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SCANNET NOV 08 2011

Form **990**

Department of the Treasury internet 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)

OMB No 1545-0047

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

Open to Public Inspection

| <u>A I</u> | or the | 2010 calendar year, or tax year beginning JUL 1, 2010 and er | nding J | UN 30, 2011 | |
|-------------------------|------------------------|---------------------------------------------------------------------------------------------------|---------------|------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer Identific | ation number |
| | | CYPRESS CREEK FOUNDATION FOR THE ARTS | | | |
| | Address | AND COMMUNITY ENRICHMENT | | | |
| | Name change | Doing Business As | | 76-05 | 538799 |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | oom/suite | E Telephone number | |
| | Termin- | 6823 CYPRESSWOOD DR | | 281-3 | 379-3946 |
| | Amende return | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 521,208. |
| | Application | SEKING, TA //3/9 | _ | H(a) Is this a group re | |
| | pending | F Name and address of principal officer: | | for affiliates? | Ves X No |
| | | | | H(b) Are all affiliates incl | uded? Ves No |
| 1 | ax-exe | mpt status. X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. (see instructions) |
| <u>J \</u> | <u> Nebsite</u> | E ► WWW.CYPRESSCREEKFACE.ORG | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1997 M | State of legal domicile: TX |
| P | art I | Summary | | | |
| 9 | 1 E | Briefly describe the organization's mission or most significant activities: ENRIC | HMENT | OF THE CUL | TURAL ARTS |
| Activities & Governance | _ | | | | |
| Ĕ | 2 0 | Check this box I if the organization discontinued its operations or dispose | ed of more | than 25% of its net as | sets |
| Š | 3 1 | lumber of voting members of the governing body (Part VI, line 1a) | | [з] | 15 |
| 9 | 4 N | lumber of independent voting members of the governing body (Part VI, line 1b) | | 4 | _15 |
| es | 5 T | otal number of individuals employed in calendar year 2010 (Part V, line 2a) | | . 5 | 5 |
| Σ | 6 T | otal number of volunteers (estimate if necessary) | | 6 | 40 |
| টু | 7a T | otal unrelated business revenue from Part VIII, column (C), line 12 | | . 7a | 0. |
| _ | bΛ | let unrelated business taxable income from Form 990-T, Ine 34 | | . 7ь | 0. |
| | 1 | | | Prior Year | Current Year |
| <u>o</u> | 8 0 | Contributions and grants (Part VIII, line 1h) | | 186,942. | 178,572. |
| Revenue | 9 F | Program service revenue (Part VIII, line 2g) | | 271,483. | 290,070. |
| ě | 10 li | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 402. | 1,285. |
| 4 | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 18,579. | 4,640. |
| | 12 T | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 477,406. | 474,567. |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | L | 0. | |
| 8 | 15 5 | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) | 1 | 95,791. | 101,922. |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Š | ь٦ | otal fundraising expenses (Part IX, column (D), line (25) | | | |
| Ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) OV - ft 7 3645 | so | 355,047. | 411,614. |
| | 18 7 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 450,838. | 513,536. |
| | 13 1 | Revenue less expenses. Subtract line 18 from line 12 | 8 | 26,568. | -38,969. |
| Soc | | I OGDEN LIT | Ве | ginning of Current Year | End of Year |
| Ssets | 20 1 | Total assets (Part X, line 16) | [_ | 202,741. | 152,512. |
| | | Total liabilities (Part X, line 26) | | 60,168. | <u>46,108.</u> |
| Net | | Net assets or fund balances. Subtract line 21 from line 20 | | 142,573. | 106,404. |
| | art II | Signature Block | | | |
| Und | ler penal | ties of perjury, I declare that I have examined this return, including accompanying schedules. | and statem | ents, and to the best of m | y knowledge and belief, it is |
| true | , correct | , and complete. Declaration of preparer (other than officer) is based on all information of which | ch preparei | has any knowledge. | |
| | | | | | |
| Sig | ın i | Signature Apofficer | | Date | 11 |
| He | re | John Whisnant, | /re | sur 10 | 127/1, |
| _ | | Type or print name and title | | | == |
| | | Print/Type pregarer's name Preparer's signature | | Date / / Check | PTIN |
| Pai | - F | RICHARD JONES | | 10/27/1/ self-employe | ed |
| | parer | Firm's name HAJOVSKY, JONES & CO., P.C. | | Firm's EIN | |
| Use | Only | Firm's address 14405 WALTERS RD., SUITE 825 | | | |
| | | HOUSTON, TX 77014 | | Phone no. 2 | 81-440-0142 |
| Ma | y the IR | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No |
| | 001 02-22 | | ns. | | Form 990 (2010) |

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

916

CYPRESS CREEK FOUNDATION FOR THE ARTS

| | | | Form 99 | 0 (2010) |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|----------------------------------------------|
| 4e | (Expenses \$ Including grants of \$) (Revenue \$ Total program service expenses ▶ 457,096. |) | | |
| 4d | Other program services. (Describe in Schedule O.) | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) | (Revenue \$ | |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code:) (Expenses \$4,000. Including grants of \$) PROVIDE SCHOLARSHIPS TO LOCAL MUSIC STUDENTS. | (Revenue \$ | |) |
| 41- | (O-1 | (D | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | FAMILY EVENTS OR NOMINAL COSTS EVENTS FOR CHILDREN AND | | | |
| | THE ORGANIZATION PROVIDES CONCERTS AND CULTURAL EVENTS COUNTY AREA TO ACHIEVE ENRICHMENT IN THE ARTS. SEVERAL | | | |
| 4a | (Code:) (Expenses \$453,096 • Including grants of \$) | | 294,7 | |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. | or grants and | | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount | | | |
| _ | If "Yes," describe these changes on Schedule O. | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | s? | Yes [| X No |
| | the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | L | ∣Yes | X No |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | г | | ₩ |
| | | | _ | |
| | THE PRIMARY GOAL OF THE ORGANIZATION IS TO ENRICH THE COMMUNITY THROUGH EDUCATION AND THE PERFORMING AND VIS | | THE | |
| , | MANAGE AND PROMOTE THE CENTRUM, A PERFORMANCE HALL IN | | TEXAS | <u>. </u> |
| 1 | Briefly describe the organization's mission: | | | |
| • 54 | Check if Schedule O contains a response to any question in this Part III | | | |
| | n 990 (2010) AND COMMUNITY ENRICHMENT rt III Statement of Program Service Accomplishments | 76-0538 | 799 | Page 2 |
| | . ^^^ /^^ /^ /^ / | 7/ 7/7 | 700 | _ ^ |

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)? | _ | v | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | • | | Х |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 4 | | Х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | - | | |
| 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 | | | |
| ٠ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| • | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | 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 |
| С | Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total | | | X |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | 444 | | Х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | | X |
| f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 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 | Х | |
| 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 | | | v |
| | 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 | 40 | | v |
| | 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, | 17 | | X |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | |
| 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," | | | |
| 19 | complete Schedule G, Part III | 19 | | Х |
| 20≏ | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | X |
| | 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 | | |
| | | | 990 | (2010) |

AND COMMUNITY ENRICHMENT

Form 990 (2010) Part IV Checklist of Required Schedules (continued) 76-0538799 Page **4**

| C | | | | |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|---------------|
| 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 | | |
| | 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 | | · ' | v |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| Ь | 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 | | | v |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | Х |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Λ |
| 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 | 27 | | Х |
| 00 | Schedule L, Part III | 21 | | |
| 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): | 200 | 1 | Х |
| 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 | | 1 |
| С | 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 more than \$25,000 in non-cash contributions: If res, complete schedule with Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | ** |
| 30 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | " | | |
| ٥. | If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | <u> </u> | | |
| - | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| • | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | Х |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| а | | | 1 | |
| а | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | i i | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| а 36 | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 |
| | 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 | | | х |
| 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | x |
| 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 | | |

Form 990 (2010) Part V Statements Regarding Other IRS Filings and Tax Compliance

AND COMMUNITY ENRICHMENT

76-0538799

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| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | Check if Schedule O contains a response to any question in this Part V | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------|----------------|------------------------|-----|-----|-----------|
| Enter the number of Forms W2G included in line 1s. Enter of Ind applicable Delth enganization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambaing) winnings to prize winners? 1c | | | | | | Yes | No |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flee for the cellendar year ending with or within the year covered by this return 5 If at least one is reported on line 2, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year? 9 At any time during the calendar year, did the organization have an interest in, or a spatiative or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90.2.1, Report of Foreign Bank and Financial accounts. 8 Was the organization aparty to a prohibited tax shelter transaction at any time during the salendary organization have an interest in, or a spatiative or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90.2.1, Report of Foreign Bank and Financial Accounts. 8 Was the organizations a party to a prohibited tax whether transaction at any time during the tax sheller transaction? 9 If Yes, "to line 5a or 5b, did the organization file Form 8898-7? 10 If Yes, "to line 5a or 5b, did the organization file Form 8898-7? 11 If Yes, "to line 5a, did the organization file Form 8898-7? 12 If Yes, "to line 5a, did the organization file Form 8898-7? 13 If Yes, "to line organization receive deductible? 14 If Yes, "to line organization receive deductible? 15 If Yes, "to line organization end for the Control or of the value of the goods or services provided to the payor? 16 If Yes, "to line organization end for the complete for the value of the goods or services provided? 17 If Did the organization, during the year, pay premiums, directly or indir | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 8 | | | |
| Gambling) winnings to prize winners? Set First Prise Prise First Prise Fir | ,p | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumpt heyear? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If "Yes," and the name of the foreign country. P See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibeted it was not a sparty to a prohibeted tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter transaction any contributions that were not tax deductible? 6c If "Yes," to lide the organization have every solicitation an express statement that auch contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "Idea the organization enders aphyment in excess of 57 made party as a contribution and party for goods and services provided of the payor." 7a If Yes, and the organization enders aphyment in excess of 57 made party as a contribution and party for goods and services provided to the payor. 7b If Yes, and the organization enders and payor than the end of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If the organization enders a payment in excess of 57 made party as a contribution an | C | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | ble gaming | | | |
| filled for the calendary year ending with or within the year covered by this return Sa | | (gambling) winnings to prize winners? | | | 1c | | |
| b If a least one is reported on line 2a, dut the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 A tany time the hair and for the foreign country. 5 B of the organization and a party to a prohibited tax shelter transaction at any time during the tax year? 5 B old any taxable party nortly the organization that it was or is a party to a prohibited tax shelter transaction? 5 B old with every policitation of the form 8886?? 6 If 'Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 B old with the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 C organization shall wave not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To bid the organization receive a payment in excess of \$75 made party as a contribution on a party for prohibitions that many receive deductible? 7 To contribution of the value of the goods or services provided? 8 Did the organization receive a payment in excess of \$75 made party as a contribution of party for which it was required to the Form 88292 filed during the year 9 Did the organization excess an application party or promiums on a personal benefit contract? 10 Did the organization or econe any funds, directly or indirectly, to pay premiums on a personal benefit c | 2a | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, | | | | | |
| 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 bissness gross name of \$1,000 or more during the year? 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. In the sale a bank account, so exclusion count in some outhy such as a bank account, so exclusion count in some outhy such as a bank account, so exclusion and any such as a such account, or other financial accounts. 5b If "Yes," either the name of the foreign country. ► 5c In a subject of the organization of the foreign country. ► 5c In a subject of the organization of the organization of that it was or is a party to a prohibited tax shelter transaction? 5c In "Yes," this is say of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In "Yes," this is say of 5b, did the organization in Form 886877 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c In "Yes," this is say of 5b, did the organization in Form 886877 5c In "Yes," this is say of 5b, did the organization in Form 886877 5c In "Yes," this is say of 5b, did the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6d If "Yes," this is organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7c In "Yes," indicate the number of Forms 8282 filed during the year 7d In "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d In "Yes," indicate the number of Forms 8282 filed during the year 1 but the organization received a contribution of qualified intellectual property, did th | | filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if Yes, 'has it field a Form 990-ff or this year? If "No, 'provide an explanation in Schedule O 4b 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;) See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See Mass the organization of party to a prohibited tax sheller transaction at any time during the tax year? b Did any taxable party norify the organization file Form 8886-f7? b Did any taxable party norify the organization file Form 8886-f7? b Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If Yes, 'did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? b If Yes, 'did the organization nortify the donor of the value of the godos' or services provided? b If Yes, 'did the organization nesting exchange, or otherwise dispose of tangbise personal property for which it was required to file Form 8282? d If Yes, 'did the organization necewe any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization are every any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file in Form 1098-0°2 in the organization received a contribution of cars, boats, surplanes, or other vehicles, did the organization file in Form 1098-0°2 in the organization make any t | b | If at least one is reported on line 2a, did the organization file all required federal employment tax retuined | rns? | | 2b | X | |
| b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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, securble account, or other financial account)? 4b if "Yes," enter the name of the foreign country: ▶ 5c Was the organization as party to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts. 5a Was the organization as party to a prohibited tax shelter transaction of Foreign Bank and Financial Accounts. 5a Was the organization as party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8896-7? 5c 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? 5c Uses 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 6b Was the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Visit of the organization norbity the donor of the value of the goods or services provided? 7d Uffect the organization norbity the donor of the value of the goods or services provided? 7d Uffect the organization norbity the donor of the value of the goods or services provided? 7d If Yes, "indicate the number of Forms 8282 filed during the year 8 biffect the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organization the afform them.) 8 phonoring organization maintaining donor advised funds and section 5960? 9 Sponsoring organization maintaining donor advised funds and section 5960? 9 | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | | | |
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| 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advised funds. Election 501(c)(17) organizations Enter: a Intitution fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders B Gross income from members or shareholders Gross income from members or shareholders B Gross income from them.) 11a 12a 13a 14a 13b 13b 13c 14a Did the organization incensed to issue qualified health plans C Enter the amount of reserves the organization indoor tanning services during the tax year? 14a 14b 14b 14b 14b | C | | as rec | luirea | 7- | | × |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of casts, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b 111a 110a 111a 111b 112a 113b 114a 115b 115c 116a 117b 117c 118a 119a | | | | -t-2 | 70 | | |
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| c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | b | | ۔۔ ا | 1 | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | · | | | | | 1 |
| b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | 13C | | 14- | | У |
| | | | | | | | Α_ |
| | | it res, has it liled a Form (20 to report these payments (if ivo, provide an explanation in Schedul | e 0 | | | gan | /2010\ |

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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 | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------|----------|--|
| Sec | tion'A. Governing Body and Management | | | | | |
| • | | F | | Yes | No | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 15 | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 15 | | | | |
| 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 | | <u>X</u> | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | on | | | | |
| | 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? | F | 6 | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | - - | | v | |
| | governing body? | - | 7a 7b | | X | |
| _ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | - | / D | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| _ | by the following: | | 8a | Х | | |
| a | The governing body? | - | 8b | X | | |
| ь 9 | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | OD | | | |
| 9 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | Х | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | | | |
| 000 | tion b. I dilates (mis decison a requests mornation about policies not required by the internal notoniae edecy | | | Yes | No | |
| 10a | Does the organization have local chapters, branches, or affiliates? | Γ | 10a | 100 | X | |
| | the second secon | s. | | | | |
| - | and branches to ensure their operations are consistent with those of the organization? | | | | | |
| 11a | a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | | | | |
| | | | | | | |
| 12a | | | | | | |
| þ | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | | | | | |
| | to conflicts? | į | 12b | X | | |
| 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 | Х | | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | | X_ | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | ļ | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | : | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | Х | | |
| b | Other officers or key employees of the organization | - | 15b | Į | 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 | | | | v | |
| | 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 participal | tion | | | | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | ŀ | 401 | | | |
| | exempt status with respect to such arrangements? | | 16b | <u> </u> | L | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 17 | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) public inspection. Indicate how you make these available. Check all that apply. | avaliable | iOi | | | |
| | | | | | | |
| 10 | Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest | nolicy an | d fina | ncial | | |
| 19 | statements available to the public. | ponoy, all | J 11116 | a ioiai | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | organizat | ion. | > | | |
| 20 | BETH WALLACE - 281-379-3947 | 90111241 | | | | |
| | 6823 CYPRESSWOOD DR, SPRING, TX, SPRING, TX 77379 | | | | | |

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

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

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.

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|-----------------------------|---------------------------------------------------------------|--------------------|-----------------------|--------------|----------------|----------------------------------------|----------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|
| Name and Title | Average hours per | (0 | hecl | Pos all t | | ı app | alv) | Reportable compensation | Reportable compensation | Estimated amount of |
| | week (describe hours for related organizations in Schedule O) | rustee or director | Institutional frustee | Officer | Key employee | Highest compensated Employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| ANNE & BAINES MANNING | | | | | | | | _ | _ | _ |
| SECRETARY | 4.00 | Х | L. | X | | <u> </u> | | 0. | 0. | 0 . |
| ALMIRA AND ALLEN GELWICK | | | | | | | | | | |
| CO-CHAIRMEN | 4.00 | X | | X | | <u> </u> | | 0. | 0. | 0 |
| NANCY & IRV GRAYSON | | | | | | | | | | |
| DIRECTORS | 2.00 | Х | | | | | | 0. | 0. | 0 |
| GARY AND CINDY WALTHER | | | | | | | | | _ | |
| DIRECTOR | 2.00 | X | <u> </u> | | | | | 0. | 0. | 0 |
| KIM & CHUCK WATSON | | | | | | | | | | |
| DIRECTORS | 2.00 | X | | | | ļ | <u> </u> | 0. | 0. | 0 |
| SUSIE & JOHN WHISNANT | | l | | | | | | | | |
| TREASURER | 4.00 | X | | X | | _ | _ | 0. | 0. | 0. |
| SANDRA & LAMAR LOYD | | | | | | | Ì | | | • |
| DIRECTORS | 2.00 | X | | | | | <u> </u> | 0. | 0. | 0 |
| DR. GARY AND LAUREN SIMMONS | 2 22 | | | | | | | | | |
| DIRECTORS | 2.00 | X | | | | <u> </u> | <u> </u> | 0. | 0. | 0 |
| MARY LOU AND MIKE GLAUBER | 2 00 | ,, | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| TRACI & KEVIN BERCHELMANN | 2 00 | ,, | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0 |
| CYNTHIA & STEPHEN BROWN | 2 00 | J. | | | | | l | | _ | 0 |
| DIRECTOR | 2.00 | X | | | | | - | 0. | 0. | 0 |
| BRENDA AND TIM CARMEAN | 2.00 | v | | | | | | 0. | 0. | |
| DIRECTOR | 2.00 | X | | | | | - | 0. | 0. | 0 |
| CANDY & DR MARK RIGO | 2.00 | X | | | | ļ | | 0. | 0. | 0 |
| DIRECTOR | 2.00 | Λ | _ | | — | | _ | U • | 0. | 0 |
| VALARIA & JOHN VONBERG | 2.00 | v | | 1 | | } | | 0. | 0. | 0 |
| DIRECTOR | 2.00 | _ | - | <u> </u> | | | | 0. | U • | 0 |
| CLARA LEWIS | 8.00 | | | X | | | | 6,600. | 0. | 0 |
| ARTIST DIRECTOR NON-VOTING | 0.00 | \vdash | - | ^ | | \vdash | \vdash | 0,000. | | <u> </u> |
| NANCI K DECKER | 40.00 | | | Х | | | | 45,000. | 0. | 0 |
| EXEC DIRECTOR NON-VOTING | 40.00 | \vdash | | A. | \vdash | \vdash | | 43,000. | | 0. |
| LACY O CONNOR | 4.00 | | | Х | | | | 0. | 0. | 0. |
| PRES, CAL | 1.00 | Ь | Ц | | Ь | ــــــــــــــــــــــــــــــــــــــ | ــــــــــــــــــــــــــــــــــــــ | | 0. | Form 990 (2010 |

Page 8

| (A) | (B) | | | (C Posi | • | | | (D) | (E) | | _ | (F) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|-----------------------|------------|------|-------------|--------|------------------------------------------------|-------------------------------------------------|-------|----------------------------------------------------------------------|-----------------|---------------------------|
| Name and title | Average hours per | (cl | | | | at apply) | | Reportable compensation | Reportable compensation | , | | tımate nount | |
| • | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | | nsated | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC | | other compensa from th organizat and relat organizati | | ation e tion ted |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1 b Sub-total c Total from continuation sheets to Part VI | I Castian A | I | | | | > | | 51,600. | | 0. | | | 0 |
| d Total (add lines 1b and 1c) | i, Section A | | | | | <u> </u> | | 51,600. | | 0. | | | 0 |
| 2 Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | ed ab | oove | e) wł | o re | eceived more than \$100 | ,000 in reportable | • | | | (|
| 3 Did the organization list any former officer, | | stee | , key | / em | ploy | yee, | or h | ighest compensated en | nployee on | | _ | Yes | No |
| line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportab | | | | | | | | the organization | | 3 | | X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | | 4 | | Λ |
| rendered to the organization? If "Yes," com Section B. Independent Contractors | olete Schedul | e J f | or su | ich p | oers | son | | | | | 5 | | <u> X</u> |
| Complete this table for your five highest counties organization. NONE | mpensated inc | depe | nde | nt co | ontr | acto | rs ti | hat received more than | \$100,000 of com | pensa | ation f | rom | |
| (A) Name and business | address | | | | | | | (B) Description of s | ervices | С | (C omper | | 'n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | ncluding but n | ot lır | nite | d to | tho | se lis | sted | above) who received m | ore than | | | ·········· | , |
| \$100,000 in compensation from the organiz | _ | | | | |) | | | | | | | |

| Forn | n 99 | 0 (2 | 2010) AND C | CTINUMMO: | ENRICHM | ENT | 76-0538799 Pag | | | |
|--------------------------------------------------------|--------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|-----------------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|--|
| Pa | rt i | / | Statement of Rever | nue | | | -1. | | | |
| | | • | | | | (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 | c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines | ts, and ve 1f | 58,136. | | | | | |
| <u>ة ن</u> | | h | Total. Add lines 1a-1f | | • | 178,572. | | | | |
| Program Service Revenue | 2 | a b c d | TICKET SALES PROGRAM ADVERTI | SING | 711300 711300 | 280,845. 9,225. | 280,845. 9,225. | | | |
| Pro | | f | All other program service reve | | | | | | | |
| | | g | Total. Add lines 2a-2f | | • | 290,070. | | | | |
| | 3 | | Investment income (including other similar amounts) Income from investment of ta | | > | 1,285. | | | 1,285. | |
| | 5 6 | a b c | Gross Rents Less: rental expenses Rental income or (loss) | (ı) Real | (II) Personal | | | | | |
| | | d | Net rental income or (loss) | | • | | | | | |
| | 7 | | Gross amount from sales of assets other than inventory | (i) Securities | (II) Other | | | | | |
| | • | c d | Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin | a evente (net | • | | | | | |
| Other Revenue | 0 | | contributions reported on line Part IV, line 18 | .36 • of 1c). See a | 42,804. 42,804. | | | | | |
| ₽ | 9 | c a | Less: direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 | ctivities. See | • | 0. | | | | |
| | 10 | c a | Less: direct expenses Net income or (loss) from gan Gross sales of inventory, less and allowances | returns a | ▶ 5,861. | | | | | |
| | | | Less: cost of goods sold Net income or (loss) from sale | | • | 2,024. | 2,024. | | | |
| | 44 | _ | Miscellaneous Revenu REIMBURSEMENTS | le | Business Code 711300 | 1,705. | 1,705. | | 1 | |
| | 11 | a b | OTHER | | 711300 | 911. | 911. | | | |
| | | C | | - | | 711. | | | | |
| | | | All other revenue | | | | | | | |
| | | | Total. Add lines 11a-11d | | | 2,616. | | | | |
| | 12 | | Total revenue. See instructions | | > | 474,567. | 294,710. | 0 | 1,285. | |

76-0538799 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------|----------------------------------------|
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 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 | 45,000. | 45,000. | | |
| 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 | 49,271. | 16,274. | 32,997. | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | , - |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 7,651. | 4,973. | 2,678. | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 3,285. | | 3,285. | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 1,951. | 1,268. | 683. | |
| 12 | Advertising and promotion | 54,275. | 54,275. | | |
| 13 | Office expenses | 9,571. | 6,907. | 2,664. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 30,570. | 28,750. | 1,820. | |
| 17 | Travel | 11,564. | 11,564. | | |
| 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 | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 2,905. | | 2,905. | |
| 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) | | | | |
| а | ARTISTS FEES | 161,875. | 161,875. | | |
| ь | PRODUCTION COSTS | 81,135. | 81,135. | | |
| c | BROCHURES & PROGRAMS | 15,288. | 15,288. | | |
| d | ARTISTIC DIRECTION AND | 11,319. | 11,319. | | |
| e | UTILITIES AND PHONE | 7,387. | 1,747. | 5,640. | |
| f | All other expenses | 20,489. | 16,721. | 2,542. | 1,226 |
| 25 | Total functional expenses. Add lines 1 through 24f | 513,536. | 457,096. | 55,214. | 1,226 |
| 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 | 187,635. | 1 | 114,715. |
| • | 2 | Savings and temporary cash investments | 11,391. | 2 | 27,993. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | 1,500. |
| | 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 | <u>.</u> |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | |
| - | 9 | Prepaid expenses and deferred charges | 3,715. | 9 | 8,304. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,851. 10b 1,851. | | | |
| | b | Less: accumulated depreciation 10b 1,851. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 202,741. | 16 | 152,512. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | · |
| | 19 | Deferred revenue | 60,168. | 19 | 46,108. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| abi | | 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 | 60,168. | 26 | 46,108. |
| | | Organizations that follow SFAS 117, check here X and complete | | | |
| es | | lines 27 through 29, and lines 33 and 34. | | | |
| SE SE | 27 | Unrestricted net assets | 70,979. | 27 | 38,385. |
| 3ali | 28 | Temporarily restricted net assets | 71,594. | 28 | 68,019. |
| 둳 | 29 | Permanently restricted net assets | | 29 | |
| Ē | | Organizations that do not follow SFAS 117, check here and | | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | : | 30 | |
| A ss | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Z | 33 | Total net assets or fund balances | 142,573. | 33 | 106,404. |
| | 34 | Total liabilities and net assets/fund balances | 202,741. | 34 | 152,512. |

| 1 01111 | AND COMMON HINTERNA | | 0000,00 | | y ~ .= | | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|------------|-------------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>67.</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 36. 69. | | |
| 3 | 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | | | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 5 | 5 Other changes in net assets or fund balances (explain in Schedule O) | | | | | | |
| 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 | 10 | <u>6,4</u> | 04. | | |
| Pa | rt 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. X Cash Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | | |
| 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 | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audıt, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aud | 3rt | | | | |
| | Act and OMB Circular A-133? | | 3a | <u> </u> | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired aud | lit | | 1 | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form | 990 | (2010) | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CYPRESS CREEK FOUNDATION FOR THE ARTS AND COMMUNITY ENRICHMENT

Employer identification number 76-0538799

| Part I | Reason | | ity Status (All organiz | | st complet | e this part | .) See inst | ructions. | | 3 0330733 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|--------------------------------------------------|--------------|-------------|--------------------|--------------------------|--------------|------------------------|
| | 1 | | because it is: (For lines 1 | | | | | | | |
| 1 🔲 | | • | s, or association of churc | - | | - | | | | |
| 2 | | | '0(b)(1)(A)(ii) . (Attach Sc | | | | | | | |
| з 🔲 | | | tal service organization of | | n section | 170(b)(1)(| A)(iii). | | | |
| 4 | | | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter t | he hospital's name, |
| | city, and state | e: | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | wned or op | erated by | a govern | mental uni | t describ | ed 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 | 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). (Comple | te Part II.) | | | | | | | |
| 8 🔲 | A community | trust described in s | section 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | |
| 9 X | An organizati | on that normally rec | eives: (1) more than 33 | 1/3% of its | support fi | rom contri | butions, m | nembershi | p fees, a | nd gross receipts from |
| | activities rela | ted to its exempt fur | nctions - subject to certa | ain exception | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | from gross investment |
| | income and u | inrelated business t | axable income (less sect | tion 511 ta | x) from bu | sinesses a | cquired b | y the orga | nızatıon | after June 30, 1975. |
| | | 509(a)(2). (Complete | • | | | | | | | |
| 10 📙 | | | perated exclusively to te | | | | | | | |
| 11 | • | | perated exclusively for the | | • | | | | • | * : |
| | | | ations described in secti | | | |). See se c | ction 509(| a)(3). Ch | eck the box that |
| | | · · · — | organization and compl | | - | | | | | 1 |
| <u> </u> | a Type I | | ,,, | | e III - Func | • | • | | d ∟_ | Type III - Other |
| е 📖 | | | at the organization is not | | | | | | | |
| | | | han one or more publicly | | | | | | a(a)(1) Of | section 509(a)(2). |
| f | • | | tten determination from t | uie ino ilia | анныя ату | pe i, Type | ii, or Type | 2 111 | | |
| • | | rganization, check th | nis box organization accepted ar | ay aift or co | ontribution | from any | of the follo | owing per | sons? | لـــا |
| g | | | lirectly controls, either al | | | | | | | Yes No |
| | | | upported organization? | one or tog | Cuici willi | persons c | CSOTICCO | iii (ii) aira (| iii, bolow, | 11g(i) |
| | - | - • | n described in (i) above? | 1 | | | | | | 11g(ii) |
| | | · | person described in (i) | | e? | | | | | 11g(iii) |
| h | | | about the supported or | | | | | | | <u> </u> |
| | | g | , i | | ` ' | | | | | |
| (i) Name | of supported | (ii) EIN | (iii) Type of | (IV) Is the o | rganization | (v) Did you | notify the | (vi) Is | the | (vii) Amount of |
| | organization | | organization (described on lines 1-9 | 1 ,, | sted in your | | | organization (i) organiz | ed in the | support |
| | | | above or IRC section | governing | document? | (I) of you | support? | US | ? | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

| (Complete only if you c | e for Organizations hecked the box on line 5 e tests listed below, plea | i, 7, or 8 of Part I o | or if the organization | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------|------------------------------|--------------------|---------------------|-----------------------------------------|
| Section A. Public Support | , ріст | | | | | |
| Câlendar year (or fiscal year beginning | in) 🕨 (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do include any "unusual grants.") | 1 | (5) 255. | (6),2000 | (0, 2000 | (4) 25 15 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Tax revenues levied for the organization's benefit and either paid or expended on its behalf | | | | | | |
| The value of services or facilities furnished by a governmental urthe organization without charges | nit to | | | | | |
| 4 Total. Add lines 1 through 3 5 The portion of total contribution by each person (other than a governmental unit or publicly supported organization) include on line 1 that exceeds 2% of the amount shown on line 11, | ed | | | | | |
| column (f) | | ·** | | | | |
| 6 Public support. Subtract line 5 from | line 4 | | | <u> </u> | | |
| Section B. Total Support | | , | , | | | T |
| Calendar year (or fiscal year beginning 7 Amounts from line 4 | in) • (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 8 Gross income from interest, dividends, payments received of securities loans, rents, royalties and income from similar source | | | | | | |
| 9 Net income from unrelated bus activities, whether or not the business is regularly carried on | | | | | | |
| Other income. Do not include g or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through | | | | | | |
| , , | | | £ | , 1 | 12 | 1 |
| 12 Gross receipts from related act13 First five years. If the Form 99 | | | rd, fourth, or fifth t | ax year as a secti | | |
| organization, check this box an | | | | | | <u> </u> |
| Section C. Computation of | Public Support Pe | rcentage | | | | · |
| 14 Public support percentage for 2 | | | column (f)) | | 14 | 9/ |
| 15 Public support percentage from | | | n line 12 and line | 14 - 22 1/20/ | | |
| 16a 33 1/3% support test - 2010. It stop here. The organization qu b 33 1/3% support test - 2009. It | alifies as a publicly supp | orted organization | 1 | | | ▶□ |
| and stop here. The organizatio 17a 10% -facts-and-circumstance and if the organization meets the | n qualifies as a publicly es test - 2010. If the org | supported organiz anization did not c | ation check a box on line | e 13, 16a, or 16b, | and line 14 is 10% | or more, |
| meets the "facts-and-circumsta | | • | | _ | 17a, and line 15 is | ▶ ☐ |

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

Schedule A (Form 990 or 990-EZ) 2010

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

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.)

| Sec | ction A. Public Support | elow, piedse comp | nete i ait ii., | | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------------------|
| 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 | 1.11 | 0.50 500 | | 106.040 | 100 140 | 000 440 |
| | include any "unusual grants.") | 141,436. | 268,608. | 204,314. | 186,942. | 182,148. | 983,448. |
| 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 | 214,064. | 243,586. | 276,857. | 273,744. | 292,094. | 1300345. |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | 355,500. | 512,194. | 481,171. | 460,686. | 474,242. | 2283793. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | 25,000. | 25,000. | 76,000. | 51,000. | 50,000. | 227,000. |
| t | 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 | | 76,000. | 71,000. | 12,500. | | 159,500. |
| c | Add lines 7a and 7b | 25,000. | 101,000. | 147,000. | 63,500. | 50,000. | 386,500. |
| 8 | Public support (Subtract line 7c from line 6) | | | | , | | 1897293. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | 355,500. | 512,194. | 481,171. | 460,686. | 474,242. | 2283793. |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 882. | 2,062. | 397. | 402. | 1,285. | 5,028. |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 882. | 2,062. | 397. | 402. | 1,285. | 5,028. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | 10,658. | | | 29,592. |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 356,382. | 514,256. | 492,226. | 477,406. | 478,143. | 2318413. |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organız | ration, |
| _ | check this box and stop here | | | | | | <u> </u> |
| | ction C. Computation of Publ | | | | | | 01 04 |
| 15 | Public support percentage for 2010 (I | | | column (f)) | | 15 | 81.84 % |
| 16 | Public support percentage from 2009 | | | | | 16 | 82.74 % |
| <u>Se</u> | ction D. Computation of Inves | | | | | I I | 22 ~ |
| 17 | · · · · · · · · · · · · · · · · · · · | | | ne 13, column (f)) | | 17 | .22 <u>%</u> .17 % |
| 18 | · · · · · · · · · · · · · · · · · · · | | | andra de la compansión de | . 45 | 18 | |
| | a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box a | nd stop here. The | organization qual | ifies as a publicly s | supported organiza | ation | $\blacktriangleright X$ |
| ŀ | 33 1/3% support tests - 2009. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | eck this box and st | top here. The orga | anization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation, if the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | ns box and see ins | structions | ▶ { |

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CYPRESS CREEK FOUNDATION FOR THE ARTS AND COMMUNITY ENRICHMENT

Employer identification number 76-0538799

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds of | or Accounts. Complete if the |
|-----|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| | organization answered "Yes" to Form 990, Part IV, lin | ne 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 | l funds |
| | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | | ed only |
| | for charitable purposes and not for the benefit of the donor | | • |
| | impermissible private benefit? | | Yes No |
| Pat | Conservation Easements. Complete if the or | ganization answered "Yes" to Form 990, Par | t IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | for the state of t | |
| | Preservation of land for public use (e.g., recreation or | | rically important land area |
| | Protection of natural habitat | Preservation of a certifie | |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified 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 |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic st | ructure 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, re | eleased, extinguished, or terminated by the o | rganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | asement is located > | |
| 5 | Does the organization have a written policy regarding the pe | eriodic 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 duri | ng the year 🕨 |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | enforcing conservation easements during th | e year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) abo | ve 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 conservat | tion easements in its revenue and expense s | tatement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | ation's financial statements that describes the | e organization's accounting for |
| | conservation easements. | | |
| Pai | rt 배 Organizations Maintaining Collections o | | er Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 1 990, Part IV, line 8. | ,, |
| 1a | If the organization elected, as permitted under SFAS 116 (A | SC 958), not to report in its revenue stateme | nt and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | khibition, education, or research in furtheranc | e of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (A | SC 958), to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | education, or research in furtherance of publi | c 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 tre | easures, or other similar assets for financial g | |
| | the following amounts required to be reported under SFAS | 116 (ASC 958) relating to these items: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | > \$ |

CYPRESS CREEK FOUNDATION FOR THE ARTS

Schedule D (Form 990) 2010

AND COMMUNITY ENRICHMENT

76-0538799 Page **2**

| Par | t III Organizations Maintaining C | ollections of A | rt, Hist | orical Tr | easures, o | r Other | Simila | ar Asse | ts (cont | inued) | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|----------------|--------------------------------------------------|-------------|--------------------------|-----------------------------------------|-----------------|-------------|----------|
| 3 | Using the organization's acquisition, accession | on, and other record | ds, check | any of the | following that | are a sigi | nificant i | use of its | collection | n item | s |
| | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | յ 🖳 և | _oan or exc | hange progra | ms | | | | | |
| , p | Scholarly research | • | \Box | Other | | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | in how th | ey further t | he organizatio | n's exem | ot purpo | se in Par | t XIV. | | |
| 5 | During the year, did the organization solicit or | receive donations | of art, his | storical trea | sures, or othe | r sımılar a | ssets | | | | |
| | to be sold to raise funds rather than to be ma | intained as part of | the organ | nization's co | ollection? | | | | Yes | | No_ |
| Par | Escrow and Custodial Arrang reported an amount on Form 990, Part | | ete if the | organizatio | on answered " | Yes" to F | orm 990 | , Part IV, | line 9, or | | |
| 1a | Is the organization an agent, trustee, custodia | | diary for o | contribution | ns or other ass | ets not in | cluded | | | | |
| | on Form 990, Part X? | | , | | | | | | Yes | | No |
| ь | If "Yes," explain the arrangement in Part XIV a | and complete the fo | ollowing t | able: | | | | | | | |
| _ | The state of the s | and domplote the re | | u.z.o. | | | | | Amoun | | |
| С | Beginning balance | | | | | | 1c | | 7,,,,,,, | | |
| ď | Additions during the year | | | | | | 1d | | | | |
| - | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| _ | Did the organization include an amount on Fo | orm 990 Part X line | 217 | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV. | 7111 330, 1 Gr. 71, IIII | | | | | | | 03 | | |
| Par | | the organization ar | nswered ' | "Yes" to Fo | rm 990. Part I | V. line 10. | | | | | |
| X 7-1 | p p p p p p p p p p p p p p p p p p p | (a) Current year | | rior year | (c) Two years | | | ears back | (e) Fou | r vears | hack |
| 12 | Beginning of year balance | (a) Current year | (5/11 | noi yeai | (c) ino years | , back 10 | <i>y</i> 111100 <i>y</i> | curs buck | (0) 100 | yours | buok |
| b | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | ~~~~~ | *************************************** | | | |
| ٦ | Grants or scholarships | | | | | | ě. | | | | |
| a | · · · · · · · · · · · · · · · · · · · | | | | | | ••••• | | | | |
| е | Other expenditures for facilities | | 1 | | | | | | | | |
| | and programs | | | | | | ~ | ······································ | | | |
| Ţ | Administrative expenses | | | | | | | | | | |
| 9 | End of year balance | | | | | I | | | <u> </u> | ********* | |
| 2 | Provide the estimated percentage of the year | ena balance nela a | | | | | | | | | |
| a | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| C | | % | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation tha | it are neid a | ina administer | ed for the | organiz | zation | 1 | · · · | |
| | by: | | | | | | | | 0.00 | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | <u> </u> |
| | (ii) related organizations | | | | | | | | 3a(ii) | | - |
| b | If "Yes" to 3a(II), are the related organizations | · | | | | | | | 3b | اــــــا | Щ_ |
| 4 | Describe in Part XIV the intended uses of the | | | | | | - | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Description of investment | (a) Cost or o | | | t or other (other) | • • • | umulate eciation | | (d) Boo | k valu | e |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| е | Other | | | | 1,851. | | 1,8 | 51. | | | 0. |
| Total | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990. Part | X. colum | nn (B), line 1 | 10(c).) | | | ▶ □ | | | 0. |

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

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| Part VII Investments - Other Securities. | See Form 990, Part X, line | | , , | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------------------|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valua | |
| (1) Financial derivatives | - | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | · | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (1) | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12) | | | | |
| Part VIII Investments - Program Related | I. See Form 990, Part X, lin | e 13. | (a) Mathed of volve | *Ian* |
| (a) Description of investment type | (b) Book value | Co | (c) Method of valua ost or end-of-year mar | |
| (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, | | | | |
| | (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) Part X Other Liabilities. See Form 990, Par | | | > | |
| 1. (a) Description of liability | | (b) Amount | | |
| (1) Federal income taxes | | (-) / | 1 | |
| (2) | | | 1 | |
| (3) | | · · · · · · · · · · · · · · · · · · · | 1 | |
| (4) | | | 1 | |
| (5) | | | 7 | |
| (6) | | <u></u> - | 1 | |
| (7) | | | 1 | |
| (8) | | | 7 | |
| (9) | - | | 1 | |
| (10) | - | | 7 | |
| (11) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740) | line 25.) | | | |
| FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740) | ote to the organization's financial st | atements that reports the orga | nization's liability for uncerta | n tax positions under |
| 032053 12-20-10 | | | Sch | edule D (Form 990) 201 |

CYPRESS CREEK FOUNDATION FOR THE ARTS

| | dule D (Form 990) 2010 AND COMMUNITY ENRICHMENT | | | | | | 38/99 | Page 4 |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-----------|----------------|---------------|-----------|-----------------------|
| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ed Fi | nancial S | tatem | ents | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | | | | ,567. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | | | | ,536. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | | | -38 | <u>,969.</u> |
| 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 | | | | 900 |
| 8 | Other (Describe in Part XIV.) | | | 8 | | | | <u>,800.</u> ,800. |
| 9 | Total adjustments (net). Add lines 4 through 8 | ^ | | 9 | | | | ,169. |
| 10 Da | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XIII Reconciliation of Revenue per Audited Financial Statemer | | ith R | | ar Reti | ırn | -30 | ,109. |
| 1 | Total revenue, gains, and other support per audited financial statements | 112 44 | 101111 | venue p | or rect | $\overline{}$ | 517 | ,371. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | 017 | , , , , , , |
| a | Net unrealized gains on investments | 2a | | | İ | | | |
| b | Donated services and use of facilities | 2b | | | | | | |
| c | Recoveries of prior year grants | 2c | | | | | | |
| d | Other (Describe in Part XIV.) | 2d | | 42,80 |)4. | | | |
| e | Add lines 2a through 2d | | | | | e | 42 | ,804. |
| 3 | Subtract line 2e from line 1 | | | | | 3 | 474 | ,567. |
| 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 | | | | | | |
| ь | Other (Describe in Part XIV.) | 4b | | | | | | |
| C | Add lines 4a and 4b | | | • | 4 | c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | | | | | ,567. |
| Pai | t XIII Reconciliation of Expenses per Audited Financial Stateme | nts V | Vith E | xpenses | per Re | eturn | 1 | |
| 1 | Total expenses and losses per audited financial statements | | | | <u></u> : | | 556 | ,340. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 1 | | , | | | |
| а | Donated services and use of facilities | 2a | | | | İ | | |
| b | Prior year adjustments | 2b | | | | | | |
| C | Other losses | 2c | | 40 00 | | | | |
| d | Other (Describe in Part XIV.) | 2d | | 42,80 | | | 4.0 | 004 |
| e | Add lines 2a through 2d | | | | _2 | | <u>42</u> | ,804. |
| 3 | Subtract line 2e from line 1 | | | | <u> </u> - : | 3 | 213 | ,536. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 - | ł | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | |
| Ь | Other (Describe in Part XIV.) | 4b | <u> </u> | | ┤, | | | 0. |
| | Add lines 4a and 4b | | | | | c | 512 | ,536. |
| 5 Dai | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information | | | | نـــــــ | 5 | <u> </u> | , , , , , , . |
| Com X, lin | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compl | | | | | | | 4; Part |
| | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | | | | |
| FUN | IDRAISING DIRECT COSTS | | | | <u> </u> | | 42 | ,804. |
| PAI | RT XIII, LINE 2D - OTHER ADJUSTMENTS: | | | | - | | | |
| FUI | IDRAISING COSTS | | | | <u>-</u> | | 42 | ,804. |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

CYPRESS CREEK FOUNDATION FOR THE ARTS AND COMMUNITY ENRICHMENT

Employer identification number

Schedule G (Form 990 or 990-EZ) 2010

76-0538799

| Part I Fundraising Activities required to complete this par | Complete if the organization answert. | ered "Y | 'es" to | Form 990, Part IV, I | ine 17 Form 990-EZ | filers are not |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------|
| Indicate whether the organization rais a | e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs | ion of ion of fundra (includerofess | non-g gover using ding o ional f | overnment grants nment grants events fficers, directors, trus fundraising services? | stees or Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) funds have c or con contrib | trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| A AMA TOM | | | | | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit | contrib | bution: | s or has been notified | d it is exempt from re | egistration |
| or licensing. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

CYPRESS CREEK FOUNDATION FOR THE ARTS AND COMMUNITY ENRICHMENT 76-0538799 Page 2 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events CENTRUM ARTS NONE (add col. (a) through LEAGUE GALA col. (c)) (total number) (event type) (event type) Revenue 100,940. 100,940. Gross receipts 58,136. 58,136 2 Less: Charitable contributions 42,804. 42,804 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 26,410. 26,410. Food and beverages 1,600. 14,794. 1,600. Entertainment 8 14,794. Other direct expenses 42,804, 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % % Yes % No No 6 Volunteer labor No ect expense summary. Add lines 2 through 5 in column (d)

| | Pulled expense summary. Add lines 2 times girls in solution (s) | • | | |
|------|--------------------------------------------------------------------------------------------------------------------------|----------------|----------------|------------|
| | Net gaming income summary. Combine line 1, column d, and line 7 | <u> </u> | | |
| 9 | Enter the state(s) in which the organization operates garning activities: | | | |
| а | Is the organization licensed to operate gaming activities in each of these states? | | Yes | U No |
| b | of "No," explain: | | | |
| | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain: |) | Yes | □ No |
| 0320 | 82 01-13-11 | Schedule G (Fo | orm 990 or 990 |)-EZ) 2010 |
| | | | | |

CYPRESS CREEK FOUNDATION FOR THE ARTS

| Sche | edule G (Form 990 or 990-EZ) 2010 AND COMMUNITY ENRICHMENT 76- | <u>-0538</u> | 799 | Page 3 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|--------|
| | Does the organization operate gaming activities with nonmembers? | | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | \Box | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| ¹a | The organization's facility | 13a | | % |
| b | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party ▶\$ | | | |
| С | If "Yes," enter name and address of the third party | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | s the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| _ | retain the state gaming license? | | Yes | ☐ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | 9 | | |
| _ | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

CYPRESS CREEK FOUNDATION FOR THE ARTS AND COMMUNITY ENRICHMENT

Employer identification number 76-0538799

| FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WILL BE PROVIDED TO EACH |
|-------------------------------------------------------------------------------------------------------------------------------|
| BOARD MEMBER EITHER IN PDF FORMAT OR HARD COPY PRIOR TO THE FILING AND WILL |
| BE APPROVED BY THE BOARD. |
| FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS PROVIDED TO ALL BOARD |
| MEMBERS AND SIGNED FORMS ACKNOWLEDGING COMPLIANCE WITH THE POLICY ARE |
| OBTAINED ANNUALLY. |
| FORM 990, PART VI, SECTION B, LINE 15A: SALARIES ARE MONITORED BY THE BOARD |
| BUT ARE NOT EXCESSIVE. |
| FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE IN THE CORPORATE OFFICES. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: |
| ADJUST BEGINNING BALANCE OF NET ASSETS TO ACCRUAL BASIS 2,800. |
| ORGANIZATION CHANGED TO THE ACCRUAL BASIS FOR FINANCIAL AND 990 |
| REPORTING IN 2010. |
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| Form 8868 (Rev. 1-2011) | | | | | Page 2 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|-------------|
| If you are filing for an Additional (Not Automatic) 3-Month | Extension, o | complete only Part II and check this bo | x | | X |
| Note. Only complete Part II if you have already been granted a | | | | 8868. | |
| If you are filing for an Automatic 3-Month Extension, com | | | | | |
| Part II Additional (Not Automatic) 3-Month | Extensio | n of Time. Only file the original (no co | opies | needed). | |
| Name of exempt organization Type or CVDRECC CREEK CURTONIAN CO | | | Emp | loyer identification | number |
| print CIPRESS CREEK CHRISTIAN CO | MMUNIT' | Y CENTER | | | |
| OF HOUSTON, INC. | | | 7 | <u>4-1879766</u> | |
| extended Number, street, and room or suite no. If a P.O. box | k, see instruc | tions. | | | |
| due date for 6823 CYPRESSWOOD DRIVE | | | | | |
| return See City, town or post office, state, and ZIP code For | a foreign add | ress, see instructions. | | | |
| SPRING, TX 77379 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for | (file a separa | te application for each return) | | • | 0 1 |
| Andlanda | | T | | | τ= |
| Application | Return | Application | | | Return |
| Is For Form 990 | Code | Is For | | | Code |
| Form 990-BL | 01 | Form 1041-A | | | |
| Form 990-EZ | 02 | Form 4720 | | | 08 |
| Form 990-PF | 03 | Form 5227 | | | 09 |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | 10 |
| Form 990-T (trust other than above) 06 Form 8870 | | | | 12 | |
| STOP! Do not complete Part II if you were not already grant | | | elv file | d Form 8868 | 1 |
| CLARA LEWIS | | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | Oly IIIC | <u> 01111 00000.</u> | |
| The books are in the care of ► 6823 CYPRESSW | OOD, S | PRING, TX - 77379 | | | |
| Telephone No ► 281-376-7113 | | FAX No. ▶ | | | <u> </u> |
| If the organization does not have an office or place of busin | ess in the Ur | | | <u> </u> | |
| If this is for a Group Return, enter the organization's four dig | git Group Exe | emption Number (GEN) . If the | s is fo | r the whole group, c | heck this |
| box 🕨 🔲 If it is for part of the group, check this box 🕨 | | | | | |
| 4 I request an additional 3-month extension of time until | NOVEM | BER 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 | s, check reas | on: Initial return | Final r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | |
| AWAITING THIRD PARTY INFORMA | TION II | N ORDER TO FILE A CO | MPL | ETE AND | |
| ACCURATE RETURN. | | | | | |
| 0 | 0 0000 | | · · · · | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 472 | U, or 6069, e | nter the tentative tax, less any | | _ | ^ |
| nonrefundable credits. See instructions | CO enter env | refundable avadas and estimated | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment | - | | | | |
| previously with Form 8868. | allowed as a | credit and any amount paid | 05 | • | 0 |
| c Balance due. Subtract line 8b from line 8a. Include your | navment wit | h this form if required by using | 8b | \$ | 0. |
| EFTPS (Electronic Federal Tax Payment System). See ins | • • | ir triis form, ir required, by dsirig | 8c | \$ | 0. |
| | | d Verification | OU | Ψ | <u> </u> |
| Under penalties of perjury, I declare that I have examined this form, incl t is true, correct, and complete, and that I am authorized to prepare this | luding accomp | | best o | f my knowledge and be | elief, |
| | DVDC | C ry | Dat- | ▶ 8-8-11 | |
| Signature Title | | THE DESCRIPTION | Date | P 0 0 11 | |