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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: Address change / Name change / Initial return / Terminated / Amended return / Application pending

C Name of organization
YMBL SUNSHINE FOUNDATION
Doing Business As

Number and street (or P.O box if mail is not delivered to street address): 515 CONGRESS AVENUE — Room/suite: 2020

City or town, state or country, and ZIP + 4: AUSTIN, TX 78701

D Employer identification number: 74-2679040

E Telephone number: 512-320-8000

G Gross receipts $ 288,176.

F Name and address of principal officer: DREW BIXBY
4713 FAIRVIEW DR., AUSTIN, TX 78731

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ NA

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶ FOUND
L Year of formation: 1998
M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE YMBL SUNSHINE FOUNDATION IS FORMED SOLELY TO SUPPORT THE AUSTIN YMBL SUNSHINE CAMPS AND

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,000.	492.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-110,447.	37,185.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	220,639.	47,679.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,192.	85,356.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,629.	17,750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,172.	20,254.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,801.	38,004.
	19	Revenue less expenses. Subtract line 18 from line 12	73,391.	47,352.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	794,804.	842,156.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	794,804.	842,156.

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date 10/22/12
▶ DREW BIXBY, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
ROBERT A. SCHRIBER		11-7-11		

Firm's name ▶ POWELL, EBERT & SMOLIK, P.C. — Firm's EIN ▶
Firm's address ▶ 515 CONGRESS AVENUE, TWENTIETH FLOOR
AUSTIN 78701 — Phone no (512) 320-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE YMBL SUNSHINE FOUNDATION EXISTS TO PROVIDE FINANCIAL SUPPORT AND SECURITY TO THE AUSTIN SUNSINE CAMPS (EIN: 74-6023176), A 501(C)(3) ORGANIZATION. ADDITIONALLY, THE FOUNDATION GRANTS POST SECONDARY SCHOOL SCHOLARSHIPS TO DESERVING STUDENTS WHO HAVE BEEN SERVED BY THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 services? [ ] Yes [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 $ 17,750. including grants of $ 17,750.) (Revenue $ 17,750.)
THE GOLFSMITH - SUNSHINE CAMP SCHOLARSHIP FUNDS PROVIDES SCHOLARSHIPS FOR UNDERPRIVILEGED KIDS WHO HAVE ATTENDED AND WORKED AT THE SUNSHINE CAMP AND SEEK ASSISTANCE IN PURSUING HIGHER EDUCATION.

4b (Code:) (Expenses $ 12,000. including grants of $ 12,000.) (Revenue $ 19,434.)
THE GENERAL ENDOWMENT FUND EXISTS TO SUPPORT THE WORK OF THE AUSTIN SUNSHINE CAMPS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 29,750.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, 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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	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*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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 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 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		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		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 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 to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		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):			
a	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, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *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
a	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* ☐ Yes ☒ No			
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		X
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		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	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	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?			2b		
	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*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	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		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			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?			7b		
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	7d				
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10			
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 governing documents since the prior Form 990 was filed?		4		X
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
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

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 the organization's exempt status with respect to such arrangements?	16b		

Section 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: ▶
DREW BIXBY - 252-220-0021
4713 FAIRVIEW DR., AUSTIN, TX 78731

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 ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KURT L. LEMKE PRESIDENT	2.00	X						0.	0.	0.
DREW BIXBY TREASURER	1.00	X						0.	0.	0.
TIM TAYLOR CHAIRMAN	2.00	X						0.	0.	0.
ROY POOL SECRETARY	1.00	X						0.	0.	0.
TIM BROWN	1.00	X						0.	0.	0.
TRAVIS ECKERT	1.00	X						0.	0.	0.
FRANKLIN HALL	1.00	X						0.	0.	0.
MIKE NINK	1.00	X						0.	0.	0.
JIM KAIGNIN	1.00	X						0.	0.	0.
TIM MOONEY	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	Sub-total ▶	0.	0.	0.
c	Total from continuation sheets to Part VII, Section A ▶	0.	0.	0.
d	Total (add lines 1b and 1c) ▶	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d 492.				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f: $					
h **Total.** Add lines 1a-1f ▶		492.			
Program Service Revenue	Business Code				
2 a					
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		27,415.	27,415.		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents					
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	212,590. /				
b Less: cost or other basis and sales expenses	202,820. /				
c Gain or (loss)	9,770. /				
d Net gain or (loss) ▶		9,770.	9,770.		
8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events ▶					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a UNREALIZED GAINS	900099	47,679.	47,679.		
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d ▶		47,679.			
12 Total revenue. See instructions. ▶		85,356.	84,864.	0.	0.

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,750.	17,750.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	12,000.	12,000.		
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (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)				
a ADVISORY FEES	7,417.		7,417.	
b FOREIGN TAXES WITHHELD	765.		765.	
c MISCELLANEOUS FEES	72.		72.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	38,004.	29,750.	8,254.	0.
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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	686,820.	11	686,820.
	12	Investments - other securities. See Part IV, line 11	107,984.	12	155,336.
	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)	794,804.	16	842,156.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, 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		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	794,804.	30	842,156.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
	33	Total net assets or fund balances	794,804.	33	842,156.
	34	Total liabilities and net assets/fund balances	794,804.	34	842,156.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,004.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	794,804.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	842,156.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other ________ 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		X
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?	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 separate basis, consolidated basis, or both: ☐ 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 the Single Audit Act and OMB Circular A-133?	3a		X
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.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization
YMBL SUNSHINE FOUNDATION

Employer identification number
74-2679040

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2010**

032021 12-21-10

Part II **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 Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 include any "unusual grants.")		8,000.	1,000.	6,000.	492.	15,492.
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		8,000.	1,000.	6,000.	492.	15,492.
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.						15,492.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4		8,000.	1,000.	6,000.	492.	15,492.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,560.	31,842.	15,150.	29,050.	27,415.	134,017.
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						149,509.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 10.36 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 6.56 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☒

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

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

032022
12-21-10

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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 include 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 benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | %

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE YMBL SUNSHINE FOUNDATION EXISTS TO GATHER PUBLIC SUPPORT FOR THE LONG TERM BENEFIT OF THE AUSTIN SUNSHINE CAMPS AND THE ECONOMICALLY DISADVANTAGED CHILDREN WHO ATTEND AND HAVE ATTENDED THE CAMPS. SUPPORT IS GATHERED FROM MEMBERS OF YMBL, ALUMNI OF YMBL, AUSTIN AND TEXAS BUSINESS ORGANIZATIONS, AND THE GENERAL PUBLIC TO ENSURE THE LONG TERM SUCCESS OF THE AUSTIN SUNSHINE CAMPS AND TO PROVIDE SCHOLARSHIPS TO CAMP PARTICIPANTS.

THE FOUNDATION MAINTAINS A CONTINUOUS AND BONA FIDE PLAN FOR THE SOLICITATION OF FUNDS, PRINCIPALLY THROUGH CONTACTS WITH THE MEMBERSHIP OF THE YOUNG MENS BUSINESS LEAGUE AND ALUMNI OF THAT GROUP. SUCH CONTACTS ALLOW THE FOUNDATION TO REACH THE GENERAL AUSTIN BUSINESS COMMUNITY AS WELL.

THE FOUNDATION IS GOVERNED BY A LARGE BOARD OF DIRECTORS THAT REPRESENT CURRENT AND FORMER YMBL MEMBERS WHO IN TURN CONTINUE TO ACT AS AMBASSADORS TO THE AUSTIN COMMUNITY. THE FOUNDATION SUPPORTS THE AUSTIN SUNSHINE CAMPS WHICH PROVIDES A SUMMER CAMP EXPERIENCE TO CHILDREN WHO WOULD OTHERWISE NOT HAVE THE OPPORTUNITY TO ATTEND CAMP. YEAR ROUND PROGRAMS ARE ALSO RUN BY THE CAMP TO SUPPORT DISADVANTAGED YOUTH.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: YMBL SUNSHINE FOUNDATION

Employer identification number: 74-2679040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	794,804.	721,413.			
b Contributions	492.	6,000.			
c Net investment earnings, gains, and losses	84,863.	110,192.			
d Grants or scholarships	17,750.	23,629.			
e Other expenditures for facilities and programs	12,000.	12,000.			
f Administrative expenses	8,253.	7,172.			
g End of year balance	842,156.	794,804.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ %
c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	155,336.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	155,336.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	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 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	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:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIV Supplemental Information

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: YMBL SUNSHINE FOUNDATION

Employer identification number 74-2679040

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed .... ▶ [ ]

1 (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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations .... ▶

3 Enter total number of other organizations .... ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIP GRANTS	9	17,750.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: YMBL SUNSHINE FOUNDATION

Employer identification number 74-2679040

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOLARSHIPS FOR UNDERPRIVILEGED KIDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AUSTIN SUNSHINE CAMPS WHEN THE STUDENTS WERE YOUNGER.

FORM 990, PART VI, SECTION A, LINE 2: THERE MAY BE BUSINESS RELATIONSHIPS AMONG THE VARIOUS VOLUNTEER DIRECTORS, OF WHICH THE FOUNDATION HAS NO KNOWLEDGE OR ANY REASON TO HAVE KNOWLEDGE.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION WILL SUBMIT FORM 990 TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990. WHILE NEITHER THE APPROVAL OF THE FORM 990 OR A REVIEW OF THE FORM 990 IS REQUIRED UNDER FEDERAL LAW, THE ORGANIZATION'S FORM 990 SHALL BE SUBMITTED TO EACH MEMBER OF THE BOARD OF DIRECTORS VIA EMAIL WITHIN 30 DAYS OF IT BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION WILL FULLY COMPLY WITH LOCAL, STATE, AND FEDERAL PUBLIC DISCLOSURE REQUIREMENTS WITH RESPECT TO IRS FORMS 990, 990-T, 1023 AND 5227. THE FOUNDATION WILL FULFILL ALL REQUESTS FOR THE FORMS MADE IN WRITING OR IN PERSON, POST THEM ON THE FOUNDATION'S WEB SITE, OR SOME COMBINATION OF THESE AVENUES IN ORDER TO COMPLY WITH THE FEDERAL PUBLIC DISCLOSURE REQUIREMENTS.

Name of the organization	Employer identification number
YMBL SUNSHINE FOUNDATION	74-2679040

THE FOUNDATION WILL FULLY COMPLY WITH LOCAL, STATE, AND FEDERAL REQUIREMENTS RELATING TO PROVIDING A COPY OF THE FOUNDATION'S CURRENT FINANCIAL STATEMENTS UPON WRITTEN REQUEST.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization	Employer identification number
YMBL SUNSHINE FOUNDATION	74-2679040

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
YOUNG MEN'S BUSINESS LEAGUE - 74-2519557 PO BOX 684980 AUSTIN, TX 78768-4980	CIVIC INVOLVEMENT	TEXAS	501(C)(6)		N/A		X
AUSTIN SUNSHINE CAMPS - 74-6023176 PO BOX 684980 AUSTIN, TX 78768-4980	COMMUNITY SERVICE	TEXAS	501(C)(3)		N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

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12-21-10 LHA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AUSTIN SUNSHINE CAMPS	B	12,000.	CHECK
(2) YOUNG MENS BUSINESS LEAGUE	C	492.	CHECK
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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12-21-10

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

UBS

UBS Financial Services Inc.
98 SAN JACINTO BOULEVARD
SUITE 600, SAN JACINTO CENTER
AUSTIN TX 78701-4082

CNP7000135123 1210 X2 B8 0

2010 Year End Summary

Account name: YMBL SUNSHINE FOUNDATION
NFJ PIMCO BALANCED CAT 2
Account number: B8 00234 NG

Your Financial Advisor:
THE NEFF GROUP
Phone: 512-474-2421/800-548-6166

YMBL SUNSHINE FOUNDATION
NFJ PIMCO BALANCED CAT 2
3933 SPICEWOOD SPRINGS ROAD
BUILDING D-600
AUSTIN TX 78759-8756

Summary of gains and losses

	Amount ($)
Short term	886.66
Long term	1,980.93
Total	**$2,867.59**

Realized gains and losses

Estimated 2010 gains and losses for transactions with trade dates through 12/31/10 have been incorporated into this statement. To calculate gains and losses, we liquidate the oldest security lot first. This is known as the first-in, first-out or FIFO accounting method We use this method unless you specified which tax lot to close when you placed your order. This is known as a versus purchases or VSP order. See *Important information about your statement* on the last page of this statement for more information

We may not adjust gains and losses for all capital changes Cost basis for coupon tax-exempt municipal securities, include securities subject to AMT, has been adjusted for mandatory amortization of bond premium Estimates in the Unclassified section can not be classified as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided

Short-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
AMERIPRISE FINANCIAL INC	FIFO	10.000	Aug 30, 10	Sep 21, 10	478.21	433.40		44.81	
BECTON DICKINSON & CO	FIFO	10 000	May 26, 09	Jan 12, 10	777 57	670 61		106 96	
	FIFO	20.000	May 26, 09	Jan 11, 10	1,562 78	1,341.22		221.56	

continued next page

Realized gains and losses (continued)

Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
COCA COLA CO COM	FIFO	45.000	Jun 03, 10	Dec 07, 10	2,898 00	2,370.80		527.20	
FREEPORT-MCMORAN COPPER & GOLD INC	FIFO	5.000	Jan 11, 10	Sep 21, 10	412 89	446.65	-33 76		
GOLDMAN SACHS GROUP INC	FIFO	10.000	Oct 06, 09	Aug 27, 10	1,389.76	1,871.35	-481.59		
	FIFO	6 000	May 14, 10	Aug 27, 10	833 86	857.18	-23.32		
HOME DEPOT INC	FIFO	5 000	Jun 04, 09	May 18, 10	174.37	122.09		52.28	
INTEL CORP	FIFO	20.000	Nov 11, 09	Sep 21, 10	382.00	396.49	-14.49		
LUBRIZOL CORP NEW	FIFO	10.000	Jan 11, 10	Sep 21, 10	1,059 36	764 82		294 54	
METLIFE INC	FIFO	20 000	Apr 23, 09	Apr 07, 10	891.91	548 78		343 13	
NORTHROP GRUMMAN CORP	FIFO	5.000	Oct 23, 09	Sep 21, 10	298 75	247.99		50 76	
VALERO ENERGY CORP NEW	FIFO	25.000	Apr 14, 09	Feb 17, 10	446.79	515.07	-68.28		
	FIFO	20 000	Apr 16, 09	Feb 17, 10	357.43	432.08	-74 65		
	FIFO	30 000	Apr 20, 09	Feb 17, 10	536 14	599 12	-62.98		
	FIFO	15 000	Apr 23, 09	Feb 17, 10	268 07	312 87	-44.80		
	FIFO	25 000	Jun 04, 09	Feb 17, 10	446.79	464 99	-18 20		
WELLS FARGO & CO NEW	FIFO	15.000	Aug 26, 10	Sep 21, 10	395 57	352.46		43 11	
US TSY NOTE 01 000 % DUE 12/31/11 DTD 12/31/09 FC 06/30/10	FIFO	4,000 000	Jan 12, 10	Aug 13, 10	4,031.88	4,007.50		24.38	
Total					**$17,642.13**	**$16,755.47**	**-$822.07**	**$1,708.73**	**$886.66**

Long-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
ALLSTATE CORP	FIFO	10 000	Mar 02, 06	Sep 21, 10	311 89	544.88	-232 99		
	FIFO	15 000	Mar 08, 06	Sep 21, 10	467.84	814.73	-346 89		
ALTRIA GROUP INC	FIFO	10 000	Mar 11, 09	Sep 21, 10	238 09	165.01		73.08	
	FIFO	20.000	Mar 04, 09	Aug 31, 10	448 33	296.24		152.09	
	FIFO	5 000	Mar 10, 09	Aug 31, 10	112.08	80.11		31.97	
	FIFO	20 000	Mar 11, 09	Aug 31, 10	448 33	330.02		118.31	
	FIFO	25.000	Apr 11, 08	Aug 30, 10	563 96	539.93		24 03	
	FIFO	25.000	Apr 16, 08	Aug 30, 10	563 96	533.04		30.92	
	FIFO	25.000	Mar 04, 09	Aug 30, 10	563 96	370.30		193 66	

continued next page

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
	FIFO	35 000	Apr 11, 08	Jul 20, 10	745.05	755.90	-10.85		
AMEREN CORP	FIFO	10 000	Aug 29, 07	Sep 21, 10	276.29	502.00	-225 71		
ANNALY CAPITAL MANAGEMENT INC REIT	FIFO	15 000	Jul 09, 08	Sep 21, 10	268 79	238.44		30 35	
	FIFO	25 000	Jul 09, 08	Jul 20, 10	435 87	397 40		38.47	
AT&T INC	FIFO	15.000	Feb 23, 05	Sep 21, 10	429.15	371.05		58.10	
BOEING COMPANY	FIFO	34.000	Jan 30, 09	Mar 15, 10	2,355 24	1,400.78		954 46	
	FIFO	15.000	Feb 02, 09	Mar 15, 10	1,039 07	614.31		424.76	
CENTURYLINK INC	FIFO	6.000	Feb 23, 09	Sep 21, 10	235 38	170.21		65 17	
	FIFO	4 000	Feb 27, 09	Sep 21, 10	156 92	108 62		48 30	
CONOCOPHILLIPS	FIFO	5 000	Feb 17, 06	Sep 21, 10	282.56	303.33	-20 77		
	FIFO	5 000	Feb 23, 06	Sep 21, 10	282 56	306 61	-24.05		
DIAMOND OFFSHORE DRILLING INC	FIFO	4.000	Jan 02, 08	Dec 13, 10	263 86	559.53	-295.67		
	FIFO	5.000	Jan 04, 08	Dec 13, 10	329 82	676.04	-346 22		
	FIFO	11 000	Jan 12, 09	Dec 13, 10	725 61	646 94		78.67	
DONNELLEY (R R.) & SONS CO	FIFO	5 000	May 05, 06	Sep 21, 10	84.85	168 32	-83 47		
	FIFO	5 000	May 16, 06	Sep 21, 10	84 85	166.55	-81 70		
	FIFO	5.000	May 17, 06	Sep 21, 10	84 85	166 14	-81.29		
	FIFO	10.000	Apr 06, 06	Apr 05, 10	218 36	331 24	-112 88		
	FIFO	10.000	Apr 27, 06	Apr 05, 10	218.36	330.74	-112.38		
	FIFO	10.000	May 05, 06	Apr 05, 10	218 36	336 64	-118 28		
	FIFO	25.000	Jan 25, 06	Apr 01, 10	535.29	793 49	-258 20		
	FIFO	10.000	Mar 30, 06	Apr 01, 10	214.12	327 32	-113.20		
	FIFO	5.000	Apr 06, 06	Apr 01, 10	107 06	165 62	-58.56		
EDISON INTL	FIFO	10 000	Mar 04, 09	Sep 21, 10	347.49	248 71		98 78	
FRONTIER COMMUNICATIONS CORP	FIFO	15 000	Feb 23, 05	Aug 13, 10	113.24	132.80	-19.56		
	FIFO	3.000	Jun 04, 09	Aug 13, 10	22.65	23.34	-0.69		
	Adjustment	0.002	Feb 23, 05	Jul 02, 10	0.02	0 02			

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Account name: YMBL SUNSHINE FOUNDATION
Account number: B8 00234 NG

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
GLAXO SMITHKLINE PLC ADR	FIFO	10 000	Feb 23, 05	Nov 01, 10	392.85	487.20	-94.35		
	FIFO	30 000	May 30, 07	Nov 01, 10	1,178.55	1,531 85	-353.30		
	FIFO	15.000	Jun 06, 07	Nov 01, 10	589.27	764 64	-175.37		
	FIFO	1.000	Jun 12, 07	Nov 01, 10	39.28	52.12	-12.84		
	FIFO	30.000	Feb 23, 05	Sep 21, 10	1,208.12	1,461.60	-253 48		
HARRIS CORP DELA	FIFO	10.000	Jan 30, 09	Apr 07, 10	486 85	432.81		54 04	
	FIFO	10.000	Feb 02, 09	Apr 07, 10	486 85	434 11		52 74	
HOME DEPOT INC	FIFO	10.000	Jan 15, 08	May 18, 10	348 73	253.82		94 91	
	FIFO	25.000	Jan 18, 08	May 18, 10	871 83	659.25		212 58	
	FIFO	10.000	Jan 23, 08	May 18, 10	348 73	290.30		58.43	
	FIFO	20.000	Jan 24, 08	May 18, 10	697 46	589.17		108.29	
	FIFO	10 000	Jan 15, 08	May 14, 10	348 96	253.82		95.14	
	FIFO	10 000	Jan 15, 08	Apr 07, 10	326 37	253.82		72.55	
INTL BUSINESS MACH	FIFO	5.000	Apr 02, 09	Sep 21, 10	659 04	496.40		162 64	
KIMBERLY CLARK CORP	FIFO	5.000	Feb 23, 05	Sep 21, 10	332.34	329 60		2 74	
KRAFT FOODS INC CL A	FIFO	10.000	Apr 23, 07	Sep 21, 10	315 59	331.65	-16 06		
MATTEL INC	FIFO	80.000	Dec 12, 05	Aug 30, 10	1,682 94	1,344.40		338 54	
	FIFO	25 000	Nov 23, 05	Aug 26, 10	530 90	409 88		121.02	
	FIFO	5 000	Dec 12, 05	Aug 26, 10	106 18	84 03		22.15	
	FIFO	40 000	Nov 23, 05	Apr 07, 10	924 22	655 80		268 42	
MCGRAW HILL COMPANIES INC	FIFO	15 000	Aug 26, 09	Nov 16, 10	539 11	478 90		60 21	
	FIFO	45.000	Aug 26, 09	Nov 15, 10	1,654 57	1,436.71		217.86	
	FIFO	10.000	Aug 26, 09	Nov 09, 10	379.32	319 27		60.05	
	FIFO	5 000	Aug 26, 09	Sep 21, 10	158.49	159.63	-1.14		
MICROSOFT CORP	FIFO	10 000	Oct 21, 08	Jan 11, 10	305 75	241 47		64.28	
	FIFO	65 000	Nov 03, 08	Jan 11, 10	1,987.36	1,465.61		521 75	
	FIFO	30.000	Nov 11, 08	Jan 11, 10	917.24	634.94		282.30	
NEW YORK CMNTY BANCORP	FIFO	60 000	Jan 27, 09	Apr 07, 10	1,021.48	719.79		301 69	
PFIZER INC	FIFO	45 000	Feb 23, 05	Sep 21, 10	772.27	1,191 15	-418.88		
REYNOLDS AMERN INC (HOLDING CO)	FIFO	15.000	Feb 23, 05	Sep 21, 10	891.13	609 23		281.90	

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Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
ROYAL DUTCH SHELL PLC CL A SPON ADR	FIFO	5 000	Sep 06, 07	Sep 21, 10	296.59	402 86	-106 27		
TOTAL S A FRANCE SPON ADR	FIFO	5.000	Dec 13, 07	Sep 21, 10	254 25	415.61	-161.36		
	FIFO	5.000	Dec 21, 07	Sep 21, 10	254 25	401.84	-147.59		
TRAVELERS COS INC/THE	FIFO	5.000	Feb 23, 05	Sep 21, 10	264 14	190.46		73 68	
VERIZON COMMUNICATIONS INC	FIFO	10.000	Feb 23, 05	Sep 21, 10	321.79	316 86		4 93	
VF CORP	FIFO	5 000	Feb 23, 05	Sep 21, 10	391.33	297 88		93 45	
WASTE MGMT INC NEW	FIFO	10.000	Jan 24, 08	Dec 02, 10	348 73	299.98		48.75	
	FIFO	25 000	Jan 31, 08	Dec 02, 10	871.84	799.19		72.65	
	FIFO	15 000	Feb 08, 08	Dec 02, 10	523.10	488 67		34 43	
	FIFO	5.000	Jun 04, 09	Dec 02, 10	174 37	142 24		32 13	
	FIFO	10.000	Jan 24, 08	Dec 01, 10	345 31	299 98		45 33	
	FIFO	10.000	Jan 24, 08	Sep 21, 10	355.51	299.98		55.53	
WINDSTREAM CORP	FIFO	46.000	Feb 23, 05	Aug 03, 10	529.65	452 23		77 42	
	FIFO	20 000	Aug 04, 06	Aug 03, 10	230.28	261 01	-30 73		
	FIFO	55 000	Aug 09, 06	Aug 03, 10	633.28	710 36	-77 08		
	FIFO	55 000	Aug 21, 06	Aug 03, 10	633.28	717.54	-84.26		
	FIFO	25 000	Aug 25, 06	Aug 03, 10	287.86	324 45	-36 59		
	FIFO	35 000	Aug 31, 06	Aug 03, 10	403.00	459.99	-56.99		
	FIFO	20 000	Jun 04, 09	Aug 03, 10	230.28	168.95		61.33	
XEROX CORP	FIFO	5 000	Jun 26, 08	Sep 21, 10	51.17	68.26	-17.09		
	FIFO	20 000	Jul 08, 08	Sep 21, 10	204 66	274.26	-69 60		
	FIFO	30 000	Jun 20, 08	Apr 07, 10	303.85	419.96	-116.11		
	FIFO	60 000	Jun 26, 08	Apr 07, 10	607.69	819.10	-211 41		
3M CO	FIFO	5.000	May 16, 08	Jun 03, 10	394 76	393 46		1 30	
	FIFO	13 000	May 28, 08	Jun 03, 10	1,026 37	995 27		31.10	
	FIFO	10 000	Jun 04, 08	Jun 03, 10	789.52	768.18		21 34	
	FIFO	11 000	Jun 09, 08	Jun 03, 10	868.47	834.44		34 03	

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UBS

Account name: YMBL SUNSHINE FOUNDATION
Account number: B8 00234 NG

Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
FHLMC PL G03432 05 5000 DUE 11/01/37	FIFO	1,000 000	Jan 15, 08	Sep 22, 10	496 02	473.05		22 97	
FNMA PL 735580 05 0000 DUE 06/01/35	FIFO	3,000 000	May 16, 08	Sep 22, 10	1,519 85	1,415.47		104 38	
	FIFO	3,000.000	May 16, 08	May 20, 10	1,669.54	1,566.22		103 32	
ALLIANZ FIXED INCOME SHARES SERIES C	FIFO	105.000	Feb 23, 05	Sep 22, 10	1,450 05	1,232.70		217 35	
	FIFO	15 000	Feb 23, 05	Aug 31, 10	205.20	176.10		29.10	
	FIFO	40.000	Feb 23, 05	Aug 20, 10	548.80	469 60		79.20	
	FIFO	125 000	Feb 23, 05	Jul 20, 10	1,666.25	1,467 50		198 75	
ALLIANZ FIXED INCOME SHARES SERIES M	FIFO	105 000	Feb 23, 05	Sep 22, 10	1,140.30	1,192 80	-52.50		
	FIFO	25.000	Feb 23, 05	Aug 31, 10	272.75	284 00	-11 25		
	FIFO	90 000	Feb 23, 05	Aug 20, 10	972.90	1,022 40	-49 50		
	FIFO	150.000	Feb 23, 05	Jul 20, 10	1,560.00	1,704.00	-144 00		
US TSY INFL PROT NOTE 03.000 % DUE 07/15/12	FIFO	1,000.000	Feb 23, 05	Aug 19, 10	1,287.29	1,351.85	-64 56		
	FIFO	1,000 000	Jul 17, 07	Aug 19, 10	1,287 29	1,229.44		57 85	
	FIFO	2,000.000	Feb 23, 05	Aug 17, 10	2,577.58	2,703 88	-126 30		
US TSY INFL PROT NOTE 02.375 % DUE 04/15/11	FIFO	1,000 000	Mar 25, 09	Sep 22, 10	1,113 78	1,127 17	-13.39		
US TSY NOTE 04.000 % DUE 02/15/15 DTD 02/15/05 FC 08/15/05	FIFO	1,000 000	Sep 09, 09	Sep 22, 10	1,123.48	1,072 86		50 62	
Total					**$64,782.30**	**$62,801.37**	**-$5,445.36**	**$7,426.29**	**$1,980.93**
Net capital gains/losses:									**$2,867.59**

[1] Indicates cost basis information provided by you or another third party UBS FS has not verified this information and does not guarantee its accuracy

UBS

UBS Financial Services Inc.
98 SAN JACINTO BOULEVARD
SUITE 600, SAN JACINTO CENTER
AUSTIN TX 78701-4082

CNP7000135151 1210X2 B8 0

2010 Year End Summary

Account name: YMBL SUNSHINE FOUNDATION
BRANDES GLOBAL INVESTMENT
Account number: B8 00235 NG

Your Financial Advisor:
THE NEFF GROUP
Phone: 512-474-2421/800-548-6166

YMBL SUNSHINE FOUNDATION
BRANDES GLOBAL INVESTMENT
3933 SPICEWOOD SPRINGS ROAD
BUILDING D-600
AUSTIN TX 78759-8756

Summary of gains and losses

	Amount ($)
Short term	1,209.66
Long term	-132.30
Total	**$1,077.36**

Realized gains and losses

Estimated 2010 gains and losses for transactions with trade dates through 12/31/10 have been incorporated into this statement. To calculate gains and losses, we liquidate the oldest security lot first. This is known as the first-in, first-out or FIFO accounting method. We use this method unless you specified which tax lot to close when you placed your order. This is known as a *versus purchases or VSP order*. *See Important information about your statement* on the last page of this statement for more information.

We may not adjust gains and losses for all capital changes. Cost basis for coupon tax-exempt municipal securities, include securities subject to AMT, has been adjusted for mandatory amortization of bond premium. Estimates in the Unclassified section can not be classified as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided.

Short-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
AMER EXPRESS CO	FIFO	5 000	Jun 04, 09	Apr 20, 10	229 34	126 19		103.15	
EBAY INC	FIFO	115 000	Jun 04, 09	Mar 25, 10	3,170.51	2,064.00		1,106.51	
Total					**$3,399.85**	**$2,190.19**		**$1,209.66**	**$1,209.66**

UBS

Account name: YMBL SUNSHINE FOUNDATION
Account number: B8 00235 NG

Realized gains and losses (continued)

Long-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
AKZO NOBEL NV ADR	FIFO	30 000	Sep 05, 08	Sep 21, 10	1,825.86	1,764 13		61.73	
	FIFO	10 000	Sep 05, 08	Aug 17, 10	564.54	588.04	-23.50		
	FIFO	30 000	Mar 10, 04	Jul 23, 10	1,771.10	1,144 93		626.17	
AMER EXPRESS CO	FIFO	50 000	Jun 04, 09	Oct 27, 10	2,031.87	1,261 89		769.98	
	FIFO	15 000	Jun 04, 09	Aug 02, 10	672 58	378 57		294 01	
	FIFO	25.000	Feb 27, 09	Apr 20, 10	1,146 69	312.02		834 67	
AT&T INC	FIFO	44 000	Jul 22, 05	Sep 21, 10	1,257 93	885.98		371.95	
	FIFO	6 000	Sep 17, 08	Sep 21, 10	171.54	173.22	-1 68		
BRISTOL MYERS SQUIBB CO	FIFO	65.000	Nov 21, 05	Aug 23, 10	1,721.39	1,436.22		285.17	
	FIFO	5.000	Nov 17, 04	Jul 19, 10	125 00	121.25		3.75	
	FIFO	35.000	Nov 21, 05	Jul 19, 10	875 00	773.35		101 65	
CISCO SYSTEMS INC	FIFO	60 000	Jan 20, 09	Mar 15, 10	1,562.21	927.49		634.72	
	FIFO	35 000	Jan 21, 09	Mar 15, 10	911 29	534 56		376 73	
	FIFO	60.000	Jan 20, 09	Feb 08, 10	1,423 19	927.49		495.70	
CITIGROUP INC	FIFO	36 000	May 11, 09	Sep 21, 10	143.28	110.18		33.10	
	FIFO	129.000	Jun 09, 09	Sep 21, 10	513.40	376.49		136.91	
CONTAX PARTICIPACOES SA SPON ADR	FIFO	20 000	Sep 06, 05	Mar 08, 10	55.33	12 00		43 33	
DOW CHEMICAL	FIFO	20.000	Jan 10, 07	Dec 28, 10	687.57	787 63	-100 06		
	FIFO	10.000	Nov 22, 06	Dec 14, 10	342.19	398 85	-56.66		
	FIFO	35.000	Jan 10, 07	Dec 14, 10	1,197.65	1,378.36	-180.71		
	FIFO	60.000	Nov 22, 06	Mar 19, 10	1,808.97	2,393 12	-584.15		
DU PONT DE NEMOURS	FIFO	10.000	Apr 14, 09	Sep 13, 10	427.75	266.31		161 44	
	FIFO	50 000	May 28, 09	Sep 13, 10	2,138 74	1,360 00		778 74	
	FIFO	40.000	Apr 14, 09	May 27, 10	1,467.11	1,065.23		401.88	
EBAY INC	FIFO	20.000	Mar 05, 09	Mar 25, 10	551.39	214.40		336.99	
	FIFO	25.000	Mar 05, 09	Mar 17, 10	673.77	268.00		405 77	
FRONTIER COMMUNICATIONS CORP	FIFO	7.000	May 22, 00	Jul 07, 10	50.10	91 59	-41.49		
	FIFO	4.000	Jul 18, 00	Jul 07, 10	28.63	48.81	-20.18		
	FIFO	2.000	May 23, 02	Jul 07, 10	14 31	21 60	-7 29		
	FIFO	18.000	Jun 04, 09	Jul 07, 10	128 83	145.47	-16.64		

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Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
	Adjustment	0.205	Jun 04, 09	Jul 02, 10	1.49	2.13	-0.64		
HITACHI LTD ADR NEW JAPAN	FIFO	30 000	Feb 04, 04	Apr 27, 10	1,312 94	1,869 92	-556 98		
HOME DEPOT INC	FIFO	70.000	Jan 03, 08	Dec 09, 10	2,400.22	1,826 12		574.10	
	FIFO	15.000	Jan 03, 08	Apr 28, 10	528.74	391.31		137.43	
	FIFO	25.000	Jan 03, 08	Apr 21, 10	879.37	652 19		227 18	
	FIFO	55.000	Jan 03, 08	Mar 05, 10	1,752.46	1,434 81		317.65	
INTEL CORP	FIFO	50.000	May 19, 06	Mar 31, 10	1,115.70	915.58		200.12	
J SAINSBURY PLC SPON ADR	FIFO	40 000	Sep 05, 08	Sep 21, 10	969.21	958 54		10 67	
KT CORP SPON ADR	FIFO	10.000	Feb 22, 02	Feb 12, 10	203.35	206 81	-3.46		
	FIFO	40.000	May 08, 02	Feb 12, 10	813.42	912 36	-98 94		
L M ERICSSON TELEFON CO SEK 10 NEW 2002 ADR	FIFO	70.000	Oct 24, 07	Jun 15, 10	763.83	1,036.91	-273.08		
	FIFO	40.000	Jan 03, 08	Jun 15, 10	436.48	462 58	-26.10		
MERCK & CO INC NEW COM	FIFO	54.000	May 07, 08	Jul 21, 10	1,921.01	986 32		934 69	
	FIFO	21.000	Jun 04, 09	Jul 21, 10	747.06	559 18		187.88	
MICRON TECHNOLOGY INC	FIFO	165.000	May 18, 07	Jan 11, 10	1,840.56	1,891.35	-50 79		
	FIFO	55.000	Feb 10, 05	Jan 05, 10	612.73	613 58	-0 85		
	FIFO	115.000	May 18, 07	Jan 05, 10	1,281 17	1,318 21	-37.04		
MICROSOFT CORP	FIFO	40 000	May 05, 06	Sep 21, 10	1,008 78	952 73		56.05	
MOTOROLA INC	FIFO	170.000	Jul 11, 07	Sep 21, 10	1,417.91	3,000.50	-1,582 59		
NOKIA CORP SPONS ADR FINLAND ADR	FIFO	50.000	Nov 18, 08	Apr 01, 10	789.23	651.46		137.77	
PORTUGAL TELECOM SGPS S.A. 1 ADR = 1 ORD SPON ADR	FIFO	60.000	Feb 17, 04	Sep 21, 10	752.43	693.17		59 26	
REGIONS FINANCIAL CORP	FIFO	110.000	Jun 04, 09	Sep 21, 10	786 76	456.45		330.31	
ROYAL BANK SCOTLAND SPON ADR	FIFO	1 000	Earnings	Apr 16, 10	15 06	256.03	-240 97		
	FIFO	17 000	Nov 02, 07	Apr 16, 10	255 96	3,499.27	-3,243 31		
	FIFO	20.000	Mar 28, 08	Apr 16, 10	301.13	2,541.86	-2,240.73		

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Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
SARA LEE CORP	FIFO	115.000	Aug 11, 06	Jul 28, 10	1,727 30	1,641 41		85 89	[1]
	FIFO	70.000	Aug 11, 06	Jul 12, 10	1,000 62	999 12		1.50	[1]
	FIFO	55.000	Aug 11, 06	Jun 14, 10	824 43	785 02		39 41	[1]
	FIFO	60 000	Aug 11, 06	May 12, 10	859 53	856 39		3 14	
TELEFONICA S A SPON ADR	FIFO	10 000	May 26, 00	Oct 26, 10	797 67	532.33		265 34	
TENET HEALTHCARE CORP	FIFO	100 000	Nov 12, 03	Dec 17, 10	670 42	1,294 43	-624.01		
	FIFO	100 000	Sep 29, 04	Dec 17, 10	670 42	1,054 50	-384 08		
	FIFO	140.000	Nov 12, 03	Jan 05, 10	843 23	1,812.20	-968 97		
TEXAS INSTRUMENTS	FIFO	30 000	Oct 21, 08	Sep 21, 10	772 49	509 63		262.86	
	FIFO	30 000	Oct 23, 08	Sep 21, 10	772 49	509 86		262.63	
UNILEVER NV N Y SHS NEW NETHERLANDS SPON ADR	FIFO	20 000	Aug 30, 04	Mar 15, 10	611 82	398 63		213.19	
VERIZON COMMUNICATIONS INC	FIFO	30 000	May 22, 00	Sep 21, 10	961.18	1,397.76	-436.58		
XEROX CORP	FIFO	180 000	Oct 30, 00	Sep 21, 10	1,839 93	1,517 45		322 48	
	FIFO	40.000	Jul 26, 05	Sep 21, 10	408 87	523 63	-114 76		
Total					**$61,956.61**	**$62,088.91**	**-$11,916.24**	**$11,783.94**	**-$132.30**
Net capital gains/losses:									**$1,077.36**

[1] Indicates cost basis information provided by you or another third party UBS FS has not verified this information and does not guarantee its accuracy

UBS

UBS Financial Services Inc
98 SAN JACINTO BOULEVARD
SUITE 600, SAN JACINTO CENTER
AUSTIN TX 78701-4082

CNP7000135173 1210X2 B8 0

2010 Year End Summary

Account name: YMBL SUNSHINE FOUNDATION
RITTENHOUSE FINANCIAL SVCS INC
Account number: B8 00236 NG

Your Financial Advisor:
THE NEFF GROUP
Phone 512-474-2421/800-548-6166

YMBL SUNSHINE FOUNDATION
RITTENHOUSE FINANCIAL SVCS INC
3933 SPICEWOOD SPRINGS ROAD
BUILDING D-600
AUSTIN TX 78759-8756

Summary of gains and losses

	Amount ($)
Short term	-223.20
Long term	6,047.70
Total	**$5,824.50**

Realized gains and losses

Estimated 2010 gains and losses for transactions with trade dates through 12/31/10 have been incorporated into this statement. To calculate gains and losses, we liquidate the oldest security lot first. This is known as the first-in, first-out or FIFO accounting method. We use this method unless you specified which tax lot to close when you placed your order This is known as a versus purchases or VSP order. *See Important information about your statement* on the last page of this statement for more information

We may not adjust gains and losses for all capital changes Cost basis for coupon tax-exempt municipal securities, include securities subject to AMT, has been adjusted for mandatory amortization of bond premium Estimates in the Unclassified section can not be classified as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided.

Short-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
AMGEN INC	FIFO	50.000	May 14, 09	Apr 09, 10	3,040 89	2,408.95		631 94	
	FIFO	10.000	Jun 04, 09	Apr 09, 10	608 18	509 08		99.10	
ANADARKO PETROLEUM CORP	FIFO	4.000	May 20, 10	Sep 21, 10	222 83	217.45		5 38	

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Realized gains and losses (continued)

Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
AVON PRODUCTS INC	FIFO	5 000	Nov 13, 09	Sep 21, 10	158 40	173 02	-14 62		
BORG WARNER INC	FIFO	3 000	Jun 22, 10	Sep 21, 10	147.24	124 41		22.83	
BROADCOM CORP CL A	FIFO	3 000	Jun 24, 10	Sep 21, 10	100 19	105 21	-5 02		
CARNIVAL CORP NEW (PAIRED STOCK)	FIFO	7 000	Sep 25, 09	Sep 21, 10	264 17	232 03		32 14	
CELGENE CORP	FIFO	4 000	Apr 09, 10	Sep 21, 10	227.99	246 65	-18.66		
CORNING INC	FIFO	11.000	Jul 09, 10	Sep 21, 10	196 34	192 20		4.14	
DOVER CORP	FIFO	5 000	Nov 09, 09	Sep 21, 10	259 34	204 21		55.13	
FOSTER WHEELER AG CHF	FIFO	61.000	Aug 17, 09	Mar 04, 10	1,523.88	1,718.51	-194.63		
	FIFO	17 000	Oct 26, 09	Mar 04, 10	424.69	555.80	-131.11		
GAP INC	FIFO	16 000	Sep 25, 09	Sep 21, 10	302 71	345 69	-42.98		
GOLDMAN SACHS GROUP INC	FIFO	10.000	Jul 09, 09	Jul 09, 10	1,378 70	1,444 70	-66.00		
	FIFO	9.000	Nov 13, 09	Jul 09, 10	1,240.83	1,589 64	-348 81		
MONSANTO CO NEW	FIFO	16.000	Jun 04, 09	Apr 15, 10	1,051.91	1,306.21	-254.30		
ORACLE CORP	FIFO	3.000	Feb 19, 10	Sep 21, 10	80 81	72.95		7.86	
PIONEER NAT RES CO	FIFO	4.000	May 20, 10	Sep 21, 10	267.55	229.36		38 19	
RED HAT INC	FIFO	16.000	May 14, 09	Jan 15, 10	468 99	290 18		178 81	
SAP AG SPON ADR	FIFO	45 000	May 14, 09	Feb 19, 10	1,990 72	1,824 68		166 04	
	FIFO	9.000	Jun 04, 09	Feb 19, 10	398.14	387 68		10 46	
SOWSTN ENERGY CO	FIFO	16 000	May 14, 09	Feb 04, 10	675.85	628 60		47.25	
	FIFO	24 000	Jun 04, 09	Feb 04, 10	1,013 78	1,029.32	-15 54		
STATE STREET CORP	FIFO	18.000	May 14, 09	Apr 01, 10	823.21	702.52		120.69	
	FIFO	12.000	Jun 04, 09	Apr 01, 10	548 81	572.03	-23.22		
WSTN DIGITAL CORP	FIFO	46 000	Oct 01, 09	Sep 30, 10	1,298 81	1,633.55	-334 74		
	FIFO	24 000	Oct 26, 09	Sep 30, 10	677 64	871 67	-194 03		
3M CO	FIFO	3.000	Aug 10, 10	Sep 21, 10	261.48	260.98		0.50	
Total					**$19,654.08**	**$19,877.28**	**-$1,643.66**	**$1,420.46**	**-$223.20**

Realized gains and losses (continued)

Long-term capital gains and losses

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
ABB LTD SPON ADR	FIFO	5 000	May 14, 09	Sep 21, 10	105.89	74 47		31 42	
ACCENTURE PLC IRELAND CL A	FIFO	3 000	May 14, 09	Sep 21, 10	124.49	86.78		37.71	
	FIFO	9 000	May 14, 09	Aug 17, 10	358.40	260.34		98.06	
AECOM TECHNOLOGY CORP	FIFO	17 000	May 14, 09	Sep 21, 10	421.88	510 16	-88 28		
AGCO CORP	FIFO	3 000	May 14, 09	Sep 21, 10	120 53	74.43		46.10	
APPLE INC	FIFO	3.000	Oct 17, 08	Sep 21, 10	860.47	299.70		560.77	
BARD C R INC	FIFO	34 000	May 14, 09	Sep 09, 10	2,630.32	2,431.00		199.32	
CAMERON INTL CORP	FIFO	3.000	May 14, 09	Sep 21, 10	121 64	84.20		37.44	
CERNER CORP	FIFO	3 000	May 14, 09	Sep 21, 10	242.76	165.51		77 25	
CISCO SYSTEMS INC	FIFO	44.000	Feb 08, 08	Dec 20, 10	860.49	1,034.00	-173.51		
	FIFO	1.000	Dec 20, 04	Sep 21, 10	21.91	19 10		2.81	
	FIFO	17 000	Feb 08, 08	Sep 21, 10	372.46	399 50	-27 04		
CLOROX CO	FIFO	28 000	May 14, 09	Nov 15, 10	1,788 80	1,416.51		372.29	
	FIFO	7.000	Jun 04, 09	Nov 15, 10	447 20	369.62		77.58	
	FIFO	6.000	May 14, 09	Sep 21, 10	400 87	303.54		97 33	
COGNIZANT TECH SOLUTIONS CRP	FIFO	9 000	May 14, 09	Aug 17, 10	540 17	223.73		316 44	
COMPANHIA DE BEBIDAS DAS AMERS AMBEV SPON ADR	FIFO	5 000	May 14, 09	Sep 21, 10	595 81	291.49		304.32	
DANAHER CORP	FIFO	7 000	May 14, 09	Sep 21, 10	289 80	204.25		85.55	
DARDEN RESTAURANTS INC	FIFO	27.000	May 14, 09	Jun 22, 10	1,157.20	933.37		223 83	
	FIFO	6.000	Jun 04, 09	Jun 22, 10	257 16	211.55		45.61	
DOLBY LABORATORIES INC CL A	FIFO	13.000	May 14, 09	Sep 21, 10	786.74	495.90		290 84	
ECOLAB INC	FIFO	11 000	May 14, 09	Sep 21, 10	560.44	408 21		152.23	
GAP INC	FIFO	97.000	Sep 25, 09	Oct 29, 10	1,841.26	2,095.72	-254.46		
HALLIBURTON CO (HOLDING COMPANY)	FIFO	5 000	Mar 26, 09	Sep 21, 10	160 05	88 44		71.61	
HARRIS CORP DELA	FIFO	29 000	May 14, 09	Nov 30, 10	1,289 09	846 21		442.88	
	FIFO	11.000	Jun 04, 09	Nov 30, 10	488.97	338.35		150.62	

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Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
	FIFO	2.000	May 14, 09	Sep 21, 10	90.90	58.36		32.54	
	FIFO	8 000	May 14, 09	Aug 17, 10	355.83	233 44		122.39	
HEWLETT PACKARD CO	FIFO	7.000	May 14, 09	Sep 21, 10	283.28	242.68		40.60	
INTEL CORP	FIFO	22 000	Feb 02, 07	Sep 21, 10	422.62	464.41	-41 79		
INTL BUSINESS MACH	FIFO	7.000	Jul 10, 07	Sep 21, 10	929.03	761 49		167.54	
JOHNSON & JOHNSON COM	FIFO	44 000	May 14, 09	Jun 22, 10	2,623.77	2,422.12		201.65	
	FIFO	14 000	Jun 04, 09	Jun 22, 10	834.84	780.19		54 65	
MICROSOFT CORP	FIFO	50 000	Feb 07, 05	Oct 29, 10	1,339 78	1,309.11		30.67	
	FIFO	2.000	Mar 30, 04	Sep 21, 10	50 68	50.28		0 40	
	FIFO	17 000	Feb 07, 05	Sep 21, 10	430.77	445.10	-14 33		
MONSANTO CO NEW	FIFO	4.000	Jan 14, 09	Apr 15, 10	262.98	306.55	-43.57		
NATL-OILWELLVARCO INC	FIFO	52 000	May 14, 09	Jun 22, 10	1,896 62	1,778.71		117.91	
	FIFO	7.000	Jun 04, 09	Jun 22, 10	255.31	274.72	-19.41		
NIKE INC CL B	FIFO	3.000	Sep 29, 06	Sep 21, 10	232.95	131.97		100.98	
PEPSICO INC	FIFO	1 000	Apr 28, 06	Sep 21, 10	66.52	58.10		8 42	
	FIFO	6.000	Apr 09, 07	Sep 21, 10	399 11	378.32		20 79	
PETROLEO BRASILEIRO SA SPON ADR	FIFO	2.000	May 20, 09	Sep 21, 10	70.96	83 42	-12 46		
PRAXAIR INC	FIFO	7.000	May 14, 09	Aug 17, 10	626.20	497.84		128 36	
PRICE T ROWE GROUP INC	FIFO	11 000	May 14, 09	Sep 21, 10	557.14	409 06		148 08	
PRICELINE.COM INC NEW	FIFO	5.000	May 14, 09	May 20, 10	922 20	499 72		422.48	
PROCTER & GAMBLE CO	FIFO	23.000	Apr 25, 07	Aug 10, 10	1,392.86	1,458.30	-65.44		
	FIFO	24.000	Jan 14, 09	Aug 10, 10	1,453.42	1,382.79		70.63	
	FIFO	17.000	Jun 04, 09	Aug 10, 10	1,029.50	904.20		125.30	
QUALCOMM INC	FIFO	33 000	Jan 14, 09	Jun 24, 10	1,149.14	1,126.32		22 82	
	FIFO	14.000	Jun 04, 09	Jun 24, 10	487.52	627.59	-140 07		
	FIFO	23.000	May 26, 06	May 20, 10	825 52	1,054.92	-229 40		
	FIFO	18 000	Jul 09, 08	May 20, 10	646.06	859 27	-213 21		
	FIFO	8 000	Jan 14, 09	May 20, 10	287.14	273.05		14.09	
RED HAT INC	FIFO	3 000	May 14, 09	Sep 21, 10	116.30	54 41		61.89	
SCHEIN HENRY INC	FIFO	5.000	May 14, 09	Sep 21, 10	284 74	224 71		60 03	

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Realized gains and losses (continued)

Long-term capital gains and losses (continued)

Security description	Method	Quantity or face value ($)	Purchase date	Sale date	Sale amount ($)	Purchase amount ($)	Loss ($)	Gain ($)	Net gain or loss ($)
SCHLUMBERGER LTD NETHERLANDS ANTILLES	FIFO	4 000	May 14, 09	Sep 21, 10	238 97	215.36		23.61	
STATE STREET CORP	FIFO	7 000	Sep 06, 07	Apr 01, 10	320 14	439 30	-119.16		
TEXAS INSTRUMENTS	FIFO	10 000	May 14, 09	Sep 21, 10	260.31	174.30		86.01	
THE DIRECTV GROUP CL A	FIFO	12.000	May 14, 09	Aug 17, 10	466 07	298.67		167.40	
THERMO FISHER SCIENTIFIC INC	FIFO	3.000	Nov 20, 08	Sep 21, 10	144 02	92.66		51.36	
UNION PACIFIC CORP	FIFO	9.000	Feb 19, 09	Sep 21, 10	739.01	361 41		377 60	
VARIAN MEDICAL SYSTEMS INC	FIFO	5.000	May 14, 09	Sep 21, 10	301.49	168.29		133 20	
VISA INC CL A	FIFO	3 000	May 14, 09	Sep 21, 10	210.69	193 91		16 78	
WAL MART STORES INC	FIFO	9 000	May 14, 09	Sep 21, 10	484 82	440 44		44 38	
XILINX INC	FIFO	16.000	May 14, 09	Dec 20, 10	449.98	304.46		145.52	
	FIFO	6.000	Jun 04, 09	Dec 20, 10	168 74	124.85		43 89	
	FIFO	42.000	Oct 26, 09	Dec 20, 10	1,181.18	983 11		198.07	
	FIFO	38.000	May 14, 09	Oct 08, 10	972 76	723 09		249.67	
	FIFO	6.000	May 14, 09	Sep 21, 10	156.79	114 17		42 62	
ISHARES BARCLAYS INTER CR BD FD	FIFO	4.000	May 14, 09	Sep 21, 10	431.59	390 49		41 10	
ISHARES IBOXX $ INVT GRA DE CORPORATE BOND FUND	FIFO	13.000	May 14, 09	Sep 21, 10	1,459 81	1,265.42		194.39	
Total					**$45,154.86**	**$39,107.16**	**-$1,442.13**	**$7,489.83**	**$6,047.70**
Net capital gains/losses:									**$5,824.50**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions.	YMBL SUNSHINE FOUNDATION	74-2679040
	Number, street, and room or suite no. If a P.O. box, see instructions. 515 CONGRESS AVENUE, NO. 2020	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78701	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DREW BIXBY 4713 FAIRVIEW DR. - AUSTIN, TX 78731

Telephone No. ▶ 252-220-0021 FAX No. ▶ 877-759-7335

- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning ______, and ending ______.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE COMPLETED RETURN IS BEING REVIEWED BY THE BOARD OF DIRECTORS.
ADDITIONAL TIME IS REQUESTED TO GIVE BOARD MEMBERS A COMPLETE 30 DAYS
TO FINISH THEIR REVIEW.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

023842
01-24-11