
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. 4a At any time during the calendary 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 accounts? b if "Yes," enter the name of the foreign country \(\) See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did en organization application in the star was or is a party to a prohibited tax sheller transaction? 5c Did with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did with the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization start any receive deductible contributions under section 170(c). a Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282? filed during the year b Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did th		· · · · · · · · · · · · · · · · · · ·	1 27; 1 27,		Real Parts
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		- · · · · · · · · · · · · · · · · · · ·	6b		
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	12 a		12a		A
				X.) ×	45

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.

Section A. Governing Body and Management

000	tion A. Governing Body and Management		_	,
			Yes	No
1a	Enter the number of voting members of the governing body	'		ł
b	Enter the number of voting members that are independent	1	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		[
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	ļ <u>.</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	ĺ		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	ĺ		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		L
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			ļ
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	·	16b		
Sect	ion 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 interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: > CLAIRE C MANIGOLD 30 HIGHLAND PARK VILLAGE, STE 206 DALLAS, TX 752	05-2	791	
	(214) 526-5868			
ICA.				

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(F)

(E)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

X Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(C)

(A)	(6)			11	ر,			(0)	(E)	(F)
Name and Title	Average hours per week	हैं Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DEBORAH OATES CHAIRMAN	25.00	Х		х				0.	0.	0.
CYNTHIA MITCHELL CHAIRMAN-ELECT MARGO GOODWIN	1.00	х		х				0.	0	0.
MEMBER-AT-LARGE	1.00	х						0.	0.	0.
GLORIA MARTINDALE PAST BALL CHAIRMAN	1.00	Х						0.	0.	0.
RUTH ALTSHULER ADVISORY BOARD MEMBER	1.00	х						0.	0.	0.
NANCY CARTER SECRETARY	1.00	x		х				0.	0	0.
CONNIE O'NEILL TREASURER	5.00	х		х				0.	0.	0.

(A)	(B)				C)			(D)	(E)		_	(F)	
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-r	ation ited ions	am comp fro orga and	imated ount of other ensation the nization related in ization	f on on d
						:							
	,												
												, .	
1b Total			<u>.</u>				•	0.		0.			0
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos		ed al	bov	e) w	ho re	ceiv	ved more than \$100	,000 in				
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedum											3	Ž.::	્રેડાં X
4 For any individual listed on line 1a, is the													\$\int \gamma'\ga
the organization and related organizations	greater th	nan \$	150	,000)?	If "Y	'es,	" complete Sched	ule J for s	such	4	Lika	طانعت X
5 Did any person listed on line 1a receive	or accr	ue c	omp	ens	atıo	n fro	om	any unrelated o	rganization	for	3.3	X 2	يْسِي فَوْلَ. *
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete .	SCITEG	uie .	J 101	Su	cri per	1501				5		X
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	end	lent	cont	trac	tors that received	i more tha	in \$100	0,000	of	
(A) Name and business add	ress							(B) Description of ser	vices		(C)	ation	
SEE SCHEDULE O							\dagger						
							-	<u> </u>					
							‡						
2 Total number of independent contractors (in				nited	d to	_	se I	listed above) who	received			્ ઢુંજે ૪ %	, , ; ,
more than \$100,000 in compensation from the	e organizat	ion				0			I	<u>, iii.</u>		%% <i>4</i>	4× ";

rt VIII	Statement of Reve	nue			75-6035893		
`		~ ×		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512 513, or 514
1a	Federated campaigns	1a		, , ,	y, ,	, i , j	1 :
1a b c	Membership dues	1		, ,	, , , , ,	٠,٠*	
С	Fundraising events		5,521,058.		* *,		
d	Related organizations	1		2 3 . 5 "	`		
<u> </u>	-		· · · · · · · · · · · · · · · · · · ·	,	*	*	
e	Government grants (contribut	,5,,5,		. ×,		3. 13.	· · · · · · · · · · · · · · · · · · ·
i f	All other contributions, gifts, grant	[1			* .		
3	and similar amounts not included		672,490.		*-	** · · · · · · · · · · · · · · · · · ·	1 2
e f	Noncash contributions included in	• —		المرابع المسائرة المسائدة	state Tagretae.	شنث سسدر س	
ı n	Total Add lines 1a-1f			6,193,548	. 3		
2a b c d e f			Business Code		The same same same to the same one	> 55/36 at Samuel and a same	
e f	All other program service reve	enue			Sec		
<u>g</u>	Total. Add lines 2a-2f			00	`	3, 1	
3	Investment income (including other similar amounts)					···	85,59
1 .	Income from investment of tax		_	0.			
5	Royalties	(ı) Real	(II) Personal			1.2%	
			 `		٠,,	*2] ,
6a	Gross Rents		 	r 400g		No. William	
b	Less rental expenses		 	· · · · · · · · · · · · · · · · · · ·			رو المحمد
С	Rental income or (loss)		J			American	i
d	Net rental income or (loss) .			0.			
7a	Gross amount from sales of	(i) Securities	(II) Other	š		* 5.	
'"	assets other than inventory	650,188.		« «∦, γ	/ _ , _ , _ , _ , _ , _ ,	Ž.	*
ь	Less cost or other basis			·	, , , ,	42.5	
	and sales expenses	651,547		,	ى دىگلىدى ئى	* 7	
c	Gain or (loss)		1		**************************************	, , ,	
d	Net gain or (loss)			-1,359.			, ,,
				-1,359.			-1,35
8a	Gross income from fi			, ·	5	. , , ,	
b	events (not including \$5				1	1,000	
	of contributions reported on lin	•			,`.`		1.5 1. 18
	See Part IV, line 18	<i>.</i> a	611,547.	,		🤻 🔆	3. 1.
b	Less direct expenses	b	1,262,964	ئ (بیٹھ بائند نہ	الشمير والاستداعات أأداك	(*	
С	Net income or (loss) from fund	draising events	. <u></u>	-651,417		.	-651,41
9a	Gross income from gaming ac	ctivities		المؤثر مريد والا	in the state of th		\$ 1 1 33 ·
	See Part IV, line 19		379,150.		· · · · · · · · · · · · · · · · · · ·		1,5
Ь	Less direct expenses	b	266,188.			5	
С	Net income or (loss) from gar		<u></u>	112,962.			112,96
10a	Gross sales of inventor	ory, less			-	,	*
b c	Less cost of goods sold Net income or (loss) from sale	es of inventory		0		••	
	Miscellaneous Reven		Business Code				
11a	MISC INCOME		900099	8,855			8,85
ь				-,			,,,,,
	All adhar assessed			-			
d	All other revenue			0.055			
e	Total. Add lines 11a-11d .			8,855	· · · · · · · · · · · · · · · · · · ·		
12	Total Revenue See instruction			5,748,180.			-445,36

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).

	All other organizations must complete 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	İ			
	organizations in the U.S. See Part IV, line 21	3,779,120.	3,779,120.		
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 salanes and wages	258,115.	25,811.	25,811.	206,493.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
	Management	0.			
	Legal	76,017.	7,602.	7,602.	60,813.
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	43,026.	4,303.	4,303.	34,420.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	29,345.	2,935.	2,934.	23,476.
17	Travel	5,849.	0.	0.	5,849.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	5,952.	2,976.	0.	2,976.
23	Insurance	33,497.	3,350.	3,350.	26,797.
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	DECORATIONS	365,520.	0.	0.	365,520.
	PRINTING	75,905.	12,392.	12,392.	51,121.
С	FOOD/BEVERAGE/STAFFING	119,944.	0.	0.	119,944.
d	HOTEL	112,770.	0.	0.	112,770.
е	RENTALS	69,571.	0.	0.	69,571.
f	All other expenses	123,954.	11,377.	78,183.	34,394.
	Total functional expenses. Add lines 1 through 24f	5,098,585.	3,849,866.	134,575.	1,114,144.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
JSA	fundraising solicitation				Form 990 (2009)

JSA 9E1052 1 000

Page 11

Form 990 (3-6033693		Page 11
Part X	Balance Sheet	(A)	··· ;	(B)
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	6,947,344.	2	5,606,292.
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	57,989.	4	37,806
5	Receivables from current and former officers, directors, trustees, key	<u> </u>	1	
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
똷 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	12,761.	9	63,444.
1 -	Land, buildings, and equipment cost or 10a 160,595.			,
1.55	other basis Complete Part VI of Schedule D			
	D Less accumulated depreciation	16,591.	100	16,051.
11	Investments - publicly traded secunties	1,052,652.	+	1,231,098.
12	Investments - other securities See Part IV, line 11		12	1,231,030.
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)	8,087,337.	16	6,954,691.
17		167,697.	+ +	154,340.
18	Accounts payable and accrued expenses	4,554,972.		2,659,820.
19	Grants payable	53,440.	+	43,450.
20	Deferred revenue	33,440.	20	43,430.
1	Tax-exempt bond liabilities		21	
Liabilities 22	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>≅</u> 22	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	•	24	
25	Other liabilities Complete Part X of Schedule D	4,776,109.	 	2 957 610
26	Total liabilities. Add lines 17 through 25	4,770,109.	26	2,857,610.
<u>"</u>	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ğ 27		920,259.	1 27	2 160 122
E 28	Unrestricted net assets	1,382,988.	-	2,160,122.
8 29	Temporarily restricted net assets		28	925,713.
E 29	Permanently restricted net assets	1,007,981.	29	1,011,246.
<u> </u>	Organizations that do not follow SFAS 117, check here ► Land complete lines 30 through 34.			
Net Assets or Fund Balances 22 28 30 33 33 33			20	
s 30	Capital stock or trust principal, or current funds		30	-
SS 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds	3 311 000	32	4 007 007
,	Total net assets or fund balances	3,311,228.	33	4,097,081.
34	Total liabilities and net assets/fund balances	8,087,337.	34	6,954,691.

Page 12 Form 990 (2009) Part XI **Financial Statements and Reporting** Yes No X Accrual Cash Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? 2b c 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d 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 X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х b 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

728555

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE CR	YSTAL CHA	ARITY BALL						1	75-60	35893
Part I	Reason fo	or Public Chari	ity Status (All organi	zations m	ust compl	ete this p	oart) Se	e instruc	tions	
The organ	nization is no	t a private founda	ition because it is (For	lines 1 thro	ough 11, ch	eck only o	ne box)			
1	A church, co	onvention of churc	ches, or association of	churches d	escribed in	sectio	n 170(b)(1)(A)(i).		
2	A school de	scnbed in sectio	n 170(b)(1)(A)(ii). (At	ach Sched	ule E)					
3			ospital service organiza			ction 170	(b)(1)(A)(iil).		
4	A medical	research organiz	ration operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
· Ш		ame, city, and sta	•	,		•				·
5	•		or the benefit of a col	leae or un	iversity ow	ned or o	perated	ov a gove	ernmental	unit described in
- Ш	_	(b)(1)(A)(iv). (Co						.,		
6			rnment or government	al unit desc	nbed in	section 17	70(b)(1)(A	()(v).		
7 X		_	ly receives a substant						or from t	the general public
رشفا ا	_		1)(A)(vi). (Complete F	-	по опред		30 1 0 111111			go p==
8 🗀		, ,,	in section 170(b)(1)(/	•	mplete Par	HII Y				
ğ		•	ly receives (1) more		•	•	m contrib	utions n	nembershi	n fees and gross
• 🗀	•		ted to its exempt fun-							
	•		nent income and un							
	• •	-	after June 30, 1975				-		C	
10		-	id operated exclusively							
11			and operated exclusi						ns of or	to carry out the
	•	•	ublicly supported orga	-		•				•
		· · · · · · · · · · · · · · · · · · ·	at describes the type of					-	•	• • •
	a Typ		¬ **		e III - Func		-			pe III - Other
e		_	rtify that the organiz			_	-	rectly by		•
ــــا		=	on managers and oth				-			
	•	section 509(a)(2	=	or and on	0 01 111010	publicity (зарропос	organiz.	4110110 40	CONDUCT IN COCHON
f			a written determinat	ion from	the IRS tha	at It Is a	Type !]	Type II o	r Type III	supporting
•	_	, check this box						• •	i iypo iii	
~	_								• • • • •	
g	following pe		ne organization accept	ed ally glit	or contribut	1011 110111 6	arry or tire			
			or indirectly controls	either al	one or tog	ether with	h nereon	e describ	ad in (ii)	Yes No
		= = = = = = = = = = = = = = = = = = = =	rning body of the sup		_	CU101 1110	ii person	d deserte	/CG 117 (11)	11g(ı)
	` '		rson described in (i) at	20103				• • • • •	• • • • •	11g(ii)
	, ,	•	of a person described ii		hove?			• • • • •	• • • • •	11g(m)
ь			tion about the supporte		•			• • • • •	• • • • •	. [119(1117]
h (v) Nome	of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did v	ou notify	(101)	s the	(vii) Amount of
	inization	(11) = 114	(described on lines 1-9		sted in your		ization in		ion in col	support
			above or IRC section (see instructions))	governing	document?		of your		zed in the S?	
			(see manuchons))	Yes	No	Yes	oort? No	Yes	No	
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Total]								

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

Par	Support Schedule for Or (Complete only if you chec				b)(1)(A)(iv) a	nd 170(b)(1)(A	v)(vi)
Sec	tion A. Public Support				-		
	endar 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")	5,336,330.	6,609,117	8,718,911	8,556,574.	6,193,548.	35,414,480.
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	5, 336, 330	6,609,117.	8,718,911	8,556,574	6,193,548	35,414,480.
5	The portion of total contributions by each			, i, , , , , , , , , , , , , , , , , ,		1. 1.	
-	person (other than a governmental unit or				2 8 48 3 4 .		
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount					요구 문제 발표를	
	shown on line 11, column (f).			10 10 10 10	PROVING TO	4 3 3 2	3,553,540.
6	Public support Subtract line 5 from line 4	7.8	N. C. S. W. C.	· Salar Agent	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4 1 1 2 2	31,860,940
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	5,336,330	6,609,117	8,718,911.	8,556,574.	6,193,548	35,414,480
8	Gross income from interest, dividends,	3,330,330	0,003,111	37.107.111.	0,550,574.	0,173,340	33,414,400
	payments received on securities loans, rents, royalties and income from similar sources	48,450	126,811	228,738	255,406	85,591.	745,496.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,773	25,309	20,600.	9,930.		75,467.
11	Total support. Add lines 7 through 10	<u> </u>	75. × F &	·		44 22 4 36	36,235,443.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	5,028,211.
13	First five years. If the Form 990 is f	or the organizat	tion's first, secon	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶
Sect	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line	e 6, column (f) d	ivided by line 11	, column (f))		14	87.93%
15	Public support percentage from 2008 S	chedule A, Part	II, line 14			15	85.47 %
16a	33 1/3 % support test - 2009. If the c	organization did	not check the	box on line 13,	and line 14 is	33 1/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	a publicly suppor	ted organizatioi	n		▶ X
b	33 1/3 % support test - 2008. If the o						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me	-				•	
	Part IV how the organization meets organization	the "facts-and-c	ercumstances" te	est The organi	zation qualifies	as a publicly si	upported
h	10%-facts-and-circumstances test	2008 If the ar	ranization did s	ot check a hav	on line 12 16		and line
D			_				
	15 is 10% or more, and if the organization in Part IV how the organization	on meets the "	facts-and-circum	stances" test	The organizatio	n qualifies as a	•
18	supported organization Private foundation. If the organization						and see

Schedule A (Form 990 or 990-EZ) 2009

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.)

500	tion A. Public Support						·· ···································
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2003	(6) 2000	(0) 2007	(4) 2000	(6) 2005	(i) rotal
1							
	membership fees received (Do not include					1	
_	any "unusual grants ")	 		 	 	 	
2	Gross receipts from admissions merchandise			}			
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			1			
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				1		
	organization without charge					}	1
6	Total Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
• -	received from disqualified persons						
b	Amounts included on lines 2 and 3		<u> </u>				
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13						
	for the year			· · · · · ·		 	<u> </u>
С 8	Add lines 7a and 7b	-	1	 	}	 	
٠							
500	line 6)	··	<u> </u>	L	 	J	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,	(4) 2005	(5) 2500	(5) 250.	(4) 2000	(0) 2000	(1) 10.01
9 10 =	Amounts from line 6		-	 			
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		 	 		 	
Ь	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975			ļ		ļ	ļ
С	Add lines 10a and 10b			<u> </u>	 	 	
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets			1			1
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						1
14	First five years If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here.		<u></u>				▶ 🗍
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2009 (line 8, co	olumn (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Schedu	ile A, Part III, line	15	<u></u>		16	%
Sec	tion D. Computation of Investment				· 		
17	Investment income percentage for 2009 (lin	ne 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008 S					18	%
	33 1/3 % support tests - 2009. If the or					re than 331/3 %,	and line
	17 is not more than 33 1/3 %, check th	is box and sto	p here The org	anızatıon qualifie	s as a publicly	supported organ	ization ►
ь	33 1/3 % support tests - 2008 If the orga	anization did not	t check a box on	line 14 or line 1	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here The o	ganization qualifi	es as a publicly	supported organ	ization ►
20	Private foundation If the organization						
JSA						Schedule A (Form 9)	90 or 990-F7) 2009

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. See instructions

SUPPLEMENTAL INFORMATION 1

PART II, SECTION B, LINE 10

OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISC. INCOME	11,773	25,308	20,600	8,930	8,855	75,467
TOTALS	11,773	25,308	20,600	8,930	8,855	75,467

MISCELLANEOUS INCOME GENERATED FROM ACTIVITIES NOT REGULARLY CARRIED ON BY THE CRYSTAL CHARITY BALL.

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.

► Attach to Form 990. ► 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

THE	CRYSTAL CHARITY BALL		75-6035893
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	AccountsComplete if
	the organization answered "Yes" to For	m 990, Part IV, line 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	usors in writing that the assets held in donor	advised
•	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, and	- ·	
•	used only for chantable purposes and not for the ber		
	purpose conferring impermissible private benefit?		
Par	Conservation Easements. Complete if	the organization answered "Yes" to For	m 990 Part IV line 7
1	Purpose(s) of conservation easements held by the o		111 000,1 01117, 1110 1
•	Preservation of land for public use (e.g., recrea		an historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	Treservation of	a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held	t a qualified conservation contribution in the f	form of a consequation
-	easement on the last day of the tax year	a qualified conservation contribution in the f	offit of a conservation
	,,,,,,,,	Γ	Held at the End of the Year
а	Total number of conservation easements	<u> </u>	2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his		2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfer	•	by the organization during
	the tax year	,	, and an game and a saming
4	Number of states where property subject to conserva	ation easement is located	
5	Does the organization have a written policy regarding		g of
	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp		
	>		
7	Amount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements du	uring the year
	▶ \$		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	ı
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports co	enservation easements in its revenue and exp	pense statement, and
	balance sheet, and include, if applicable, the text of t	he footnote to the organization's financial sta	tements that describes
	the organization's accounting for conservation easen		
Par	Organizations Maintaining Collections	s of Art, Historical Treasures, or Other	[·] Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets he	FAS 116, not to report in its revenue sta	tement and balance sheet works of
	provide, in Part XIV, the text of the footnote to its fil	nancial statements that describes these item	arch in furtherance of public service
b	if the organization elected, as permitted under S	FAS 116, to report in its revenue stateme	ent and balance sheet works of art
	historical treasures, or other similar assets held	for public exhibition, education, or resear	ch in furtherance of public service
	provide the following amounts relating to these iter		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of ai		ssets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		· · · · · · • \$

Par	t III Organizations Maintain	ng Collections	of Art, Histori	cal Treasure	es, or C	Other Similar A	\ssets(c	continued)
3 a b c	Using the organization's acquisition collection items (check all that apply Public exhibition Scholarly research Preservation for future ger	r) nerations	d e	Loan or ex Other	change	programs			
4	Provide a description of the organization Part XIV	ation's collection	s and explain ho	w they further	the orga	anization's exemp	pt purpos	se in	
5	During the year, did the organization assets to be sold to raise funds rath							Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an	rrangements.	Complete if the	organization					NO
	Is the organization an agent, trustee included on Form 990, Part X? If "Yes," explain the arrangement in		. .			· · · · · · · · · · · · · · · · · · ·		Yes [No
	B					Ar	mount		
C	Beginning balance				\vdash				
	Additions during the year				-	 			
e f	Distributions during the year Ending balance								
2a	Did the organization include an amo							Yes	No
	If "Yes," explain the arrangement in		o, rarrx, mie z r				••• [163 [
Раг			ation answered	1 "Yes" to Fo	rm 990) Part IV line	10		
1 20	Endownient Funds. Con	(a) Current Year	(b) Prior year	(c) Two ye				(e) Four ye	ars back
1a	Beginning of year balance	1,083,739				(-)	1	(0) (0)	
b	Contributions	516,188.	1,101,96	1					
c	Net investment earnings, gains,	516,188.	251, 37	6					
	and losses	176 104	260.60						
d	Grants or scholarships	176,104.	-269,60	4.					
	Other expenditures for facilities .								
_	and programs								
f	Administrative expenses								
g	End of year balance	1,776,031.	1 000 22			·· · · · ·			
2	Provide the estimated percentage o	27		9.]					
a	Board designated or quasi-endowm								
b	Permanent endowment ► 56.9	·	70						
C	Term endowment ▶ 0.0000								
3a	Are there endowment funds not in the	_	f the organization	that are held	and ad	ministered for the	a		
	organization by		g <u>.</u>				•	Ye	s No
	(i) unrelated organizations	<i></i>						3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related orga							3b	
4	Describe in Part XIV the intended us							 	'
Par	t VI Investments - Land, Bui	ldings, and Eq	uipmentSee F	orm 990, Pa	rt X, lin	e 10			
	Description of investment		st or other basis evestment)	(b) Cost or othe basis (other)	r (c) Accumulated depreciation	(d	i) Book value	
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment			160,5	95.	144,544.		16	,051.
e	Other								
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part X,	column (B), lın	θ 10(c)) .			<u>,051.</u>
							Cabad.	ile D (Form 9	001 2000

Schedule D (Form 990) 2009

Part VII	Investments - Other Securities. See	Form 990, Part X, III	ne 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial de	envatives			
Closely-held	d equity interests			
Other				
				, , , , , , , , , , , , , , , , , , , ,
				
		>		
Part VIII	Investments - Program Related. See	"	1	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
		-		***
•				
	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X,	line 15	<u> </u>	<u>-</u>
Part IX		(a) Description		(b) Book value
	The state of the s	(a) Beschpton		(b) book value
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	

	· · · · · · · · · · · · · · · · · · ·			
Total, (Column	(b) must equal Form 990, Part X, col (B) line 15)			>
Part X	Other Liabilities. See Form 990, Part			
1.	(a) Description of liability	(b) Amount		
Federal inco	ome taxes			
				
		<u> </u>		
				
		1		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	>		

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

Schedule D (Form 990) 2009 75-6035893 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 5,748,180. 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 5,098,585. 3 Excess or (deficit) for the year Subtract line 2 from line 1 649,595. ----Net unrealized gains (losses) on investments 136,258. Donated services and use of facilities 7 Other (Describe in Part XIV) 8 8 Total adjustments (net) Add lines 4 through 8 136,258. 9 785,853. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 7,910,069. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a **b** Donated services and use of facilities 496,480. 2b 2c d Other (Describe in Part XIV) _______ 2d 2,161,889. 5,748,180. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5,748,180. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 7,124,217. Amounts included on line 1 but not on Form 990, Part IX. line 25 2 a Donated services and use of facilities 496,480. 2a 2b c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 2,025,632. 2e 5,098,585. 3 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)... 5,098,585. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information SEE PAGE 5

75-6035893 Page **5**

SUPPLEMENTAL INFORMATION 1

PART V, LINE 4

THE ENDOWMENT FUND WAS ESTABLISHED TO PROVIDE FUNDS FOR THE CRYSTAL CHARITY BALL'S OPERATING EXPENSES. THE ENDOWMENT FUND DID NOT MAKE ANY CURRENT DISTRIBUTIONS IN ORDER TO ALLOW THE PRINCIPAL FUND BALANCE TO GROW. ONCE THE PRINCIPAL AMOUNT REACHES A CERTAIN BALANCE A PORTION OF THE INTEREST AND/OR DIVIDEND INCOME WILL BE DISTRIBUTED TO THE CRYSTAL CHARITY BALL TO HELP COVER OPERATING EXPENSES. THE ENDOWMENT FUND BOARD WILL DETERMINE THE TIMING OF DISTRIBUTIONS AND PERCENTAGE OF INCOME TO BE DISTRIBUTED.

SUPPLEMENTAL INFORMATION 2

PART XII, LINE 2D

RECLASS OF DIRECT DONOR EXPENSE (198,547)

RECLASS OF SPECIAL EVENT EXPENSE (1,064,417)

RECLASS OF GAMING EXPENSE (266,188)

TOTAL (1,529,152)

SUPPLEMENTAL INFORMATION 3

PART XIII, LINE 2D

RECLASS OF DIRECT DONOR EXPENSE (198,547)

RECLASS OF SPECIAL EVENT EXPENSE (1,064,417)

RECLASS OF GAMING EXPENSE (266,188)

TOTAL (1,529,152)

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 4

PART X, LINE 2

THE FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (ASC 740), PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS FOR FINANCIAL STATEMENT RECOGNITION OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IN ADDITION, ASC 740 PROVIDES GUIDANCE ON RECOGNITION, CLASSIFICATION, ACCOUNTING IN INTERIM PERIODS AND DISCLOSURE REQUIREMENTS FOR UNTERTAIN TAX PROVISIONS. THE INTERPRETATION IS EFFECTIVE FOR CRYSTAL CHARITY'S FISCAL YEAR ENDED DECEMBER 31, 2009. CRYSTAL CHARITY HAS NO FINANCIAL REPORTING REQUIREMENTS ASSOCIATED WITH IMPLEMENTAION OF ASC 740 IN FISCAL YEAR 2009.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Employer identification number Name of the organization 75-6035893 THE CRYSTAL CHARITY BALL Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants а f Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C g In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name of individual (IV) Gross receipts (v) Amount paid to (vi) Amount paid to (ii) Activity (III) Did fundraiser have (or retained by) or entity (fundraiser) custody or control of (or retained by) from activity contributions? fundraiser listed in organization col (I) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2009

Pa	ırt	Fundraising Events.Comple more than \$15,000 on Form						reporte	d
			BALL	(a) Event #1	(b) Event #2 FASHION SHOW (event type)	(c) Other Events 2 (total number)	(d)	Total even col (a) thro	
Revenue		Gross receipts		5,317,873.	593,080	. 221,652.		6,132	,605
œ		Less Chantable contributions		4,972,726.	542,580	5,752.		5,521	,058
		minus line 2)	 	345,147.	50,500	. 215,900.		611	,547
		Cash prizes	1						
s	5	Noncash prizes			21,720			088	,531
xpense	6	, , , , , , , , , , , , , , , , , , , ,							
Orrect Expenses		Food and beverages	ŀ						
u	9				22,035	48,016.		382	,433
	10	Direct expense summary Add lines 4 to	through	n 9 ın column (d)			(:	1,262, -651	
Pa	11 Irt						rted mo		,41/
		than \$15,000 on Form 990-E	Z, line	e 6a	1				
Revenue				(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	col (a)	al gaming through co	(add ol (c))
 	1	Gross revenue				379,150.		379	,150
uses	2	Cash prizes	-						
Direct Expenses		Noncash prizes				248,655.		248	<u>,</u> 655
Direc		Rent/facility costs				17.500			
		Other direct expenses		Yes%	Yes%	17,533. X Yes 100.0000 % No		1/	<u>, 533</u>
		Direct expense summary Add lines 21	through			NO	(266,	188.)
	8	Net gaming income summary Combin	ie line 1	1, column d, and l⊪	ne 7			112	,962
9	F	inter the state(s) in which the organization	on oper	ates gaming activi	ties TX,			Yes	No
i	a Is b If	s the organization licensed to operate ga "No," explain SEE SCHEDULE O.	ımıng a	ictivities in each of			<u>-</u>	9a	х
		Vere any of the organization's gaming lic	enses	 revoked, suspend	ed or terminated during	the tax year?	<u> </u>	0a	Х
11	 	oes the organization operate gaming ac						11 X	
12	ls	s the organization a grantor, beneficiary or primed to administer charitable gaming?	or trust	ee of a trust or a n	nember of a partnership	or other entity		12	x

Sched	ule G (Form 990 or 990-EZ) 2009 75	-6035893		Page 3
	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Enter the name and address of the person who prepares the organization's and records Name CLAIRE MANIGOLD Address 30 HIGHLAND PARK VILLAGE, SUITE 206 DALLAS, TX	gaming/special events books	Yes	No
15 a	Does the organization have a contract with a third party from whom the crevenue?	-		x
	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party If "Yes," enter name and address of the third party Name Address Gaming manager information Name CAREN KLINE (SEE SCHEDULE O FOR ADDITIONAL GAMIN	and the		
17	Gaming manager compensation ▶\$	or		
a b	Is the organization required under state law to make charitable distributions for retain the state gaming license?		1	х

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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

2009 2009

Department of the Treasury Internal Revenue Service	Complete if the	e organization a ▼	answered "Yes" to Fo ▶ Attach to Form 990.	he organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	s 21 or 22.		Open to Public Inspection
Name of the organization						Employer identification number	ion number
THE CRYSTAL CHARITY BALL						75-6035893	
Part General Information on Grants and Assist	s and Assista	tance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	ie amount of the	grants or assistance,	, the grantees' eligibi	lity for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	ants or assistan	ice?	of oreset funds in the L				X Yes No
⊒ ي	oedures ion mor	esn alli billion	o ali dianic iurios in me o	miled states			
Fartil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.	to Governme Iny recipient th	nts and Orgar nat received m	i rzations in the Un lore than \$5,000 C	ited States . Comp heck this box if no	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use	ition answered "Ye ived more than \$5	es" to 5,000 Use
Part IV and Schedule I-1 (Form 990) if addit	990) if addition	lional space is needed	eeded				A
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDICAL CENTER OF DALLAS	75-0800628	501 (C) (3)	1,164,300				PEDIATRIC EMERGENCY
BAYLOR HEALTHCARE SYSTEM FOUNDATION							
3600 GASTON AVE , SUITE 100	75-1606705	501 (C) (3)	627,000				FETAL CARE CENTER
RECONCILIATION OUTREACH	- 1						
4311 BRYAN STREET DALLAS, TX 75204	75-2192081	501 (C) (3)	683, 264				CHILDREN CENTER
COMMUNITY PARTNERS OF DALLAS							
1215 SKILES STREET DALLAS, TX 75204	75-2468034	501 (C) (3)	348,000				CHILDREN'S TREATMEN'
INTERFAITH HOUSING COALITION							
5600 ROSS AVENUE DALLAS, TX 75206	75-2028254	501 (C) (3)	331,556				CHILDREN'S CURRICULUM
NETWORK OF COMMUNITY MINISTRIES	75-2060900	501(C) (3)	136.000				CHILDREN CENTER
INIX HOUSES OF TEXAS							
2345 REAGAN STREET DALLAS, TX 75219	13-3810073	501 (C) (3)	157,500				TEEN FACILITY
BAYLOR ORAL HEALTH FOUNDATION	75-2464091	501 (C) (3)	331,500				DENTAL CLINIC
	· · · · · ·			7			
2 Enter total number of section 501(c)(3) and government		organizations				•	8
3 Enter total number of other organizations						A	0
For Privacy Act and Paperwork Reduction A	ct Notice, see t	the Instructions for Form 990.	for Form 990.			Sche	Schedule I (Form 990) 2009

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Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Schedule I (Form 990) 2009 Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this		provide the infor	mation required i	n Part I, line 2, and any o	part to provide the information required in Part I, line 2, and any other additional information
SUPPLEMENTAL INFORMATION 1					
PART I, LINE 2					
TY_BALL_MEMBER_IS	PLACED ON THE	BOARD OF	EACH OF THE		
BENEFICIARIES FOR A PERIOD OF TWO YEARS		TO INSURE THAT THE FUNDS ARE USE	E FUNDS ARE	1SE	
FOR THE PROJECT AND PURPOSE THAT THE FUNDS WERE REQUESTED AND APPROVED BY	HE FUNDS WE	RE REQUESTED	AND APPROVE	BY	
THE CRYSTAL CHARITY BALL MEMBERSHIP FOR.	i	THE BENEFICIARIES ARE REQUIRED	S_ARE_REQUIRE	<u></u>	
TO SEND FOLLOW UP REPORTS TO THE BALL CHAIRMAN TO REPORT ON THE USE OF	ALL CHAIRMA	N_TO_REPORT_	ON_THE_USE_OF		
THE FUNDS.			; ; ; ; ; ;	 	
					School (1/Ection 000) 2000

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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CRYSTAL CHARITY BALL

Employer identification number 75-6035893

Check if applicable Number of contributions Revenues reported on Form 990, Part VIII, line 1g Method of determining revenues	Par	Types of Property		·	 	
A Art-Historical interests			Check if		Revenues reported on	Method of determining
3 ALF-ractional interests 4 Books and publications 5 Clofung and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Securities-Publicly traded 11 Securities-Publicly traded 12 Securities-Publicly traded 13 Securities-Publicly traded 14 Qualified conservation 15 Control of the Securities Securities Closely held stock 16 Securities-Miscellaneous 17 Securities-Publicly traded 18 Securities-Miscellaneous 19 Qualified conservation 19 Contribution-Historic 19 Securities-Miscellaneous 10 Qualified conservation 19 Contribution-Historic 19 Securities-Miscellaneous 10 Qualified conservation 10 Contribution-Other 10 Real estate-Residential 10 Real estate-Commercial 11 Real estate-Commercial 12 Collectibles 13 Collectibles 14 Collectibles 15 Collectibles 16 Collectibles 17 Real estate-Other 18 Securities Securities 19 Food inventory 10 Drugs and medical supplies 11 Taxidermy 12 Historical artifacts 13 Securities Specimens 14 Archeological artifacts 15 Coller ► (SPECIAL EVENTS) X 438 978,967, ESTIMATED FAIR VALUE 16 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 17 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 18 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 19 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 19 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 19 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 20 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 21 Other ► (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 22 Other ► (SPECIAL Events SPECIAL Even	1	Art-Works of art				
A Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities-Publicly traded Cullified conservation contribution-Historic structures Contribution-Order Seal estate-Commercial Real estate-Commercial Real estate-Commercial Seal estate-Commercial Real estate-Commercial Seal estate-Commercial Securities-Residential Seal estate-Commercial Seal	2					
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities-Publicity traded 10 Securities-Publicity traded 10 Securities-Publicity traded 10 Securities-Publicity traded 11 Securities-Publicity traded 12 Securities-Publicity traded 13 Qualified conservation 13 Qualified conservation 14 Qualified conservation 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory 19 Food inventory 10 Drugs and medical supplies 11 Taxidermy 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other ▶ (DONATED PRIZES) X 438 976, 967. ESTIMATED FAIR VALUE 16 Other ▶ (SPECIAL EVENTS) X 14 220, 395. ESTIMATED FAIR VALUE 17 Other ▶ (DONATED PRIZES) X 438 976, 967. ESTIMATED FAIR VALUE 18 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 19 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 19 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 20 Other ▶ (SPECIAL EVENTS) X 14 220, 395. ESTIMATED FAIR VALUE 21 Taxidermy 22 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 23 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 24 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 25 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 26 Other ▶ (SPECIAL EVENTS) X 14 220, 395. ESTIMATED FAIR VALUE 26 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 26 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 26 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 27 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 28 Other ▶ (DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 30 DONATED PRIZES) X 14 220, 395. ESTIMATED FAIR VALUE 31 Dose the organization completed Form R283, Part IV, Donee Acknowledgement 32 Dose the organization completed Form R283, Part IV, Donee Acknowledgement 33 Dose the organization have a gft acceptance policy that requires the review	3	Art-Fractional interests				
goods	4	Books and publications				
6 Cars and other vehicles	5	Clothing and household				
8 Intellectual property 10 Securities-Publicity traded 11 Securities-Publicity traded 12 Securities-Partnership, LLC, 13 Countres-Partnership, LLC, 15 Contrust interests 16 Callectual conservation 17 Caudified conservation 18 Real estate-Commercial 19 Real estate-Residential 19 Real estate-Commercial 10 Callectubles 10 Drugs and medical supplies 11 Taxidemy 12 Historical artifacts 13 Secentifies specimens 14 Archeological artifacts 15 Callectubles 16 Callectubles 17 Real estate-Other 18 Callectubles 19 Food inventory 10 Drugs and medical supplies 11 Taxidemy 12 Historical artifacts 13 Secentifies specimens 14 Archeological artifacts 15 Collectubles 16 Other ▶ (DONATED PRIZES) X 438 978,967. ESTIMATED FAIR VALUE 17 Other ▶ (DONATED PRIZES) X 438 978,967. ESTIMATED FAIR VALUE 18 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 19 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 19 Pool of ther ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 20 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 21 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 22 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 23 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 24 It must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempl purposes for the entire holding penod? 25 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 26 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 27 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 28 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 29 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 30 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 30 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 31 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 32 Other ▶ (SPECIAL EVENTS) X		goods			·	
8 Intellectual property	6	Cars and other vehicles				
9 Securities-Publicly traded	7	Boats and planes				
10 Securities-Closely held stock 11 Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other 15 Real estate-Residential 16 Real estate-Commercial 17 Real estate-Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (DONATED PRIZES) X 438 978,967. ESTIMATED FAIR VALUE 26 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 26 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 27 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 28 Other ▶ (SPECIAL EVENTS) X 14 220,395. ESTIMATED FAIR VALUE 29 No minume of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No minume of Forms 8283 received by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding pened? 29 b if "Yes," describe the arrangement in Part II 10 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 21 a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 21 a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 22 a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 23 a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 24 if "Yes," describe in Part II 25 if the organization of nor revenues in column (c) for a type of propert	8	Intellectual property				
11 Securities-Partnership, LLC, or trust interests	9	Securities-Publicly traded				
or trust interests	10	Securities-Closely held stock				
Securities-Miscellaneous	11					
13 Qualified conservation contribution-Historic structures		or trust interests				
contribution-Histonc structures 14 Qualified conservation contribution-Other 15 Real estate-Residential	12	Securities-Miscellaneous				
structures 14. Qualified conservation contribution-Other 15. Real estate-Residential	13	Qualified conservation				
14 Qualified conservation contribution-Other		contribution-Historic				
contribution-Other 15 Real estate-Commercial		structures				1
15 Real estate-Commercial	14					
16 Real estate-Commercial						
17 Real estate-Other	15					
Collectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts Cother Impact Cot	16					<u> </u>
Taxidermy	17					
Drugs and medical supplies	18					
Taxidermy	19					
Historical artifacts	20	-				
Scientific specimens	21					
Archeological artifacts	22	Historical artifacts				
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75-6035893 Schedule M (Form 990) 2009 Page 2 Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, Part II 32b, and 33. Also complete this part for any additional information SUPPLEMENTAL INFORMATION 1 PART 1, LINE 25 INCLUDES PRIZES DONATED FOR THE 2009 CRYSTAL CHARITY BALL SILENT AUCTION. EXAMPLES OF DONATIONS INCLUDE: TICKETS TO SPORTING EVENTS, TRAVEL ACCOMMODATIONS, ELECTRONICS, GIFT CARDS, AND OTHER VARIOUS PRIZES. THE VALUE OF PRIZES RANGED FROM \$1 TO \$30,000. SUPPLEMENTAL INFORMATION 2 PART 1, LINE 26 INCLUDES DONATIONS USED FOR SPECIAL EVENTS. DONATIONS INCLUDE: FABRIC FOR DECORATIONS, DONOR GIFTS, AND TRAVEL PRIZES. THE VALUE OF DONATIONS RANGED FROM \$4,500 TO \$51,800. SUPPLEMENTAL INFORMATION 3 PART I, COLUMN B THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF INDIVIDUAL CONTRIBUTIONS RECEIVED.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

75-6035893

THE CRYSTAL CHARITY BALL

GENERAL ATTACHMENT 1

PART III, LINE 1

TO AID, SUPPORT, AND MAKE CONTRIBUTIONS AND DONATIONS TO CHARITABLE, RELIGIOUS, OR EDUCATIONAL AGENCIES AND ORGANIZATIONS LOCATED IN DALLAS COUNTY, TEXAS WHICH ARE PRIMARILY CONCERNED WITH OR FOR THE CARE, DEVELOPMENT OR WELFARE OF CHILDREN.

GENERAL ATTACHMENT 2

PART III, LINE 4A

THE PRIMARY PURPOSE OF THE CRYSTAL CHARITY BALL IS TO AID, SUPPORT AND MAKE CONTRIBUTIONS AND DONATIONS TO CHARITABLE, RELIGIOUS, EDUCATIONAL, MEDICAL INSTITUTIONS, AND SOCIAL AGENCIES WHICH ARE PRIMARILY CONCERNED WITH OR FOR THE CARE, DEVELOPMENT OR WELFARE OF CHILDREN. EACH YEAR, THE CRYSTAL CHARITY BALL SELECTS NON-PROFIT ORGANIZATIONS LOCATED IN DALLAS COUNTY, TEXAS AS BENEFICIARIES OF ITS FINANCIAL SUPPORT. THESE BENEFICIARIES ARE SELECTED BY THE MEMBERS OF THE CRYSTAL CHARITY BALL, WHO SERVE AS VOLUNTEERS OF THE ORGANIZATION. THE CRYSTAL CHARITY BALL HOSTS AN ANNUAL BALL AND FASHION SHOW AND SOLICITS CONTRIBUTIONS FROM CORPORATIONS AND INDIVIDUALS IN ORDER TO MEET ITS PLEDGE OF FINANCIAL SUPPORT TO THE BENEFICIARIES. THE ORGANIZATIONS RECIEVING GRANTS DURING 2009 INCLUDE: CHILDREN'S MEDICAL CENTER, BAYLOR HEALTHCARE SYSTEM FOUNDATION, RECONCILIATION OUTREACH, COMMUNITY PARTNERS OF DALLAS, INTERFAITH HOUSING COALITION, NETWORK OF COMMUNITY MINISTRIES, PHOENIX HOUSES OF TEXAS, AND BAYLOR ORAL HEALTH FOUNDATION. EACH BENEFICIARY AND

Employer identification number 75-6035893

THE PURPOSE FOR THIS SUPPORT ARE DETAILED IN SCHEDULE I. TOTAL PROGRAM SERVICE EXPENSE FOR 2009 EQUALED \$3,849,866 WHICH DOES NOT INCLUDE \$496,480 OF DONATED SERVICES THE CRYSTAL CHARITY BALL RECEIVED TO HOST ITS ANNUAL EVENTS.

GENERAL ATTACHMENT 3

PART VI, LINE 6, LINE 7B, LINE 10, LINE 15, & LINE 19

PART VI, LINE 6 MEMBERS OF THE CRYSTAL CHARITY BALL (CCB) HAVE THE

FOLLOWING RIGHTS: TO VOTE ON WHICH CHARITIES WILL RECEIVE DONATIONS FROM

CCB; TO APPROVE AMENDMENTS TO CCB'S ARTICLES OF INCORPORATION; TO APPROVE

A MERGER OR CONSOLIDATION OF CCB WITH ANOTHER ORGANIZATION; TO APPROVE

THE LEASE, SALE, OR EXCHANGE OF CCB'S PROPERTY AND ASSETS; AND TO APPROVE

THE DISSOLUTION, LIQUIDATION, AND WIND-DOWN OF CCB'S AFFAIRS.

PART VI 7B THE CHAIRMAN ELECT OF THE CRYSTAL CHARITY BALL (CCB) SELECTS A LEADERSHIP COMMITTEE COMPOSED OF SIX CRYSTAL CHARITY BALL MEMBERS WHO HAVE PREVIOUSLY SERVED AS CHAIRMEN OR ASSISTANT CHAIRMEN OF MAJOR CCB COMMITTEES. IN ADDITION, THE LEADERSHIP COMMITTEE INCLUDES THREE SPECIAL ADVISORS WHO ARE PAST CCB CHAIRMEN. THE SPECIAL ADVISORS SERVE AS NON VOTING MEMBERS ON THE COMMITTEE. THE LEADERSHIP COMMITTEE THEN SELECTS THE NEXT YEARS' CHAIRMAN ELECT.

PART VI, LINE 10 THE CRYSTAL CHARITY BALL HIRES A LOCAL INDEPENDENT

PUBLIC ACCOUNTING FIRM EXPERIENCED IN THE PREPARATION OF FORMS 990 TO

PREPARE THE RETURN. THE CONTROLLER WORKS CLOSELY WITH THE PAID PREPARER

IN GATHERING THE INFORMATION REQUIRED. THE RETURN IS THEN REVIEWED BY

THE AUDIT COMMITTEE. AFTER UPDATING THE RETURN WITH AUDIT COMMITTEE

Name of the organization

THE CRYSTAL CHARITLL

Employer identification number

75-6035893

MEMBER'S COMMENTS RECOMMENDATIONS, THE COMPLETE RETURN, ALONG WITH AU DITED FINANCIA $_{I}^{j}$ ATEMENTS, IS ELECTRONICALLY DELIVERED TO EACH BOARD MEMBER FOR REVIEWD COMMENT. UPON CONSENSUS, THE RETURN IS FILED WITH THE INTERNAL REVIE SERVICE.

PART VI, LINE 15 S STATED IN ITS BY-LAWS, THE CRYSTAL CHARITY BALL DOES NOT COMPENSATE ITS OFFICERS OR BOARD MEMBERS. THEREFORE, NO FORMAL PROCESS HAS BEEN IDENTIFIED FOR DETERMINING THE COMPENSATION OF THESE INDIVIDUALS.

PART VI, LINE 19 CRYSTAL CHARITY BALL'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST, WITH APPROVAL OF THE BALL CHAIRMAN. THE BY-LAWS ARE PUBLISHED EACH YEAR IN THE ORGANIZATION'S DIRECTORY, WHICH IS DISTRIBUTED TO ALL ACTIVE AND INACTIVE MEMBERS AND ALL PAST BALL CHAIRMEN. THE INFORMATION IN THE FORM 990 IS PUBLIC INFORMATION, AND IS AVAILABLE UPON REQUEST FROM THE CRYSTAL CHARITY BALL.

GENERAL ATTACHMENT 4

PART VII, SECTION B, LINE 1

TOM ADDIS PRODUCTIONS BALL DECOR \$346,900

P.O. BOX 190425

DALLAS, TX 75219

HILTON ANATOLE HOTEL EVENT SERVICES \$306,072

2301 STEMMONS FREEWAY, STE. 500

DALLAS, TX 75207

Schedule O (Form 990) 2009 Page 2

Name of the organization

THE CRYSTAL CHARITY BALL

Employer identification number

75-6035893

GENERAL ATTACHMENT 5

PART X, LINE 11

BEGINNING OF YEAR END OF YEAR ASSET

MUTUAL FUNDS

INVESTMENTS

1,052,652

1,231,098

GENERAL ATTACHMENT 6

SCHEDULE G, PART III, LINE 9B & LINE 16

LINE 9B THE CRYSTAL CHARITY BALL MANAGEMENT BELIEVES THAT THE ORGANIZATION DOES NOT CARRY ON GAMING ACTIVITIES AT A LEVEL THAT REQUIRES LICENSING IN THE STATE OF TEXAS.

LINE 16

GAMING MANAGER INFORMATION

NAME AND TITLE COMPENSATION

SERVICES PROVIDED

PAM PERELLA-DIRECTOR NONE RESPONSIBLE FOR RAFFLE TICKET

SALES FOR THE FASHION SHOW.

CLAIRE MANIGOLD-EMPLOYEE \$2,400

RESPONSIBLE FOR ACCOUNTING FOR

RAFFLE TICKET SALES.

COMPENSATION REPRESENTS APPORTIONED SALARY OF EMPLOYEE BASED ON HOURS RELATED TO GAMING RESPONSIBILITIES DIVIDED BY TOTAL HOURS.