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DLN: 93493136011262

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Internal R	evenue	Service I he organization may have to use a copy of this	return to satisfy	state reporting	requirements	Inspection
		2010 calendar year, or tax year beginning 07-01-2010 and C Name of organization	ending 06-30-20	11	D Employer	identification number
_		SUGAR BOWL			. ,	
Addr		Doing Business As			72-0272	830
Nam					E Telephone	number
Initia		1 FOO CHOAD BOWL DDIVE	eet address)	Room/suite	(504)828	8-2440
Term — Ame					G Gross receip	ots \$ 16,241,093
_		NEW ORLEANS, LA 70112				
		F Name and address of principal officer		H(a) Is this a	aroup return for affil	ıates [?]
		PAUL HOOLAHAN 1500 SUGAR BOWL DRIVE				
		NEW ORLEANS, LA 70112		1 ' '	affiliates included ," attach a lis	l?
Tax-	exen	npt status	1) or		p exemption n	
We	bsite	∷► WWW ALLSTATESUGARBOWL ORG				
(Form	of or	ganization		L Year of for	mation 1935	M State of legal domicile LA
Par	tΙ	Summary		<u> </u>	<u>'</u>	
۰		Briefly describe the organization's mission or most significan' CONDUCTING AMATEUR AND COLLEGIATE SPORTING E				
Activities & Governance						
<u>.</u>	2	Check this box 📭 if the organization discontinued its opera:	ions or disposed	of more than 2	5% of its net a	assets
3		Number of voting members of the governing body (Part VI, Iir			3 / 3	24
ø o		Number of independent voting members of the governing body			4	24
<u> </u>		Total number of individuals employed in calendar year 2010			5	1!
₹		Total number of volunteers (estimate if necessary)			6	124
₹	7a ⁻	Total unrelated business revenue from Part VIII, column (C)	line 12		7a	(
		Net unrelated business taxable income from Form 990-T, line			7b	(
				Prio	Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,395,000	C
≗	9	Program service revenue (Part VIII, line 2g)			10,390,737	12,165,088
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and			757,265	1,591,510
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1	.0c, and 11e)		5,075	4,775
	12	Total revenue—add lines 8 through 11 (must equal Part VI		ne		
		12)			12,548,077	13,761,373
	13	Grants and similar amounts paid (Part IX, column (A), lines	•		6,210,056	6,638,800
	14	Benefits paid to or for members (Part IX, column (A), line 4			0	
8	15	Salaries, other compensation, employee benefits (Part IX, $5-10$)	column (A), lines		1,675,860	1,931,347
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	C
五	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			4,429,676	4,490,813
	18	Total expenses Add lines 13-17 (must equal Part IX, colu			12,315,592	13,060,960
	19	Revenue less expenses Subtract line 18 from line 12 .		Roginning	232,485 of Current	700,413
net Assets of Fund Bafances				Y	ear	End of Year
20 B	20	Total assets (Part X, line 16)			34,647,099	38,720,389
38	21	Total liabilities (Part X, line 26)			407,150	814,873
	22	Net assets or fund balances Subtract line 21 from line 20			34,239,949	37,905,516
Part		Signature Block				
	dge	ties of perjury, I declare that I have examined this return, includi and belief, it is true, correct, and complete. Declaration of prepare				
		*****			12-05-07	
Sign		Signature of officer		Da	ıe	
Here		PAUL HOOLAHAN CHIEF EXECUTIVE OFFICER				
	,	Type or print name and title	Т	1		T
			E WALIERS CPA		Check if self- employed •	PTIN
Paid		Firm's name LAPORTE APAC	r			Firm's EIN
Prepai		Firm's address • 111 VETERANS MEMORIAL BLVD SUITE 60				
Use O	ıııy	METAIRIE, LA 700054958				Phone no • (504) 835- 5522
——— 4ay th	ie IR	S discuss this return with the preparer shown above? (see in:	structions)			✓ Yes 「No

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	<u>-</u>
1	Briefly describe the organization's mission	
	BLISHED TO SEEK OUT, PROMOTE, FINANCE, SPONSOR, SCHEDULE, CONDUCT, AND OPERATE AN ANNUAL CALENDAR O ONAL AND INTERNATIONAL AMATEUR AND COLLEGIATE SPORTING EVENTS IN NEW ORLEANS, LOUISIANA	<i>,</i>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
1 ESTA	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?	
	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 \$ 10,155,116 including grants of \$ 6,000,000) (Revenue \$ 12,169,863)	
	THE ORGANIZATION HOSTS THE ALLSTATE SUGAR BOWL, AN ANNUAL COLLEGIATE FOOTBALL POST-SEASON BOWL GAME THE ALLSTATE SUGAR BOWL IS ONE O THE OLDEST BOWL GAMES IN THE COUNTRY, HOSTING ITS 77TH ANNUAL COLLEGIATE BOWL GAME ON JANUARY 4, 2011 78,879 SPECTATORS ATTENDED THE JANUARY 4, 2011 EVENT, WITH APPROXIMATELY 84 4 PERCENT OF THE ATTENDEES COMING FROM OUTSIDE THE GREATER NEW ORLEANS METROPOLITAN AR THE ALLSTATE SUGAR BOWL AND RELATED FESTIVITIES PROVIDED AN ESTIMATED ECONOMIC IMPACT TO THE NEW ORLEANS AND LOUISIANA ECONOMIES OF \$182 55 MILLION DURING THE 2010-2011 FISCAL YEARS	
	(Code) (Expenses \$ 419,655 including grants of \$ 288,800) (Revenue \$)	
40	THE ORGANIZATION SPONSORS MORE THAN 20 AMATEUR SPORTING EVENTS AROUND THE GREATER NEW ORLEANS METROPOLITAN AREA TO PROMOTE AMAT SPORTS IN THE AREA, THE SUGAR BOWL SUPPORTED STATE AND LOCAL ASSOCIATIONS FOR VOLLEYBALL, GOLF, REGATTA, LACROSSE, SOCCER, BASKETBALL, FOOTBALL, AND TENNIS IN ADDITION, THE ORGANIZATION SPONSORS THE MANNING AWARD, NATIONAL FOOTBALL FOUNDATION, NCAA FOOTBALL YOUTH INITATIVE, AND THE LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION (LHSAA) EVENT AWARDS	
	(Code) (Expenses \$ 100,000 including grants of \$ 100,000) (Revenue \$)	
	THE SUGAR BOWL FINANCIALLY SUPPORTS LOCAL ORGANIZATIONS, SCHOOLS AND UNIVERSITIES TO PROMOTE ATHLETICS WITHIN THE COMMUNITY SINCE TI FISCAL YEAR ENDED JUNE 30, 2006, THE ORGANIZATION HAS DONATED \$700,000 TO THE FRIENDS OF CITY PARK, TO HELP RESTORE AND MAINTAIN NEW ORLEANS CITY PARK'S ATHLETICS FACILITIES LOCATED IN NEW ORLEANS, LOUISIANA	HE
	Other program services (Describe in Schedule O) See also Additional Data for Description	
40	(Expenses \$ 250,000 including grants of \$ 250,000) (Revenue \$	
	Total program service expenses►\$ 10,924,771	

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		Νo
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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 $IV \bigcirc I$	9		No
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		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 \Box	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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		No
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		No
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	Yes	

Form 990 (2010)

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 56			
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	Yes	u.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	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	Yes	
ь	If "Yes," enter the name of the foreign country ►BD			
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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).			1
а	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Č	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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.			
а	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			
	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			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	against amounts due or received from them)			li li
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of receives the organization is required to maintain by the states			
	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			
C	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Ia	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	7.5	103	
	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue Coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	100		
	Thus the organization provided a copy of this Form 550 to an intelligence of its governing body before mining the forms	11a	Yes	
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed►LA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

| Own website | Another's website 🖊 Upon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 THE ORGANIZATION
 1500 SUGAR BOWL DRIVE
 NEW ORLEANS, LA 70112
 (504) 828-2440

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

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

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, and **current** key employees 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

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

(A) Name and Tıtle	(B) Average hours	Posi t	tion (that a	che		I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization related organizations
(1) PAUL J HOOLAHAN CHIEF EXECUTIVE OFFICER	55 00			Х				537,114	0	97,472
(2) JEFF HUNDLEY CHIEF OPERATING OFFICER	55 00				х			331,651	0	68,117
(3) KATHY GASPARD DIRECTOR OF BUSINESS OPERA	40 00					Х		121,021	0	33,174
(4) DAVID B MELIUS PRESIDENT	10 00	Х		Х				0	0	0
(5) LANCE AFRICK PRESIDENT-ELECT	5 00	Х		х				0	0	0
(6) JACK LABORDE VICE PRESIDENT	5 00	Х		х				0	0	0
(7) JOHN JAY BATT TREASURER	5 00	Х		х				0	0	0
(8) DENNIS WALDRON SECRETARY	5 00	х		х				0	0	0
(9) RONALD V BURNS SR EXEC COMMITTEE CHAIRMAN	5 00	Х		х				0	0	0
(10) TERRY ALARCON BOARD MEMBER	50	Х						0	0	0
(11) JOHN BUSENLENER BOARD MEMBER	50	Х						0	0	0
(12) RILEY BUSENLENER BOARD MEMBER	50	Х						0	0	0
(13) STANLEY COHN BOARD MEMBER	50	Х						0	0	0
(14) P KEITH DAIGLE BOARD MEMBER	50	Х						0	0	0
(15) LLOYD FRISCHHERTZ BOARD MEMBER	50	Х						0	0	0
(16) MICHELLE GAIENNIE BOARD MEMBER	50	Х						0	0	0

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

(A) Name and Title	(B) Average hours		tion (II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) OSCAR GWIN III BOARD MEMBER	50	Х						0	0	0
(18) RAYMOND JEANDRON JR BOARD MEMBER	50	х						0	0	0
(19) WILLIAM J KEARNEY III BOARD MEMBER	50	х						0	0	0
(20) JAMES LANDIS BOARD MEMBER	50	х						0	0	0
(21) G CHARLES LAPEYRE BOARD MEMBER	50	х						0	0	0
(22) CONRAD MEYER IV BOARD MEMBER	50	Х						0	0	0
(23) WARREN MONTGOMERY BOARD MEMBER	50	х						0	0	0
(24) J LEE MOSS BOARD MEMBER	50	х						0	0	0
(25) MIKE READ BOARD MEMBER	50	х						0	0	0
(26) MARK ROMIG BOARD MEMBER	50	х						0	0	0
(27) RICHARD R SMITH BOARD MEMBER	50	х						0	0	0
1b Sub-Total	<u> </u>		<u> </u>			<u></u>	 			
c Total from continuation sheets t						-				
d Total (add lines 1b and 1c) .							•	989,786	0	198,763
2 Total number of individuals (inclusion \$100,000 in reportable compens	_				ted a	bove)	who	received more tha	n	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
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	Yes	
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 I for such person $\cdot \cdot \cdot \cdot \cdot \cdot \cdot$.	5		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROY KIESEL FORD DOODY & THURMAN APLC 9100 BLUEBONNET CENTRE BLVD BATON ROUGE, LA 70809	LEGAL	217,577
DESTINATION MANAGEMENT INC 4220 HOWARD AVENUE NEW ORLEANS, LA 70125	TRANSPORTATION	137,367

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 ►2

Part \		2010)					Pa	ge 9
Part	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
50 SE	1a	Federated campaigns	1a					514
rant		Membership dues						
s, gl		Fundraising events						
jijts are		Related organizations						
ıs, ç imi		Government grants (contributions)	1e					
tior er si		All other contributions, gifts, grants						
ibu The		similar amounts not included above	2					
nd c	g	Noncash contributions included in li	nes 1a-1f \$					
ಕರ	h	Total. Add lines 1a-1f						
lue				Business Code				
) ver	_	FOOTBALL TICKET SALES		711210		9,948,910		
ብ ሟ	b	SPONSORSHIP - SUGAR BO		541800		1,277,515		-
, Me		LICENSING - SUGAR BOWL HOTEL/MOTEL COMMISSION		711300 711300	579,044 166,694	579,044 166,694		
¥		HERITAGE FESTIVALS - S		711300	117,810	117,810		
ranı		All other program service re	venue		·	75,115		
শৃত্য		Total. Add lines 2a-2f	<u>.</u>		75,115 12,165,088			
<u>н</u>		Investment income (includin			12,165,066			
		and other similar amounts)		-	673,726			673,726
	4	Income from investment of tax-ex						
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
		Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,397,504					
	Ь	Less cost or other basis and	2,479,720					
	•	sales expenses Gain or (loss)	917,784					
Other Revenue Program Service Revenue and other similar amount		Net gain or (loss)	<u> </u>		917,784			917,784
		Gross income from fundraisi						
		(not including						
		\$ of contributions reported on	line 1c)					
		See Part IV, line 18						
	h	Lace direct evacues	a					
δ		Less direct expenses						
			ctivities See Part IV, line 19 . a					
	Ь	Less direct expenses .						
	C	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les returns and allowances	s					
		. Starris and anomances	a					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code		4		
	_	MISCELLANEOUS		900099	4,775	4,775		
	b							
	c							
		I All other revenue	•					
	е	Total. Add lines 11a-11d			4,775			
							1	1
	12	Total revenue. See Instructi	ons		13,761,373			1,591,510

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).					
			(B) (C), and ((c)	(D)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,598,800	6,598,800			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	40,000	40,000			
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	937,162	749,730	187,432		
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	565,166	54,661	510,505		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits	429,019		429,019		
10	Payroll taxes					
а	Fees for services (non-employees) Management					
b	Legal	334,966		334,966		
c	Accounting	87,452		87,452		
d	Lobbying					
e	Professional fundraising services See Part IV, line 17				_	
f	Investment management fees	11,276		11,276		
g	Other	10,000		10,000		
12	Advertising and promotion					
13	Office expenses	84,498		84,498		
14	Information technology	32,376		32,376		
15	Royalties					
16	Occupancy	98,587		98,587		
17	Travel	24,969		24,969		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	125,282	125,282			
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	125,212		125,212		
23	Insurance	48,480	14,000	34,480		
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	SUGAR BOWL ANNUAL CLASS	3,072,477	3,072,477			
ь	ANCILLARY AMATEUR SPORT	130,855	130,855			
c	UNIFORMS	108,097	108,097			
d	SPORTS HALL OF FAME AWA	25,504	25,504			
e	DUES & SUBSCRIPTIONS	6,805	5,365	1,440		
f	All other expenses	163,977		163,977		
25	Total functional expenses. Add lines 1 through 24f	13,060,960	10,924,771	2,136,189	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					

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments				2	8,354,201
	3	Pledges and grants receivable, net	dges and grants receivable, net			3	
	4	Accounts receivable, net	counts receivable, net			4	308,620
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$, and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	nploye	rs, and			
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	_
	9	Prepaid expenses and deferred charges			49,897	9	84,904
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	1,297,309			
	b	Less accumulated depreciation	10b	388,956	982,985	10c	908,353
	11	Investments—publicly traded securities			20,815,609	11	29,000,750
	12	Investments—other securities See Part IV, line 11				12	_
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			78,738	15	63,561
	16	Total assets. Add lines 1 through 15 (must equal line 34)			34,647,099	16	38,720,389
	17	Accounts payable and accrued expenses .			407,150	17	477,791
	18	Grants payable				18	
	19	Deferred revenue				19	337,082
	20	Tax-exempt bond liabilities				20	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		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			407,150	26	814,873
5		Organizations that follow SFAS 117, check here ► 🔽 and comp	ete lir	nes 27			
e)		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			34,239,949	27	37,905,516
Ba	28	Temporarily restricted net assets				28	_
Fund	29	Permanently restricted net assets		29			
Fu		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d com	olete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			34,239,949		37,905,516
	34	Total liabilities and net assets/fund balances			34,647,099	34	38,720,389

<u></u>	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		137	761,37
2	Total expenses (must equal Part IX, column (A), line 25)	2			060,960
3	Revenue less expenses Subtract line 2 from line 1	3		7	00,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		34,2	239,949
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,9	065,154
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		37,9	05,516
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

SUGAR BOWL

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.

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

Employer identification number

72-0272830

ne (1	organi:		•	e foundation becaus on of churches, or as	•			•	•		
2	Γ	A scho	ol described	in section 170(b)(1)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)((1)(A)(iii). E	nter the
5	Γ	An orga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	a governmen	tal unit desc	rıbed ın
	_	sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).		
7	Γ	describ	ed in	at normally receives A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or f	rom the gene	eral public
8	Г			described in section		A)(vi) (Com	nplete Part II)			
9	, V			at normally receives					butions, men	nbership fees	s. and gross
	•	_		ities related to its ex							-
				oss investment incoi	•				• •		
		-	-	janization after June				-		,	
.0	Г			, ganized and operated							
.1	Γ	one or the box	more publici	ganized and operated y supported organize bes the type of supp b Type II	ations descr orting organ	ıbed ın sectı ı <u>za</u> tıon and c	on 509(a)(1)	or section s 11e throu	509(a)(2) S gh 11h	ee section 5	•
e f g	Γ	other the section of the ocheck to	han foundati n 509(a)(2) organization this box	ox, I certify that the on managers and oth received a written de	etermination	or more pub	licly supporte	ed organizat Гуре I, Тур	e II or Type	ed in section	n 509(a)(1) or
3			ng persons?	,		, 5		,			
		(i) a pe	erson who di	rectly or indirectly c	ontrols, eithe	er alone or to	ogether with p	persons des	cribed in (ii)		Yes No
		and (111) below, the	governing body of th	e the suppor	ted organiza	ition?			11g	
				er of a person descril						11g	
				led entity of a persoi						11g((iii)
h		Provide	e the followin	ng information about	the supporte	ed organızatı	on(s)				
9	(i) Name suppor rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi Is th organiza col (i) org in the l	ne tion in ganized	(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	
			1	l			1				

Total

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.)

S	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
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						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
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)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar 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")	1,053,539	3,000,000	1,395,000	1,395,000		6,843,53
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	10,471,892	29,765,932	10,288,261	10,350,737	12,165,088	73,041,91
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	11,525,431	32,765,932	11,683,261	11,745,737	12,165,088	79,885,44
Ь	A mounts 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	487,710	603,877	389,223	380,293	471,564	2,332,66
c	Add lines 7a and 7b	487,710	603,877	389,223	380,293	471,564	2,332,66
8	Public Support (Subtract line 7c						77,552,78
	from line 6)						, ,
	ction B. Total Support ndar year (or fiscal year						
Care	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	11,525,431	32,765,932	11,683,261	11,745,737	12,165,088	79,885,44
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	817,350	1,136,387	1,044,547	889,399	673,726	4,561,40
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	817,350	1,136,387	1,044,547	889,399	673,726	4,561,40
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	21,500	-7,566	1,007	9,428		24,36
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		47,519	28,463	5,075	4,775	85,83
13	Total support (Add lines 9, 10c, 11 and 12)	12,364,281	33,942,272	12,757,278	12,649,639	12,843,589	· ·
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, thırd, fourth, or 1	fifth tax year as a	section501(c)(3) organization, ▶┌
	ction C. Computation of Pub						
15	Public Support Percentage for 201	•		13 column (f))		15	91 720 %
16	Public support percentage from 20	09 Schedule A, Pa	art III, line 15			16	90 720 %
	ation D. Commutation of T		ma Damarat				
	ction D. Computation of Inv Investment income percentage for				(f))	12	F 200 ^
1/	investment income percentage for	ZOIO (IIIIE TUC CO	ranni (i) uivided D	y mne 13 column -	(1))	17	5 390 %

17	5 390	%
18	5 430	%

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

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

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 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. 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).

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISC INCOME

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136011262

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

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

Open to Public

terna	Revenue Service	orm 990. ► See separate instructions.		Inspection
	me of the organization		Employer ide	ntification number
500	GAR BOWL		72-0272830)
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu		
	organization answered "Yes" to Form 99			·
		(a) Donor advised funds	(b) Funds	and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	or advised	┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit			e Yes No
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, F	Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	cion or pleasure) Preservation of an Preservation of a c	certified historic	structure
	easement on the last day of the tax year	[Held	at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	s	2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	ى erred, released, extinguished, or terminate	d by the organi	zation during
	the taxable year ►	, , , , , , , , , , , , , , , , , , , ,	,,	j
1	Number of states where property subject to conserv	ation easement is located ►		
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		dling of violation	rs, and Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ents during the	year ►
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	during the yea	r►\$
3	Does each conservation easement reported on line $(170(h)(4)(B)(i))$ and $(170(h)(4)(B)(ii))$?	2(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	•	•
ar	rt IIII Organizations Maintaining Collection Complete if the organization answered		or Other Sin	nilar Assets.
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	5 116, not to report in its revenue stateme d for public exhibition, education or researc	ch in furtheranc	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line 1	L	▶ \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Part	IIII Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	reasu	res, or C	the	r Similar Ass	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		_			on	
а	Public exhibition		d	Г	Loan	or exch	nange prog	rams			
b	Scholarly research		e	Γ	Other	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ furthe	er the o	rganızatıor	ı's ex	cempt purpose ir	ı	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									- Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	ediary	for c	ontrıbu	itions o	rotherass	ets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		_				
									Am	ount	
С	Beginning balance							1 c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				_		Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to F	orm 990	Par	t IV, line 10.		
		(a)Current Year	(b)	Prior `	⁄ear	(c)Two	o Years Back	(d)	Three Years Back	(e) Four Y	'ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs							+			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re hel	d and a	dmınıstere	d for	the		
	organization by								20/	Yes	No
	(i) unrelated organizations			•				•	3a(i		
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio				 ule R?			•		<u>'' </u>	<u> </u>
4	Describe in Part XIV the intended uses of th	•				•		•			<u> </u>
	VI Investments—Land, Buildings					90. Pa	rt X. line	10.			
		-, aaqp					(b)Cost or		(c) Accumulated		
						rother		Other		(d) B	
	Description of investment					or other stment)	basis (oth	er)	depreciation	<u> </u>	ook value
1a L	Description of investment		•				1 ` '	ier)	depreciation		ook value
							1 ` '	ier)	depreciation		ook value
b E	and						basis (oth	ier) 1,380	depreciation	4	
b E	and	· · · · · · · · · · · · · · · · · · ·	· · ·				basis (oth			4	0
b E c L d E e (and			bas	sis (inve	stment)	basis (oth		239,53		0

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,761,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,060,960
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	700,413
4	Net unrealized gains (losses) on investments	4	2,965,154
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 - 8	9	2,965,154
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,665,567
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	16,715,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	2,965,154
3	Subtract line 2e from line 1	3	13,750,097
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,276		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	11,276
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,761,373
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	13,049,684
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	13,049,684
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,276		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	11,276
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,060,960
Par	t XIV Supplemental Information		

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

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACS 740 (FORMERLY FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109) FASB ACS 740 PRESCRIBES RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THERE WAS NO IMPACT ON FINANCIAL POSITION OR RESULTS OF OPERATIONS

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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

DLN: 93493136011262

Open to Public Inspection

Name of the organization Employer identification number SUGAR BOWL 72-0272830 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	4	40,000			SCHOLARSHIPS FOR HIGH SCHOOL FOOTBALL STUDENT-ATHLETES

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SUGAR BOWL PROVIDES FINANCIAL SUPPORT TO HELP UNDERWRITE LOCAL AMATEUR SPORTING EVENTS THESE EVENTS ARE ATTENDED BY MEMBERS OF THE SUGAR BOWL TO MONITOR THE USE OF THE GRANT
OTHER INFORMATION	PART IV	FORM 990, SCHEDULE I, PART I, LINE 1 CHAMPIONSHIP SERIES UNDER THE ORGANIZATION'S CONTRACT WITH THE BOWL CHAMPIONSHIP SERIES (BCS), ALLSTATE SUGAR BOWL IS COMMITTED TO PAYING \$6,000,000 PER GAME TO THE BCS THE BCS DISTRIBUTES THE PAYOUT TO THE WINNING CONFERENCE AND SCHOOL BASED ON A PREDETERMINED FORMULA THE BCS CONTRACT EXPIRES APRIL 1, 2014 FORM 990, SCHEDULE I, PART I, LINE 1 FRIENDS OF CITY PARK DURING THE YEAR ENDED JUNE 30, 2007, SUGAR BOWL DONATED \$400,000 TO NEW ORLEANS CITY PARK, TO HELP RESTORE AND MAINTAIN CITY PARK'S ATHLETIC FACILITIES IN ADDITION, THE ORGANIZATION'S BOARD OF DIRECTORS APPROVED ADDITIONAL FUNDING OF \$400,000 THAT WOULD BE GRANTED UPON THE SATISFACTION OF CERTAIN PROGRESS BENCHMARKS ALTHOUGH THE AGREEMENT BETWEEN THE ORGANIZATION AND CITY PARK HAS NOT BEEN FINALIZED, A TOTAL OF \$300,000 HAS BEEN PAID TO CITY PARK AS OF JUNE 30, 2011 THEREFORE, THE REMAINING COMMITMENT TO CITY PARK IS \$100,000 AT JUNE 30, 2011

Software ID:

Software Version:

EIN: 72-0272830

Name: SUGAR BOWL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWL CHAMPIONSHIP SERIES - NATIONAL COLLEGIATE ATHLETIC ASSOCIATION201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	44-0567264	501(C)(3)	6,000,000				TO ENHANCE THE QUALITY OF INTERCOLLEGIATE ATHLETICS
FRIENDS OF CITY PARK1 PALM DRIVE NEW ORLEANS, LA 70124	72-0875507	501(C)(3)	100,000				TO HELP RESTORE AND MAINTAIN CITY PARK'S ATHLETIC FACILITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	50,000				TO SUPPORT TULANE UNIVERSITY'S GOLF PROGRAM AND TOURNAMENTS
SOUTHERN YACHT CLUB 105 N ROADWAY DRIVE NEW ORLEANS, LA 70124	72-0323180	501(C)(7)	20,000				TO SPONSOR THE GREAT OAKS AND THE OPTIMIST MID- WINTER REGATTA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	7,500				TO SUPPORT TULANE UNIVERSITY'S VOLLEYBALL PROGRAM
FRIENDS OF NEW ORLEANS LACROSSE3525 N CAUSEWAY BLVD 901 METAIRIE, LA 70002	20-5396518	501(C)(3)	17,800				TO SPONSOR THE ALLSTATE SUGAR BOWL LACROSSE CLASSIC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA SOCCER ASSOCIATION475 GARDERE LANE BATON ROUGE,LA 70820	72-1067495	501(C)(3)	22,500				TO SPONSOR THE ALLSTATE SUGAR BOWL LOUISIANA DIVISION 1 STATE CUP CHAMPIONSHIP
UNIVERSITY OF ALABAMA ACTS OF KINDNESS FUND OFFICE OF ADVANCEMENT SERVICES - BOX 870101 TUSCALOOSA,AL 35487	63-6001138	501(C)(3)	250,000				TORNADO RELIEF

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN CONFERENCE2201 RICHARD ARRINGTON BLVD NORTH BIRMINGHAM,AL 35203	63-0377461	501(C)(3)	40,000				SCHOLARSHIP TO PROMOTE AND ENHANCE ACADEMICS FOR INTERCOLLEGIATE ATHLETICS
FRIENDS OF PREP SPORTS 332 RAILROAD AVENUE RESERVE, LA 70084	72-3687075		25,000				TO SPONSOR PREP SPORTS IN LOUISIANA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA SPORTS HALL OF FAME FOUNDATION500 FRONT STREET NATCHITOCHES, LA 71457	51-0151634	501(C)(3)	25,000				SPONSORSHIP
DELGADO COMMUNITY COLLEGE615 CITY PARK AVENUE/ROOM 145A NEW ORLEANS,LA 70119	72-1123204	501(C)(3)	25,000				TO SUPPORT THE SCHOOL'S BASEBALL PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC YOUTH & YOUNG ADULT MINISTRY - ARCHDIOCESE OF NEW ORLEANS1000 HOWARD AVENUE STE 700 NEW ORLEANS, LA 70113	72-0408911	501(C)(3)	5,000				TO SPONSOR THE ALLSTATE SUGAR BOWL CYO BASKETBALL TOURNAMENT
DILLARD UNIVERSITY2601 GENTILLY BLVD NEW ORLEANS,LA 70122	72-0408929	501(C)(3)	5,000				TO SUPPORT DILLARD UNIVERSITY'S BASKETBALL PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE SPORTS INFORMATION DIRECTORS OF AMERICA INC202 TUDOR ROAD ITHACA,NY 14850	23-7001888	501(C)(6)	5,000				TO SPONSOR THE PROGRAMS OF COSIDA

Compensation Information

DLN: 93493136011262

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

300	DAK DOWL		72-0272830			
Pa	rt I Questions Regarding Compensation					
	-				Yes	Νo
1 a						
	990, Part VII, Section A, line 1a Complete Part III to	pro۱				
	First-class or charter travel Travel for companions	<u> </u>	Housing allowance or residence for personal use Payments for business use of personal residence			
	Travel for companions Tax idemnification and gross-up payments	<u>'</u>				
	Discretionary spending account	Ë	Personal services (e g , maid, chauffeur, chef)			
	, Disciplinary specialing account	•				
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that					
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	~				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai	rt V I	I, Section A, line 1a with respect to the filing organization			
	or a related organization					
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de tl	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a	, did the organization pay or accrue any			
а	The organization?			5a		l No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Research III.					
	ın Part III			8		Νo
9	If "Yes" to line 8 did the organization also follow the re	hutt	able presumption procedure described in Regulations	1	I	I

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Nume		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) PAUL J HOOLAHAN	(I) (II)	434,351 0	89,896 0	12,867 0	49,000 0	48,472 0	634,586 0	0
(2) JEFF HUNDLEY	(I) (II)	262,487 0	61,250 0	7,914 0	39,373 0	28,744 0	399,768 0	0 0
(3) KATITI GASPARD	(I) (II)	121,021	0	0	17,400 0	15,774 0	154,195 0	0 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	7	THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER ARE ELIGIBLE FOR BONUSES BY CONTRACT, HOWEVER THE AMOUNT OF CASH OR OTHER PROPERTY IS NOT SPECIFIED IN THE CONTRACT, OR DETERMINED BY A FIXED FORMULA SPECIFIED IN THE CONTRACT THE AMOUNT OF THE BONUSES PAID TO THE EMPLOYEES ARE DETERMINED AFTER THE BOWL'S COMPENSATION COMMITTEE REVIEWS THE EMPLOYEES' OVERALL JOB PERFORMANCE AND THE EMPLOYER'S FINANCIAL RESULTS FOR THE YEAR THE COMMITTEE ALSO RELIES ON AN INDEPENDENT COMPENSATION SURVEY PREPARED BY STONE PARTNERS, AN INDEPENDENT COMPENSATION CONSULTING FIRM THE COMPENSATION COMMITTEE PROVIDES RECOMMENDATIONS OF THE BONUSES TO THE EXECUTIVE COMMITTEE FOR THE ULTIMATE DETERMINATION OF THE BONUSES

Schedule J (Form 990) 2010

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DLN: 93493136011262

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization SUGAR BOWL **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN BATT	TREASURER	33,033	JOHN BATT IS THE OWNER OF JOS A BANKS CLOTHIERS THE ORGANIZATION PURCHASED BLAZERS WITH EMBROIDERED SUGAR BOWL LOGOS AS UNIFORMS FOR OFFICIAL EVENTS THE JACKETS WERE PURCHASED AT FAIR MARKET VALUE		No
(2) BILL KEARNEY IV	DIRECTOR	14,348	BILL KEARNEY IV IS THE OWNER OF GALATOIRE'S RESTAURANT THE BOWL CHAMPIONSHIP SERIES RECEPTION AND DINNER WAS HELD AT THE RESTAURANT FAIR MARKET VALUE WAS PAID FOR THE DINNER & RECEPTION		No
(3) WAYNE PIERCE	FORMER DIRECTOR	15,787	WAYNE PIERCE IS THE OWNER OF THE BON TON RESTAURANT THE RESTAURANT PROVIDED TEAM LIAISON DINNERS FOR ORGANIZATION THE DINNERS WERE PURCHASED AT FAIR MARKET VALUE		No

Supplemental Information

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

Identifier Return Reference Explanat	ion
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2010

OMB No 1545-0047

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
SUGAR BOWL

 ${\bf Employer\ identification\ number}$

72-0272830

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JOHN BUSENLENER AND RILEY BUSENLENER ARE FATHER AND SON RESPECTIVELY

Additional Data

Software ID:

Software Version:

EIN: 72-0272830 Name: SUGAR BOWL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 250,000 including grants of \$ 250,000) (Revenue \$

DONATION MADE TO THE UNIVERSITY OF ALABAMA TO PROVIDE RELIEF TO THE UNIVERSITY AND THE SURROUNDING AREA FROM THE DEVASTATING EFFECTS OF THE TORNADOES THAT THE REGIONS EXPERIENCED DURING 2011

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SUGAR BOWL COMMITTEE IS CURRENTLY COMPRISED OF 124 MEMBERS, 84 OF WHOM CAN BE IN THE "ACTIVE" CATEGORY AT ANY ONE TIME PER THE ORGANIZATION'S BYLAWS TOGETHER, THESE 124 MEMBERS FORM OVER 30 DIFFERENT WORKING COMMITTEES THAT CARRY OUT MUCH OF THE SUGAR BOWL'S BUSINESS LEADERSHIP FOR THE GROUP COMES FROM AN ELECTED GROUP OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE FOLLOWING OFFICER POSITIONS ARE ELECTED ANNUALLY BY THE MEMBERSHIP AT LARGE PRESIDENT, PRESIDENT-ELECT, VICE PRESIDENT, TREASURER AND SECRETARY ADDITIONALLY, THE MEMBERSHIP ELECTS 3 INDIVIDUALS EACH YEAR FOR SERVICE ON THE EXECUTIVE COMMITTEE FINALLY, A CHAIRMAN OF THE EXECUTIVE COMMITTEE IS ELECTED BY THE MEMBERS OF THE EXECUTIVE COMMITTEE.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THERE ARE MINIMAL INSTANCES WHERE THE GOVERNING BODY'S DECISIONS ARE SUBJECT TO THE APPROVAL BY THE GENERAL MEMBERSHIP, SUCH AS MODIFICATIONS TO THE ORGANIZATION'S BYLAWS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF THE ORGANIZATION'S FORM 990 WILL BE PRESENTED AT AN EXECUTIVE COMMITTEE MEETING DURING THIS MEETING THE TAX RETURN WILL BE REVIEWED AND ALL QUESTIONS ARE RESOLVED A VOTE IS TAKEN TO AUTHORIZE THE FILING OF THE RETURN THE CEO AND COO ATTEND THIS MEETING TO PARTICIPATE IN THE REVIEW OF THE FORM 990

Identifier	Return Reference	Explanation
	· '	THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE IS CIRCULATED TO EVERY OFFICER, DIRECTOR, MEMBER AND EVERY EMPLOYEE ANNUALLY THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE 990 COMMITTEE DESIGNED BY THE BOARD FOR CONFLICTS OF INTEREST ALL CONFLICTS ARE RESOLVED AND DISCLOSED TO THE EXECUTIVE COMMITTEE RECORDS OF ALL DISPOSITIONS ARE RETAINED IN THE SUGAR BOWL OFFICES

Identifier	Return Reference	Explanation
	PART VI, SECTION B,	SUGAR BOWL CONTRACTS STONE PARTNERS, A COMPENSATION CONSULTING FIRM, WHICH REVIEWS THE COMPENSATION OF THE CEO AND COO STONE PARTNERS CONDUCTS A COMPARABLE COMPENSATION SURVEY AND PREPARES A REPORT AND PROVIDES THE REPORT TO THE EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE REVIEWS THE REPORT, RESOLVES ANY ISSUES AND MAKES A RECOMMENDATION TO THE EXECUTIVE BOARD. THE EXECUTIVE BOARD REVIEWS THE RECOMMENDATION IN THE CONSULTANT'S REPORT AT A REGULARLY SCHEDULED MEETING AND SETS COMPENSATION FOR THE CEO AND COO. THE PROCESS OF DETERMINING APPROPRIATE LEVELS OF COMPENSATION IS DESIGNED TO COMPLY WITH THE REBUTTABLE PRESUMPTION RULES OF REGULATION SECTION 53 4958-6

lder	ntifier	Return Reference	Explanation
		'	ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,965,154

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation
ANCILLARY AMATEUR SPORTING EVENTS DETAIL		TRACK AND FIELD 26,598 GOLF 23,035 MANNING AWARD 22,113 REGATTA 18,962 NATIONAL FOOTBALL FOUNDATION 14,006 VOLLEY BALL TOURNAMENT 13,824 NCAA YOUTH FOOTBALL 8,723 SWIMMING 1,800 LACROSSE 1,125 BASKETBALL 419 TENNIS 250