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Form **990**

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

2010

Open to Public

Department of the Treasury inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2010, and ending 20 For the 2010 calendar year, or tax year beginning heck if applicable: C Name of organization 303 DEV FDN CORP D Employer identification number 68-0655381 Doing Business As Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/Suite Name change (718)987-0111 66 ARDSLEY STREET Initial return City or town, state or country, and ZIP + 4 Terminated G Gross 607,421 Amended return Staten Island NY 10306 receipts \$ Name and address of principal officer: H(a) Is this a group return for affiliates? Yes X Application pending See attachment #1 H(b) Are all affiliates included? 527 Tax-exempt status: X 501(c)(3) | 501(c)(4947(a)(1) or) (insert no.) If "No," attach a list, (see instructions) J Website:▶ www.uqandalittleleaquebaseball.org H(C) Group exemption number ▶ 2007 M State of legal domicile: NY K Form of organization: X Corporation Trust Association Other ▶ L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: See attachment #2 ACTIVITIES GOVERN Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ANC 4 Number of independent voting members of the governing body (Part VI, line 1b)...... 5 6 5 Total unrelated business revenue from Part VIII, column (C), line 12..... 7a 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 674,900 607,421 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 11 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 674,900 607,421 13 Grants and similar amounts paid (Part IX, column (A), lines 7 667,950 598,496 14 Benefits paid to or for members (Far D) (Final (A), line 4) SCANNED MAY Salaries, other compensation, employee benefits (Part IX) calumn (A), lines 5-10) . . . 15 Professional fundraising fees (Part IX, column (A) fine 11e) Total fundraising expenses (Fait IX, Moumin (D), The 25) Other expenses (Part IX, column (A), lines 11a-17d, 111-24f) 22,366 8,680 Total expenses Add lines 13-17 (mas adult Hait <u>lX;•column</u>=(A), line 25) 690,316 607,176 Revenue less expenses. Subtract line 18 from line 12 -15,416 245 **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) 53 298 FUZD 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 298 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true ed on all information of which preparer has any knowledge. Sign Signature of officer Here PRESIDENT/PROG DIRECTOR RICHARD STANLEY Type or print name and title Print/Type preparer's name PTIN Check | | Paid GREGG MARK self-employed Preparer Firm's EIN ▶ 36 Firm's name ▶ BONFIGLIO Use Only Firm's address ▶ 900 SOUTH Phone no. STATEN ISLAND NY 10314

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

915-16

Form 990 (2010)

No

Yes

	n 990 (2010) 303 DEV FDN CORP 68-0655381	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	. 🔯
	Bnefly describe the organization's mission.	
	ALL FUNDS ARE GIVEN TO UGANDA LITTLE LEAGUE BASEBALL IN ORDER TO	
	SECURE EQUIPMENT FOR DISTRIBUTION TO MEMBER LEAGUES. ALSO TO BUILD)
	BASEBALL AND SOFTBALL FIELDS FOR MEMBER LEAGUES. TO TRAIN COACHES	
	UMPIRES AND HOST INTERNATIONAL TOURNAMENTS	
-	the prior Form 990 or 990-EZ?	X No
		M
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	F3
	services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	
	and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$)
		 _
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Total program condes expenses > \$	

Form	990 (2010) 303 DEV FDN CORP 68-0655381		P.	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
-	is the organization described in section 50 f(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1	1	
	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, or have a section 501 (h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	5		ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
-	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	├		
8	<u> </u>	8		х
•	complete Schedule D, Part III	-	ļ	<u> </u>
9				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		.,
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
-	D, Part VI	11a		Х
h	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
_	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total	<u>-</u>		<u> </u>
С		11c	ľ	х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			· v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	٦,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	l		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	┝ -	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L -	×
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, Parts I and IV .	14b		X
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, Parts II and IV	15	X	L
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, Parts III and IV	16	l	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
- *	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
.0	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?			
13	M. W. Carll Brown and A. Carlon Mills C. Part III	19		x
	·	20a		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	200		
Þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers	204		
	that operate one or more hospitals must attach audited financial statements (see instructions) N/A	20b	L	

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Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			37
	Inited States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	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,"			l
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		
	Conduction to go to mile 20	24a		X
	Bid the diganization invoicety proceeds of tax exempt being a temperary period and procedure of tax	24b		ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	Larry too confide bondon	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	ĺ		
	Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 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,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
~-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
-	At the Att Forms one flows are manufacted Cohodule O	38	3.5	!
	Note. All Form 990 filers are required to complete Scriedule O		000	(0040

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Form 990 (2010)

Part V	Statements	Regarding (Other IRS	Filings and	d Tax Complianc

	Check if Schedule O contains a response to any question in this Part V	• •	····	$\perp \perp$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		!	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶		ſ	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨_ ┊		.,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. N/A	7h		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	1
	business notatings at any time saming the year.	-		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	1	İ
а	,_	9b	-	
b	Did the digamentation where a measure,	30	 	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		,
b		1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from members or shareholders	1		
b				
40-	against amounts due or received from them.). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	x
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
а	Note. See the instructions for additional information the organization must report on Schedule O			T
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
C 1/1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	X
b	ii 166, than tilled a form fize to report these payments in the provide an explanation in concession .	Form	aan i	·

	990 (2010) 303 DEV FDN CORP 68-0655381			age o
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	No" res	sponse	to
	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			_
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management		,	
			Yes	No
1a				
b			:	
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		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		1	
	by the following			
а	The governing body?	8a		<u>X</u>
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	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	· · · · · · · · · · · · · · · · · · ·	10a		X
b	, , , , , , , , , , , , , , , , , , , ,			
	affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b		
11a		11a	Х	
b	· · · · · · · · · · · · · · · · · · ·			
12a		12a		X
b]		
	rise to conflicts?	12b		
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		V
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		^
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		х
a		15a		X
b	· · · ·	15b		^
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a		16a		х
	with a taxable entity during the year?	104		
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16b		
<u> </u>	the organization's exempt status with respect to such arrangements?	100		L
	List the states with which a copy of this Form 990 is required to be filed Authorized Tork			
17				_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request			
4.5				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
- 22 9	There are contact through an arminess, and dependence from the decision wind decisions and contact of the conta			

organization ▶ See attachment #3

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Part VII

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

Check if Schedule O contains a response to any question in this Part VII . . .

• List all of the organization's current key employees, if any. See instructions for definition of "key employee"

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

- 13 : plete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 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 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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organiza-	PO DIRECTOR OR	I T R S U S T T E E T T	(checl	K all th	At apply	F OR MER	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	organization
······································	tions in Schedule O)	ĹR	0 N A L			E D				and related organizations
CHRISTINA COPELAND VICE PRESIDENT SUZANNE FERNANDEZ	1.00			х				0	0	0
SECRETARY BARBARA SALERNO	0.25			х				o	o	0
TREASURER RICHARD STANLEY	0.25			Х				0	О	lo
PRESIDENT	4.0			X				0		

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)													
		(A)	(B)			((C)			(D)	(E)		(F)	-
	Nam	e and title	Average	Po	sition	(checl	-	at apply)		Reportable	Reportable	Es	lmate	d
			hours per		l I	ō	KEY LOYEE	HIGHES T AT	FOR	compensation	compensation		ount o	of
			week (describe	DUR	I RUST EE	0 F F I C E R	YP	GMP	Ř	from	from related		other	
			hours for	IVTC	I S	ç	5	EEO	M E R	the	organizations		pensa	
			related		υĒ	ļ Ř	ĮĚ	TSE	"	organization	(W-2/1099-MISC)		om the	
			organiza-	A O R	i		•	Ţ		(W-2/1099-MISC)	,	-	anızatı İ relate	
			tions in Schedule	ĹR	N			E D					nizatio	
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1b	Sub-to	otal	·	·					•	0	0	0	-	
c	Total f	rom continuation sh	eets to Pa	rt VII, S	ection	ı A			. ▶					
d		add lines 1b and 1c)					· ·		<u> </u>	0	0 ,	0		
2		umber of individuals ((including l	but not l	ımıted	to tho	se list	ed abov	e) who	received more than	\$100,000 in reporta	ble com	pensa	ation
	Irom un	e organization ▶											Yes	No
3		e organization list any								r highest compensat	ed employee			
		1a? If "Yes," complete										3		X
4		y individual listed on li zation and related org										4		Х
5		y person listed on line						-		-				
	service	s rendered to the org	anızatıon?	If "Yes,'	comp	olete S	chedu	le J for s	such p	erson		5		X
		ependent Contractor									 			
1		ete this table for your nsation from the orga		st compe	ensate	d inde	penae	ent contr	actors	that received more	tnan \$100,000 of			
	white	noation nom the orga	(A)				_			(B)		((
	Name and business address Description of services										ervices	Compe		n
•														
													, 	
2		umber of independen 00 in compensation fr		-	_	out not	ıımıte	a to thos	se liste	ea above) who receive	ved more than			
JVA		9078 TWF 41345				re Only	- 2010	TW				Form	990	(2010)

Page S

Parl	VII	Statement of Revenue			·	(A)	(B)	(C)	(D)
		······				Total revenue	Related or exempt	Unrelated business	Revenue
							function revenue	revenue	under sections 512, 513, or 514
6.0	12	Federated campaigns		1a					
CIT	l	Membership dues		1b					
OFE	l	Fundraising events		1c		<u> </u>			
T S n R c S	l	Related organizations		1d		1		1	
R G S I R M B A I	1	Government grants (contributions		1e		{			
N '								1	1
UTA	ľ	All other contributions, gifts, gran similar amounts not included about		1f	607,421]			
OAA	_	Noncash contributions included in lines			007,421	1			
N NM S D T	1 -	Total. Add lines 1a-1f		•		607,421			
s	''	Total. Add mes la li	· · · ·	<u> </u>	Business Code				
P R	2a				Daomicos de la	1		Ì	1
o S	b								
G E R R R									
ΑVΕ	Ι.								
M I V	1								· · · · · · · · · · · · · · · · · · ·
ΕN		All other program service revenue							
U	g	Total. Add lines 2a-2f							
	3	Investment income (including div							
									}
	4	Income from investment of tax-e							
	5	Develope	•	- CC					
		· · · · · · · · · · · · · · · · · · ·	(ı) Real		(II) Personal				
	62	Gross Rents	(1) 1104		(4)	-			
		Less rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)			. •			1	Ì
			Securitie		(II) Other				
	7a	Gross amount from sales	-			1			
		of assets other than inventory						1	
	Ь	Less. cost or other basis				1			
		and sales expenses							
0	ြင	Gain or (loss)	•		-	1			
Ţ	l	Net gain or (loss)			▶				1
H F	l	Gross income from fundraising							
R		events (not including \$							
		of contributions reported on line	1c).						
R		See Part IV, line 18		а]			
E	ь	Less direct expenses		. b					
Ė	c	Net income or (loss) from fundrai	sing eve	ents .	<u> </u>				
N	9a	Gross income from gaming activi	ties. Se	е					
ū		Part IV, line 19		. a					
E	ь	Less: direct expenses		. b		}			
	С	Net income or (loss) from gaming	activitie	es					
	10a	Gross sales of inventory, less				•			
		returns and allowances		, a]			
	b	Less: cost of goods sold		. b					
	С	Net income or (loss) from sales o	finvent	ory	<u>▶</u>				
		Miscellaneous Revenue			Business Code				
	11a								<u> </u>
	ь							ļ <u></u>	
	С							ļ <u> </u>	
	d	All other revenue							ļ
	e	Total. Add lines 11a-11d			▶				
	12	Total revenue. See instructions			.	607,421			

Form 990 (2010) 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).								
	include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
	9b, and 10b of Part VIII.		expenses	general expenses	expenses				
1	Grants and other assistance to governments and			[
	organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in			<u> </u>					
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,			<u> </u>					
	organizations, and individuals outside the	40001	400	<u> </u>					
	U S See Part IV, lines 15 and 16	598496	598496						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,			<u> </u>					
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)			<u> </u>					
7	Other salaries and wages								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management			1					
ь	Legal								
c	Accounting	2,500		2,500					
đ	Lobbying								
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other	50							
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	6,130	6,130						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20					 				
21	Interest Payments to affiliates	-			· · · · · · · · · · · · · · · · · · ·				
21	Depreciation, depletion, and amortization								
23	Insurance			<u> </u>					
23 24	Other expenses. Itemize expenses not covered above.	······							
24	(List miscellaneous expenses in line 24f. If line 24f								
	amount exceeds 10% of line 25, column (A) amount,								
	list line 24f expenses on Schedule O.)	•							
_	ist line 24t expenses on schedule 0.)	<u></u>							
a									
b			<u> </u>	 					
C					· · ·				
d				 					
е		<u> </u>	 	 					
f	All other expenses	607.176	604 626	2.500					
25	Total functional expenses. Add lines 1 through 24f	607,176	604,626	2,500					
26	Joint costs. Check here ▶ ☐ If following SOP 98-2								
	(ASC 958-720). Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation .		<u> </u>						

JVA

Page 11

Part X **Balance Sheet** (A) (B) End of year Beginning of year 298 1 1 Cash -- non-interest bearing 2 2 3 3 Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). . . . 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . 10b **b** Less accumulated depreciation 10c 11 11 Investments -- publicly traded securities . 12 12 Investments -- other securities See Part IV, line 11 13 13 Investments -- program-related. See Part IV, line 11 ... 14 14 Intangible assets . . 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 53 16 298 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue L 20 20 Tax-exempt bond liabilities . . . Α 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 В 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ī T 22 persons. Complete Part II of Schedule L . . 1 23 23 Secured mortgages and notes payable to unrelated third parties Ε 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. N 27 27 Unrestricted net assets U E N D 28 29 Permanently restricted net assets 29 ASSETS В Organizations that do not follow SFAS 117, check here > X A and complete lines 30 through 34. ANC 30 30 Capital stock or trust principal, or current funds ... 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 0 53 32 298 32 Retained earnings, endowment, accumulated income, or other funds R 53 33 298 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances . . . 298 Form 990 (2010) JVA TWF 41348 Copyright Forms (Software Only) - 2010 TW

Form 990 (2010)

Page **12** Form 990 (2010) Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response to any question in this Part XI 607,421 Total revenue (must equal Part VIII, column (A), line 12) 2 607,176 Total expenses (must equal Part IX, column (A), line 25) 245 3 Revenue less expenses. Subtract line 2 from line 1 , Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))....... 4 5 Other changes in net assets or fund balances (explain in Schedule O) . . . Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 6 298 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. Yes No Accounting method used to prepare the Form 990: X Cash Accruat 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 X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... N/A 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both. | Separate basis Both consolidated and separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the N/A required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .

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10 99012

JVA

99011

TWF 41349

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.

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate Instructions.

Open to Public Inspection

		the organization						1	mployer		tion n	umber	
		DEV FDN							<u>8-065</u>	2381			
Par				ity Status (All organ					tructions.				_
	rga □			ecause it is: (For lines 1									
1	Н			association of churche		iu iii seci	170(0)	(тдаді)-					
2	Н)(1)(A)(II). (Attach Sche	-	coellon 1	70/b\/4\/A	/III\					
3	Н			service organization des					/4\/A\/III\	Enter the	hacar	tal'a na	mo
4	Ш		arch organization ope	rated in conjunction wi	ın a nospii	ai describi	eu iii Sect	(d) 170(b)	(1)(A)(III).	Line ine	позрії	(a) 3 116	u ne,
_	\Box	city, and state:	a paratad for the bon	efit of a college or univ	oreity own	ed or one	ated by a	governme	ntal unit d	escribed	ın sect	ion	
5		170(b)(1)(A)(lv). (Complete Part II.)						intes unit u	escribed	3000	.011	
6	Ц			or governmental unit d									
7	X	-	n that normally receive (1)(A)(vi). (Complete I	s a substantial part of i Part II)	its support	from a go	vernmenta	il unit or tr	om the ge	neral pub	lic des	cribea	1N
8	П			on 170(b)(1)(A)(vi). (C									
9				s (1) more than 33 1/3									
				xempt functionssubj							ts		
				ne and unrelated busine					irom busi	nesses			
	_	•	_	ne 30, 1975 See section									
10	Ц			ated exclusively to test t									
11	Ц	An organization	organized and opera	ated exclusively for the	benefit of,	to perform	the functi	ons of, or	to carry or	ut the			
				oported organizations ones the type of support							on		
				_						··· vpe III-O	thor		
	$\overline{}$	a ∐ Type I	b ∐ Type		Type III-Fu			one or me		,,	tiei		
e	Ш	By checking the	is box, I certify that the	e organization is not co gers and other than on	ntrolled all	ectly of its	unecuy by innorted o	raanizatio	ne describ	iiileu ied in sec	tion		
		509(a)(1) or sec		gers and other than on	e or more	publicly 30	apported t	- Igai iizaiio	10 4000110				
				determination from the	IDC that it	ic a Tuno	I Type il	or Type III	eupportin	a			
f		organization, cl		determination nom the						9			. [
g		Since August 1	7, 2006, has the orga	nization accepted any o	gift or conti	ribution fro	om any of	he					_
		following perso		hi controlo oithor alono	or togethe	or with nor	enne deen	nbed in (ii)				Yes	No
				ly controls, either alone dy of the supported org			sons desc	isbed iii (ii)	,	Г	11g(i)	1.55	X
		` '	ember of a person des	•	garnzanorr	• • •				⊢	11g(ii)	-	X
		• •		on described in (i) or (i	ı) above?					F	1g(iii)	 	X
h		• •		out the supported organ		••			• • •	٠ . ـ ـ	3(,	1	
h	_	7 TOVIGE THE TOIL	Owng monnation abo	The supported organ			<u> </u>		(1.4)				
(i) Na	amo	e of supported	(ii) EIN	(iii) Type of organization					(VI) organizatio		(vii)	Amou	nt of
	org	anızatıon		ł .	ın col (i) lı				_	ed in the	'	suppor	1
				(see Instructions)	governing	ocument,	Olyours	support?	U :	S.?			
				` "	Yes	No	Yes	No	Yes	No	1		
	_	······································										• • •	
					ļ								
										[
										[1		
											1		
					<u>.</u>			<u> </u>	<u> </u>	<u>L</u>			
			I	3	E .	l	ł	1	l	1	1		

Schedule A (Form 990 or 990-EZ) 2010 3 0 3 DEV FDN CORP 68-0655381

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Sec	etion A. Public Support	daily under th	e lesis listed bei	ow, please com	piete Fait III)		
	· dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 4333			(1)		1,00,000
	include any "unusual grants.")		363,024	491,000	674,900	607,421	2,136,345
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 ,,		363,024	491,000	674,900	607,421	2,136,345
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,136,345
Sec	tion B. Total Support				<u></u>	-1	
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		363,024	491,000	674,900	607,421	2,136,345
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		779	507			1,286
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					"	2,137,631
12	Gross receipts from related activities, etc. (see	e instructions)			•••	12	
13	First five years. If the Form 990 is for the orgonganization, check this box and stop here	<u></u>			x year as a section		▶
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2010 (line 6, co					14	99.94 %
15	Public support percentage from 2009 Schedu	le A, Part II, lır	e 14			15	%
16a	33 1/3 % support test 2010. If the organiz and stop here. The organization qualifies as						his box ▶ 🏻
b	33 1/3 % support test 2009. If the organization qualifies					3 % or more, ch	
17a	10%-facts-and-circumstances test 2010 more, and if the organization meets the "facts organization meets the "facts-and-circumstances"	-and-circums	ances" test, che	ck this box and	stop here. Expla	un in Part IV hov	w the
b	10%-facts-and-circumstances test 2009 more, and if the organization meets the "facts and-circumstant meets the "facts and-circumstant meets the "facts and circumstant meets	-and-circums	ances" test, che	ck this box and	stop here. Expla	in in Part IV hov	w the
1 R	organization meets the "facts-and-circumstar Private foundation. If the organization did no		_				tione · · ·
18 JVA		ms (Software On		100, 174, UI 17L	 		or 990~EZ) 2010

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer Identification number

3.0	B DEV FDN CORP			8-0655381	
Pa	T I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Cor	nplete if	
	the organization answered "Yes" to Form 99	90, Part IV, line 6			
		(a) Donor advised funds	s	(b) Funds and other account	s
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 ad	lvisors in writing that the assets hel-	d in donor advis	ed	
	funds are the organization's property, subject to the	organization's exclusive legal conti	rol?	Yes	∏No
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that gra	nt funds can be	used only	
	for charitable purposes and not for the benefit of the	e donor or donor advisor, or for any	y other purpose	conferring	
	ımpermissible private benefit?	··· · · · · · · · · · · · · · · · · ·		Yes	No
Pa	t II Conservation Easements. Complete if the	organization answered "Yes" to Fo	rm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply)	_		
	Preservation of land for public use (e.g., recreation	on or education)	Preservation	of an historically important lan	d area
	Protection of natural habitat		Preservation	of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribu	tion in the form o	of a conservation	
	easement on the last day of the tax year				
				Held at the End of the Ta	ax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements		••	2b	
С	Number of conservation easements on a certified hi			2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06, and not on	a historic		
	structure listed in the National Register	•	• • • • • • • • • • • • • • • • • • • •	2d	
3	Number of conservation easements modified, transf	erred, released, extinguished, or te	rminated by the	organization during the tax	
_	year >				
4	Number of states where property subject to conserv	 -			
5	Does the organization have a written policy regarding		-		П.
_	enforcement of the conservation easements it holds			_	∐ No
6	Staff and volunteer hours devoted to monitoring, ins				
7	Amount of expenses incurred in monitoring, inspect Does each conservation easement reported on line				
8		z(u) above salisty the requirements	S OF Section 170(Yes	No
9	and section 170(h)(4)(B)(ii)?	oneonyation passaments in its reven			
,	balance sheet, and include, if applicable, the text of				
	the organization's accounting for conservation easer		manoral otatorno.	no mac doodniboo	
Pai	t III Organizations Maintaining Collections of		er Similar Asset	s.	
L.TY.	Complete if the organization answered "Yes	•			
1a	If the organization elected, as permitted under SFAS	S 116 (ASC 958), not to report in its	revenue statem	ent and balance sheet works of	of
	art, historical treasures, or other similar assets held f	or public exhibition, education, or r	esearch in furthe		
	in Part XIV, the text of the footnote to its financial sta	itements that describes these items			
b	If the organization elected, as permitted under SFAS	6 116 (ASC 958), to report in its rev	enue statement	and balance sheet works of ar	t,
	historical treasures, or other similar assets held for p				
	the following amounts relating to these items				
	(I) Revenues included in Form 990, Part VIII, line 1			▶ \$	
	(II) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hist			gain, provide the	
	following amounts required to be reported under SF	AS 116 (ASC 958) relating to these	eitems		
а	Revenues included in Form 990, Part VIII, line 1 .	•••		> \$	
b	Assets included in Form 990, Part X		• • •	> \$	

Pa	rt VI Land, Buildings, and Equipment	. See Form 990, Part X, Iir	e 10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С					
d	Equipment				
е	Other				
Γota	al. Add lines 1a through 1e (Column (d) shou	ld equal Form 990, Part X	column (B), line 10(c)) <u>.</u> ▶	

JVA

Part VII Investments Other Securities. See Fore		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments Program Related. See For	m 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	J	
Part IX Other Assets. See Form 990, Part X, line 15		(In) Post value
(a) De	escription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15),	
Part X Other Liabilities. See Form 990, Part X, line		
(a) Description of liability	(b) Amount	
Federal income taxes	<u> </u>	ŕ
Todara moonio tata		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of	of the footnote to the ora	anization's financial statements that reports the organization's

Sche	edule D (Form 990) 2010 303 DEV FDN CORP 68-06	55381		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	607,421
2			2	607,176
1	Excess or (deficit) for the year Subtract line 2 from line 1		3	245
	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	245
Pai	T XII Reconciliation of Revenue per Audited Financial Statements With F	Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c	_	
đ	Other (Describe in Part XIV.)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
þ	Other (Describe in Part XIV)	4b	╛	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return		γ
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities	2a	_ :	
	Prior year adjustments	2b	_	
	Other losses	2c	4	
	Other (Describe in Part XIV.)	2d	┩.	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
	Other (Describe in Part XIV.)	4b	┥	
			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	L
-	Supplemental Information	III lines to and 4. Book N. III	200 45	and Ohi Bort V line 4
	viore true many to provide the decomptions required for Darf II, lines 2, 6, and 0, Darf	III IIDOC TA ADOLA PARIM M	100 1P 9	IDD UN' MAR VI IIDO 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

JVA

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States Complete If the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	e of the organization	ממכ			68-0655381	non namber
	DEV FDN CO	JRP ermation on Activities	Outside the Unite	d States. Complete if the organi		rm 990,
T Q.	Part IV, line 1			. — Останова Селириона и по в обще		_
1			untain records to s	substantiate the amount of the gra	ants or	
	assistance, the grante	ees' eligibility for the gra	ants or assistance,	and the selection criteria used to	award	
	the grants or assistan	nce?				Yes X No
2	For grantmakers, De	escribe in Part V the ord	anization's proced	dures for monitoring the use of gr	ant funds outside the	
_	United States.		,	5 - 5		
3				duplicated if additional space is r	(e) If activity listed in (d) is	(f) Total
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of	expenditures for and investments in region
			ļ			
			1			
					1	
3a	Sub-total					
	Total from continuation	on				
	sheets to Part I .		<u> </u>			
_	Totals (addison 2) and	1 2 kg	1	E	1	ł

Page 2	ent who	□	thod of	(book, FMV, appraisal, other)					90) 2010
	any recipi	:	(i) Me	(book appr					Form
	art IV, line 15, for e	:	(h) Description	of non-cash assistance	NA				Schedule F (Form 990) 2010
	es" to Form 990, P		(g) Amount of	non-cash assistance			▲	A	
	zation answered "Y		(f) Manner of	casn disbursement	CHECK		ed as tax-exempt		
	plete if the organi	•	(e) Amount of	casn grant		598,496	country, recognize		
	nited States. Com	than \$5,000 .	(d) Purpose of	grant	BASEBALL	TOURNAMENT	ties by the foreign ralency letter		
	Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who	received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(c) Region		UGANDA		that are recognized as charr ed a section 501(c)(3) equiv		ly) - 2010 TW
	Istance to Organizations	received more than \$5,000. Check this box it no one re Part II can be duplicated if additional space is needed.	(b) IRS code section	and Ein (ii applicable)	-		ganizations listed above ti tee or counsel has provid	nzations or entities	Copyright Forms (Software Only) - 2010 TW
	Part II Grants and Other Ass	received more than \$5, Part II can be duplicate	(a) Name of organization				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	Inter total number of other orga	10 990F2 TWF 39208
Sch	Da		-					က	۸

C26

SCHEDULE 0 (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2010

<u>Department of the Treasury</u> Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization 303 DEV FDN CORP **Employer Identification number**

68-0655381

PART VI 11A

WHEN MR STANLEY PICKS UP THE COMPLETED 990 AT HIS ACCOUNTANTS OFFICE, IT IS REVIEWED IN DETAIL. HE THEN CAN REPEAT ANY ITEMS OF CONCERN OR INTEREST TO ITS OFFICERS AND DIRECTORS

SECTION C DISCLOSURE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS , CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 PRINCIPAL OFFICER NAME AND ADDRESS

, and ending .		
Employer Identification Number		
68-0655381		
R STANLEY		
711 FIERY HILL ROAD		
in State NY		
· · · · · · · · · · · · · · · · · · ·		
· · · ·		
_		

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending

Name of Organization Employer Identification Number 68-0655381

Primary Purpose

ALL FUNDS ARE GIVEN TO UGANDA LITTLE LEAGUE BASEBALL IN ORDER TO SECURE EQUIPMENT FOR DISTRIBUTION TO MEMBER LEAGUES. ALSO TO BUILD BASEBALL AND SOFTBALL FIELDS FOR MEMBER LEAGUES. TO TRAIN COACHES AND UMPIRES AND HOST INTERNATIONAL TOURNAMENTS

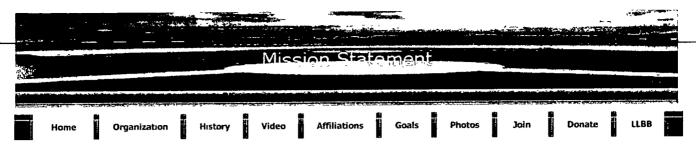
990 BOOKS ARE IN CARE OF

	3: FOIM 990 Page 6, Part VI,	Section C, Line	
Open to Public			
Inspection	For calendar year 2010 or tax period beginning	, and ending	
Name of Organizate			Employer Identification Number
303 DEV FD	ON CORP		68-0655381
Part VI - Line 20			
		0 (()	
Individual Name .		Rich Stank	<i>f</i>
or			
Business Name ⁻			
			
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U.S. Address		•	
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Phone Num	iber	•	· · ·
Fax Number	_		
rax Numbel			• •

2010 DETAIL STATEMENTS

303 DEV FDN CORP 68-0655381	_	Page 1
STATEMENT #1 - Other (990 EO PG 10 Line 11g)		
FEES	50	
TOTAL CARRIED TO 990 EO PG 10 Line 11g		50

JVA



Mission Statement 303 Development Foundation Corp

The mission for 303 Development Foundation Corp is to develop the game of baseball and softball for the children in East Africa. It is being done by supporting the Uganda Little League Baseball NGO in Uganda. All funds go to building the program so that it can be self sustaining in the years ahead and will be the seed for expanding the game to adjoining countries and eventually the entire continent of Africa. 303 Development will work with Major League Baseball, Little League Baseball and any other group that has an interest in assisting the children of Africa in developing their athletic talents, especially in the sport of baseball and softball.

Richard Stanley

Uganda Little League Baseball Long Term Goals

- Make Baseball a National Sport of Uganda
- Have more than 100 leagues playing in all parts of Uganda
- Have over 30,000 girls and boys playing Little League Baseball and Softball
- Build many fields for 12 and under and full size for older boys.
- Host International Little League Tournaments for ages 11 to age 18 and above.
- Have Uganda teams qualify for the World Series in the U.S
- Have a Ugandan team win the World Championship at any level in baseball or softball.
- Train thousands of coaches in HIV/AIDS, Malaria, TB prevention so that they can pass on the information to all their ball players.

African Baseball Committee Of Little League Baseball

Burkina Faso - Ghana - South Africa - Uganda

5 Year Goals

- Expand baseball and softball in our respective countries as equipment is made available to include thousands of boys and girls in each country playing baseball and softball.
- Expand Little League Baseball into 30 African Countries. Committee members will assist any country wishing to be active participants.
- Hosting All African Baseball and Girls Softball Regional Little League Tournaments for all age groups with the winners going directly to the U.S. every August to play for the World Championships.
- The Little League African Baseball Committee will train thousands of coaches and umpires. They will all be trained, not only in baseball and softball, but with a heavy emphasis on AIDS/HIV, Malaria and Tuberculosis prevention since they will be having excellent contacts with thousands of children from age 6 to 18.

- The committee, with the help of all friends of baseball, will attempt to have all African Governments remove taxes and duties on donated baseball equipment sent to Little League programs in Africa.
- The committee, with the help of its friends at Little League International and Major League Baseball, will work to reduce the costs of getting donated equipment shipped to African Countries by working with the U.S. Government to render assistance in this area, and hopefully shipping it through the U.S. Embassies.
- As programs develop, we will look to individual Major League Teams to possibly sponsor programs in an African Country. Eventually, even supporting a Baseball Academy in their respective country.
- African Little League Programs will look to use the facilities and skills of the established South African Baseball program for training of coaches and umpires.
- The committee members will work to obtain sponsorships from International Corporations and other agencies and organizations to support the African Program.
- □ The committee members will seek to arrange cooperative baseball programs through the "Sister Cities" program.
- The committee members will work to get all African Countries to participate in all National and International Tournaments in Africa and throughout the World.
- While the committee now consists of only four members, we encourage all countries who wish to develop Little League Baseball and other baseball programs to join us as active members.

The committee members and contacts are as follows:

Burkina Faso Ibrahim Ndiaye Ndiaye.i@bf.celtel.com

Interim Chair, South Africa Edwin Bennett baseball@icon.co.za

Ghana Hugo Huppenbauer ghanabaseball@yahoo.es

Uganda Priscilla Sarah Nakibuuka nakibuuka2001@yahoo.com

U.S. Coordinator, Uganda Little League Richard Stanley Rjstanley9@aol.com

[Home]

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