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# SCANNED MAR 19

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

CHANGE OF ACCOUNTING PERIOD

### Return of Organization Exempt From Income Tax

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

X Yes

Form **990** (2011)

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning JAN 2011 and ending JUN 30, C Name of organization Check if applicable D Employer identification number Address change UNLV REBEL FOOTBALL FOUNDATION Name change 94-3086276 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-4505 S. MARYLAND PARKWAY 702-895-3454 Amende return City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-LAS VEGAS, NV 89154-0023 H(a) Is this a group return ending F Name and address of principal officer BOB STOKHAM Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status. X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1998 M State of legal domicile: NV Part I Summary Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT FOR THE Activities & Governance UNIVERSITY OF NEVADA, LAS VEGAS FOOTBALL PROGRAM Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 0 Total number of individuals employed in calendar year 2011 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) 30 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII) line 1 RECEIV 17,400 28,550. Revenue Program service revenue (Part VIII, June 2g) 15,155 0. Investment income (Part VIII, column A), lines 3, 4 10,101. 16,837 Other revenue (Part VIII, column (Applies 5, 66, 88, 9c, 2022 and 51,500 <u>50,360.</u> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,892 89,011. Grants and similar amounts paid Part (X) coumr (A), lines 1-3 0 0. Benefits paid to or for members (Part IX, column (A), in 0 3,216. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,353 13,881. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 69,353 <u>17,0</u>97. Revenue less expenses Subtract line 18 from line 12 31,539 71,914. **Beginning of Current Year End of Year** 915,745. 20 Total assets (Part X, line 16) 814,000 0. Total liabilities (Part X, line 26) 814,000. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign WALTERS, Here TREASURER Type or print name and title PTIN Check Print/Type preparer's name Preparer's signature Paid DUSTIN LEWIS, CPA P01409498 Preparer Firm's name ▶ L.L.BRADFORD & COMPANY Firm's EIN 88-0320217 Use Only Firm's address 8880 W. SUNSET RD THIRD FLOOR Phone no. 702 - 735 - 5030LAS VEGAS, NV 89148

		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,,,	
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar 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 for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,			7.7
_	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		v
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1 10		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	_X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
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		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<u>1</u> 5		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			37
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	4.7		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		
.5	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,"	-10	A	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

Part IV Checklist of Required Schedules (continued)

		<b>1</b>	_	
	Del No anno and an anno describe of coop of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
00	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	<b> </b>	X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	000		v
24a		23	<b></b>	X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		71
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)	v*		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-	ŀ	v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	<del></del>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		ŀ	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
7	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		37
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	<u>X</u>
~	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O		x	
		Form		011
		Onn	200 (2	.011)

Form 990 (2011) UNLV REBEL FOOTBALL FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	]		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>L</u> .	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			, Ž
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting	hit sames -		* 3
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	300 434
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			· 3.
а	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	↓		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	<b>.</b>	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>↓</b>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	$\sqcup \sqcup$		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>_x</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 c	20111

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 73
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	18		
~	persons other than the governing body?	76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
	The governing body?			v
	Each committee with authority to act on behalf of the governing body?	8a		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_8b		
•	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)	3		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.00		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		٧.	4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ŀ	_
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		-	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		_ [	
	exempt status with respect to such arrangements?	16b		_
sec.	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion 🕨	·	
	KERRY WALTERS - 702-933-1111			
32006	851 S RAMPART BLVD #105, LAS VEGAS, NV 89145			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- 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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BOB MARTIN	2.00	v				1		0.	0.	0.	
DIRECTOR (2) TIM O'REILLY	2.00	Λ			-	<u> </u>			<u>0.</u>	<u> </u>	
DIRECTOR	2.00	х				ļ		0.	0.	0.	
(3) GEORGE BALABAN									-	ı	
DIRECTOR	2.00	X			_	<u> </u>		0.	0.	0.	
(4) JERRY REYNOLDS	2 00								_	•	
DIRECTOR	2.00	X		<u> </u>		ļ	├-	0.	0.	0.	
(5) TERRY MANLEY DIRECTOR	2.00	v						0.	0.	0.	
(6) TODD FLOYD	2.00						$\vdash$				
DIRECTOR	2.00	x						0.	0.	0.	
(7) BRYAN CHOMKO											
DIRECTOR	2.00	X						0.	0.	0.	
(8) JEFF FINE DIRECTOR	2.00	¥						0.	0.	_ 0.	
(9) SAM MINEO	2.00										
DIRECTOR	2.00	x					l ,	0.	0.	0.	
(10) BJ BALABAN											
DIRECTOR	2.00	Х						0.	0.	0.	
(11) BOB RATHER						1				•	
DIRECTOR	2.00	X				_	-	0.	0.	0.	
(12) BOB STOCKHAM PRESIDENT	2.00			х				0.	0.	0.	
(13) MICHAEL CHUDD	2.00	-		Δ		$\vdash$			0.	<u> </u>	
SECRETARY	2.00			x				0.	0.	0.	
(14) KERRY WALTERS											
TREASURER	2.00		-	X		-		0.	0.	0.	
		_									
		!						,			
	<u>L</u>			L		<u> </u>		l			

Form **990** (2011)

Par	t VII Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	mple	уее	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
	(A)	(B)			(0	C)			(D)	(E)	(F)	
	Name and title	Average	(do		Pos		than :	one	Reportable	Reportable	Estimat	ted
		hours per	box	, unle	ss pe	rson	ıs boti	h an	compensation	compensation	amount	t of
		week	$\vdash$	cerar	lo a o	recio	or/trus	tee)	from	from related	othe	
		(describe hours for	recto						the	organizations	compens	
		related	50			1	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	· 1	
		organizations	Individual trustee or director	Institutional trustee		83	Highest compensated employee		(44.2/1099-141130)		organiza and rela	
		ın Schedule	dualt	tiona		lg o	st cor	<u>,</u>			organizat	
		O)	ndivi	nstite	Officer	Key employee	Highe mplo	Former			0.9424	
		†	<del>                                     </del>	<del>-</del>	Ť	_	- 0	_	<del> </del>			
		1	<del> </del>		<del> </del>		-	-		<del>-</del>	<del></del>	
		i			}							
			H			-						
		<u> </u>				_				<del></del> -		
		1	l	}								
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			_									
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					L.							
					i	ŀ						
		<u> </u>	<u> </u>									
1b	Sub-total								0.	_	0.	0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.	0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.	0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wh	10 re	eceived more than \$100	,000 of reportable		^
	compensation from the organization	<del></del>							· · · · · · · · · · · · · · · · · · ·	<del></del>	Yes	0   No
_	Did the agreement of hot and form of the same	d							hhk		Tes Tes	140
3	Did the organization list any former officer			э, ке	y en	npio	yee,	or i	nignest compensated e	mployee on	- <u>-</u>	¥
	line 1a? If "Yes," complete Schedule J for s										3	X
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15	-		-					•	tne organization		X
5	Did any person listed on line 1a receive or									dual for senuese	4 -	<del>  ^</del>
5	rendered to the organization? If "Yes," com					-		ciali	ed organization or molvi	dual for services	5	X
Sec	tion B. Independent Contractors	ipiete Scriedui	<del>C                                    </del>	UI SI	<i>ICH</i>	pers	UII					<u> </u>
1	Complete this table for your five highest co	mpensated in	dene	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensation from	
•	the organization Report compensation for	-								•	silication il citi	
	(A)					-			(B)		(C)	
	Name and business	address	NO	INC	3			-	Description of s	ervices	Compensation	on
								T				
								- 1				
								$\dashv$				
								$\dashv$				
								4				
	Total number of independent party of the first	in all ration = le			-1 t -	<u> </u>		40.1	about the second of		<del></del>	
2	Total number of independent contractors (	-	IOT III	me	u tO		se lis )	ied	above) who received m	iore than		E
	\$100,000 of compensation from the organi	Zalion 🚩									Form <b>990</b>	(2011)
											ronn <b>330</b>	( <b>ZUII</b> )

132008 01-23-12

	art VI	III   Statement of Reve		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Membership dues Fundraising events	1a 1b 1c	8,550. 20,000.				
ntributions, d	f g	All other contributions, gifts, gran	nts, and ove 1f					
a C	h	Total. Add lines 1a-1f		<b>•</b>	28,550.			
		-		Business Code				
စ္ပ	2 a	·						
ه کِ	b							
Son	c							
Program Service Revenue	d							
<u>6</u>	e		····					
₫	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f						
	3	Investment income (including	j dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	10,101.	10,101.	-	
	4	Income from investment of ta	x-exempt bond p	proceeds >				
ŀ	5	Royalties .		<b></b>				
			(ı) Real	(ii) Personal	*	*×	, *****	r in m
	6 a	Gross rents		-	4 %	26 4 ,	, * ,	
	b	•		-	>		,	
	С	, ,						
	!	Net rental income or (loss)	F	<b>_</b>			*	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory				^		{
	b	Less: cost or other basis			**	*	×	
	_	and sales expenses						
	C	` ,			nanction is as along a		* * * * * **	
		Net gain or (loss) Gross income from fundraisin		<u> </u>				
ηne	0 4		00 • of					
Other Revenue		contributions reported on line				•		nter P
æ		Part IV, line 18	-	52,775.				
Ę.	h	Less: direct expenses	a b	2,415.				,
δ		Net income or (loss) from fund	-	2,113.	50,360.		er Man only on on	50,360.
		Gross income from gaming ad	<b>~</b>		30,300.			30,300.
- 1		Part IV, line 19	а		İ			,
İ	ь	Less: direct expenses	b					,
		Net income or (loss) from garr	•	<b>•</b>				
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less: cost of goods sold	b			•		
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.		<b></b>	89,011.	10,101.	0.	
13200 01-23	.⊎ -12							Form <b>990</b> (2011)

### 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).

	Check if Schedule O contains a response to any question in this Part IX								
	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	7	<u> </u>						
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22								
3	Grants and other assistance to governments,		***		,				
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members	3,216.	3,216.						
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified				_				
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	_		<u>,                                      </u>					
10	Payroll taxes				.=				
11	Fees for services (non-employees)								
а	Management								
b	Legal	· · · · · ·							
С	Accounting								
d	Lobbying		min tollingsal.						
e	Professional fundraising services. See Part IV, line 17	7 101	\$ # \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>					
f	Investment management fees	7,181.	7,181.						
g 40	Other								
12 13	Advertising and promotion Office expenses	•							
14	Information technology								
15	Royalties			<del></del>					
16	Occupancy								
17	Travel	2,174.	2,174.						
18	Payments of travel or entertainment expenses	2/1/40	2,1740						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	1,843.	1,843.						
20	Interest		•						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance .								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	RECRUITING	2,071.	2,071.		<del></del>				
þ	CREDIT CARD FEES	612.	612.						
C		- <u> </u>							
d									
	All other expenses	<u> </u>							
25	Total functional expenses. Add lines 1 through 24e	17,097.	17,097.	0.	0.				
26	Joint costs. Complete this line only if the organization	;							
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

132010 01-23-12

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		200.	1	201.
	2	Savings and temporary cash investments		43,679.	2	112,672.
	3	Pledges and grants receivable, net		,	3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di				
	i	employees, and highest compensated employee	·			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section		<u> </u>	
		4958(f)(1)), persons described in section 4958(c)			Ì	
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru	•	6		
ets	7	Notes and loans receivable, net	5110110)		7	
Assets	8	Inventories for sale or use		-	8	
•	9	Prepaid expenses and deferred charges			9	
	1 -	Land, buildings, and equipment cost or other	l I		-	
		basis. Complete Part VI of Schedule D	10a		*. ***	·**
	h	Less accumulated depreciation	10b		10c	man remarks an all and a control of a contro
	11	Investments - publicly traded securities				
	12	Investments - other securities. See Part IV, line 1		11		
	13	Investments - program-related See Part IV, line	770,121.	13	802,872.	
	14	Intangible assets	110,121.		002,072.	
	15	Other assets. See Part IV, line 11			14	
	16	Total assets. Add lines 1 through 15 (must equa	al line 24)	814,000.	15 16	915,745.
	17	Accounts payable and accrued expenses	u iiie 34)	014,000.	17	915,745.
	18	Grants payable		<u> </u>		
	19	Deferred revenue		18	_	
	20	Tax-exempt bond liabilities		19 20		
"	21	Escrow or custodial account liability Complete F		21	<u> </u>	
Liabilities	22	Payables to current and former officers, directors			21	
ij	2.2	highest compensated employees, and disqualifie	- · · · · · · · · · · · · · · · · · · ·		٠	
Lia		of Schedule L	d persons. Complete Part II			and reference means which became
	23	Secured mortgages and notes payable to unrela	tad third parties	<del></del>	22	
	24	Unsecured notes and loans payable to unrelated			23	
	25	Other liabilities (including federal income tax, pay	•		24	
	20	parties, and other liabilities not included on lines				
		Schedule D	17-24) Complete Falt X O		05	
	26	Total liabilities. Add lines 17 through 25		0.	25 26	0.
		Organizations that follow SFAS 117, check he	ra X and complete	,	20	·
S		lines 27 through 29, and lines 33 and 34.	and complete	,	3	
č	27	Unrestricted net assets		734,610.	27	832,677.
alar	28	Temporarily restricted net assets		32,475.	28	36,153.
Ä	29	Permanently restricted net assets		46,915.		46,915.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, ch	eck here 🕨 🔲 and	40,313.	29	40,313.
F F		complete lines 30 through 34.	con here P and			
ts o	30	•				
sse	ľ	Capital stock or trust principal, or current funds	upmont fund		30	
t As	31	Paid-in or capital surplus, or land, building, or eq	•		31	
Ne	32	Retained earnings, endowment, accumulated inc	come, or other tunds	014 000	32	015 745
	33	Total net assets or fund balances		814,000.	33	915,745.
	34	Total liabilities and net assets/fund balances		814,000.	34	915,745.

Form **990** (2011)

Form	990 (2011) UNLV REBEL FOOTBALL FOUNDATION	94-	-3086276	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	8:	9,0	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	7,0	97.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	1,9	14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81	4,0	00.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2	9,8	32.
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	91	5,7	46.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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 the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	)   "		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	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 Sir	ıgle Au	dıt		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 26		1

Form **990** (2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number UNLV REBEL FOOTBALL FOUNDATION 94-3086276 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c \_\_\_\_ Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No No Yes

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 UNLV REBEL FOOTBALL FOUNDATION

94-3086276 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				•		
	membership fees received (Do not						
	ınclude any "unusual grants ")			5,000.	17,400.	28,550.	50,950.
2	Tax revenues levied for the organ-				-		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		·-				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			5,000.	17,400.	28,550.	50,950.
5	The portion of total contributions						
	by each person (other than a			•			
	governmental unit or publicly						
	supported organization) included		A			·	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	ž		×.	Ř.	. <b>%</b> · .	
	column (f)				**		
	Public support. Subtract line 5 from line 4	}	, , , ,	<u>∰</u> o`		· 24	50,950.
Sec	ction B. Total Support					<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			5,000.	17,400.	28,550.	50,950.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	20,718.	21,573.	15,302.	16,836.	10,101.	84,530.
9	Net income from unrelated business			-			
	activities, whether or not the						
	business is regularly carned on		, ,				
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						135,480.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	132,200.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
5~	organization, check this box and storection C. Computation of Published	here					
				·····	<u> </u>		25 64
	Public support percentage for 2011 (I			olumn (f))		14	37.61 %
	Public support percentage from 2010	· ·	· ·			15	22.92 %
168	33 1/3% support test - 2011. If the content have The experience supplies				14 IS 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				<b>▶ X</b>
D	33 1/3% support test - 2010. If the c				line 15 is 33 1/3%	or more, check th	nis box
47-	and stop here. The organization qual	•		•	40.40406		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•	•	π iv now the organ	ization
-	meets the "facts-and-circumstances"	•	· · · · · · · · · · · · · · · · · · ·		•	17a and 1 45	
O	10% -facts-and-circumstances test						
	more, and if the organization meets the				-		,
12	organization meets the "facts-and-circ				-		
10	Private foundation, If the organization	a did not check a t	DOX ON line 13, 168	ι, του, 17a, Or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

### 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

Saat	qualify under the tests listed be	pelow, please com	plete Part II)				
	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	11 (f) Total
	Gifts, grants, contributions, and				1		
	nembership fees received (Do not	1					
	nclude any "unusual grants ")				-		
n fe a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in activity that is related to the organization's tax-exempt purpose						
3 (	Gross receipts from activities that						
а	re not an unrelated trade or bus-						
11	ness under section 513			·	_		
12	ax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
	The value of services or facilities urnished by a governmental unit to						
ti	he organization without charge						
6 T	otal. Add lines 1 through 5						
	Amounts included on lines 1, 2, and is received from disqualified persons						
fr e:	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
c A	odd lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ion B. Total Support	A THE CASE	<b>建筑等</b> 。	<u> </u>	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*: (*	* .
	lar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total
	mounts from line 6	(a) 2007	(6) 2000	(0) 2009	(4) 2010	(6) 20 1	i (i) iotai
10a G d s	Gross income from interest, ividends, payments received on ecurities loans, rents, royalties nd income from similar sources						
<b>b</b> U	Inrelated business taxable income						
-	ess section 511 taxes) from businesses cquired after June 30, 1975						
	dd lines 10a and 10b						
a w	let income from unrelated business ctivities not included in line 10b, thether or not the business is egularly carried on						
o a	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part IV.)						
	otal support (Add lines 9, 10c, 11, and 12)   irst five years. If the Form 990 is for	the organization's	e first second third	fourth or fitth	av voar as a soction	501(5)(2) 5	
	heck this box and stop here	The Organization	s mat, second, tillid	, iourni, or milit	an year as a section	1 30 1(0)(3) (	nganization, ⊾ □
	ion C. Computation of Publ	ic Support Pe	rcentage				
	ublic support percentage for 2011 (I			olumn (fl)		15	%
	ublic support percentage from 2010		<del>-</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	
	ion D. Computation of Inves					10 1	
	nvestment income percentage for 20			13 column (f))		17	
	evestment income percentage from 2				T T	18	% %
	3 1/3% support tests - 2011. If the		· · · · · · · · · · · · · · · · · · ·	n line 14, and line	-		
	nore than 33 1/3%, check this box ar						NOILS LY IS HOL
	3 1/3% support tests - 2010. If the			•	• • •		<b>▶</b> □ □ 1/3% and
	ne 18 is not more than 33 1/3%, che						
	rivate foundation. If the organizatio		-			•	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

IVaiii	UNLV REBEL FOOTBAL	L FOUNDATION	94-3086276						
Pa			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 fui	nds						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
_	impermissible private benefit?		Yes No						
Pa	t II Conservation Easements. Complete if the or		, line 7.						
1	Purpose(s) of conservation easements held by the organizat								
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historica	lly important land area						
	Protection of natural habitat	Preservation of a certified h	istoric structure						
_	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last						
	day of the tax year								
_	Total number of concentation accoments		Held at the End of the Tax Year						
a b	Total number of conservation easements  Total acreage restricted by conservation easements		2a						
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2b						
d	Number of conservation easements included in (c) acquired	• •	2c						
u	listed in the National Register	arter 6/17/00, and not on a historic structure	2d						
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the organ							
•	vear ▶	iodood, oxingaloriod, or commuted by the orga	meation during the tax						
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the pe								
	violations, and enforcement of the conservation easements	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during t	the year ►						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the ye	ear > \$						
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(l	B)(ı)						
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ment, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for						
D	conservation easements.	(4.11)	<u> </u>						
Par	t III Organizations Maintaining Collections o		Similar Assets.						
	Complete if the organization answered "Yes" to Form								
1a	If the organization elected, as permitted under SFAS 116 (AS								
	historical treasures, or other similar assets held for public ex		public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that described accompanies alected as a semitted under CEAS 116 (4)								
D	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts								
	relating to these items.	ducation, or research in furtherance of public se	rvice, provide the following amounts						
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢						
	(ii) Assets included in Form 990, Part X		<b>\$</b>						
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial coin	▶ \$						
-	the following amounts required to be reported under SFAS 1		Piovide						
а	Revenues included in Form 990, Part VIII, line 1	10 y 100 000) relating to these items	<b>▶</b> \$						
	Assets included in Form 990, Part X		<b>\$</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		BEL FOOTBA							<u>086276</u>	
Pa	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, che	ck any of the	following th	nat are a si	gnıfıcant	use of its	collection	items
	(check all that apply)			_						
а	Public exhibition	c	ı	Loan or exc	hange prog	rams				
b	Scholarly research	e	, 🗀	1						
С	Preservation for future generations							-		
4	Provide a description of the organization's co	ellections and explai	n how	they further t	he organiza	tion's exei	npt purp	ose in Pa	rt XIV	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of	the org	anization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete ıf th	ne organizatio	on answered	"Yes" to	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary fo	r contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?		•						Yes	□No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table						
	-	·		•					Amount	-
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par		the organization ar	swered	d "Yes" to Fo	rm 990. Par	t IV. line 1	0			<del></del>
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance			,	(6) 16 ) 6.	ure buent ,	( <b>u</b> ) 111100 )	ouro buon	( \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	COLO DOOR
b	Contributions		.,						1 2	4
С	Net investment earnings, gains, and losses								\$ev.	)4858;
d	Grants or scholarships								, ,	. 9
e	Other expenditures for facilities								1 3	
_	and programs								7	
f	Administrative expenses								St 5	***
g	End of year balance								*** **	78
2	Provide the estimated percentage of the curre	ent year end balanc	e fline :	1a. column (a	a)) held as:		<u>-</u> .		<u> </u>	
a	Board designated or quasi-endowment	•	%	19, 00:0::::: (0	2)) 11014 40					
b	Permanent endowment ▶	%								
_	Temporarily restricted endowment ▶	^ %								
_	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posses	•	ation th	at are held a	nd administ	ered for th	e organiz	ation		
	by:	reversion and original					io organiz	ation	√	es No
	(i) unrelated organizations								3a(i)	<u>cs 140</u>
	(ii) related organizations								3a(ii)	<del> </del>
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?					3b	<del>-</del>
4	Describe in Part XIV the intended uses of the									
Par										
	Description of property	(a) Cost or o			or other	(c) Ac	cumulate	ed T	(d) Book v	/alue
		basis (investr		, , ,	(other)	1	reciation		(u, 200	
1a	Land	1	<u>·</u>		· · · · · · · · · · · · · · · · · · ·			-		
b	Buildings					<u> </u>				
	Leasehold improvements					1				
	Equipment		- 1		_					<del></del>
	Other				-					
	Add lines 1a through 1e (Column (d) must ed	ual Form 990. Part	X. colu	mn (B) line 1	O(c) )	•				0 -

Schedule D (Form 990) 2011

_	edule D (Form 990) 2011 UNLV REBEL FOOTBALL FOUNDA'			<u>94-308</u>	36276	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			011.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u> 097.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>914.</u>
4	Net unrealized gains (losses) on investments		4		<u>29</u> ,	<u>832.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9		29	832.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10			746.
Pai	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per P	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	108	586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a   2	27,036.			
b	Donated services and use of facilities	2b		1		
G	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV.)		-7,461.	1		
e	Add lines 2a through 2d		,, 101.	2e	19	57 <u>5.</u>
3	Subtract line 2e from line 1			3		011.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				09,	011.
4		ι. ι				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1		
b	Other (Describe in Part XIV)	4b				•
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	89,	011.
Pai	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Exp	enses per	Return		
1	Total expenses and losses per audited financial statements			1		0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			- ***		
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c		. 8		
d	Other (Describe in Part XIV)	2d		W		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3		0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					<del>_</del> -
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)		7,097.	1		
	Add lines 4a and 4b	40 -	1,057.	1 1	17	097.
	·			4c		097.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<del></del>	5		097.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III					4; Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	lete this part to pr	ovide any ad	ditional infor	mation	
		<del></del>				
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
<u>IM</u>	/ESTMENT EXPENSES		<u>.</u>		<u>-7,</u>	181.
<u>IN</u>	JESTMENT RETURN, NET				_	280.
		<del>-</del>				
TOT	TAL TO SCHEDULE D, PART XII, LINE 2D				-7,	461.
PAF	RT XIII, LINE 4B - OTHER ADJUSTMENTS:					
FIIN	NCTIONAL EXPENSES				17	097.
	102-0-1040 HARR GET DAID			Schedule [		
132054	4			Jonedale L	, (LOUIL) &	2U   ZU   I
01-23-	12					

Schedul	e D (Form 990)	2011	_	UNLV REBEL	FOOTBALL	FOUNDAT:	ION	<u>94-3086276</u>	Page 5
Part )	(IV Supple	ment	al Inform	UNLV REBEL mation (continued)					
							<del></del>		
THIS	AMOUNT	IS	FROM	FUNDRAISING	EXPENSES	NETTED	AGAINST	FUNDRAISING	
ם בינים									
REVE	NUE.								
	<u> </u>								
_	_	-		-				<del></del>	
		_						<del>-</del>	
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### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization							entification number
	EBEL FOOTBALL FOUNI					<u>-3086</u>	
Part I Fundraising Activities required to complete this pa	Complete if the organization answ rt.	ered "\	es" te	o Form 990, Part IV, I	line 17 For	m 990-EZ	Z filers are not
Indicate whether the organization rai	e Solicita	ition of ition of	non-g gover	overnment grants nment grants			
2 a Did the organization have a written	Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	orofess	ional f	fundraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(Iv) Gross receipts from activity	(v) Amou to (or retal fundra listed in	ined by) liser	(vi) Amount paid to (or retained by) organization
		Yes	No		- "		
					,		
					.,		
					-		
							_
Total		1					-
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	l it is exemp	ot from re	egistration
					-		
				- <u> </u>	_		
				·			
				<del></del>	<del></del>		

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

Schedule G (Form 990 or 990-EZ) 2011

Sch Pa	edu I <b>rt</b>	II Fundraising Events. Complete if the			94-	-3086276 Page 2
Щ.		of fundraising event contributions and gr				
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
ē			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	72,775.			72,775.
	2	Less <sup>-</sup> Charitable contributions	20,000.			20,000.
	3_	Gross income (line 1 minus line 2)	52,775.			52,775.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			· ·	
Direct	7	Food and beverages			<del></del>	
	8	Entertainment				
	9	Other direct expenses	2,415.		<del></del>	2,415.
	10	Direct expense summary Add lines 4 through	· · ·	l	<b>•</b>	( 2,415)
	11	Net income summary Combine line 3, colum				50,360.
Pa	îrtî l	Gaming. Complete if the organization		990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1	Gross revenue				
į						3
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	:			
Direc	4	Rent/facility costs			<del></del>	
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes %	Yes%No	· · ·
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	<u> </u>
	8	Net gaming income summary Combine line 1	, column d, and line 7		<b>&gt;</b>	
0	Ent	tar the state(s) in which the organization opera	too gomina aatiivitioa			
		ter the state(s) in which the organization opera he organization licensed to operate gaming ac	_	etatos?		Yes No
		No," explain:		otates :		Yes   No
10a	— We	re any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	rear?	Yes No
b	If "\	Yes," explain <sup>.</sup>				
3208	2 01	-23-12	<del> </del>		Schedule G (Fo	rm 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 UNLV REBEL FOOTBALL FOUNDATION 94-3	086276	Page 3
11 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?	Yes	☐ No
13 Indicate the percentage of gaming activity operated in		
a 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 If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party.		
Name		
Address ▶		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
December of course provided N		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions.		
a Is 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		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)		
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see instruc	tions).
		<del></del>

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization UNLV REBEL FOOTBALL FOUNDATION	Employer identification number 94-3086276
FORM 990, PART VI, SECTION A, LINE 8A: THERE WERE NO MEET	INGS OR ACTIONS
TO DOCUMENT.	
FORM 990, PART VI, SECTION A, LINE 8B: THERE WERE NO MEET TO DOCUMENT.	INGS OR ACTIONS
TO BOCOMENT.	
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990	WAS GIVEN TO THE
TREASURER FOR REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION P	ROVIDES COPIES OF
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	29,832.