

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning 9/1/2008 , and ending 8/31/2009	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	America SCORES New England
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	Bayside Office Center, 150 Mount Vernon St. 2
<input type="checkbox"/> Termination	City, town, or country State ZIP + 4
<input type="checkbox"/> Amended return	Dorchester MA 02125
<input type="checkbox"/> Application pending	
	D Employer identification number 04-3482756
	E Telephone number 617-265-0066
	F Group Exemption Number . . . ▶ 3598

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ <http://www.americascorers.org/#/newengland>

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 959,517

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	796,388
	2 Program service revenue including government fees and contracts	2	5,000
	3 Membership dues and assessments	3	25,539
	4 Investment income	4	2,354
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	128,079
	b Less: direct expenses other than fundraising expenses	6b	22,037
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	106,042	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ Other income)	8	2,157	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	937,480	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	528,977
	13 Professional fees and other payments to independent contractors	13	87,709
	14 Occupancy, rent, utilities, and maintenance	14	52,409
	15 Printing, publications, postage, and shipping	15	4,443
	16 Other expenses (describe ▶ See attached statement)	16	398,907
	17 Total expenses. Add lines 10 through 16 ▶	17	1,072,445
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-134,965
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	341,173
	20 Other changes in net assets or fund balances (attach explanation)	20	145,518
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	351,726

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

			(A) Beginning of year			(B) End of year
22 Cash, savings, and investments		307,323	22		141,505	
23 Land and buildings		777	23		0	
24 Other assets (describe ▶ See attached statement)		69,108	24		249,295	
25 Total assets		377,208	25		390,800	
26 Total liabilities (describe ▶ See attached statement)		36,035	26		39,074	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		341,173	27		351,726	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>Recreationally linked Education prog - Soccer and writing</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Soccer program: Elementary level After school program. Runs 3x/ week during the school yr. Each week: 2 90 minute trainings, and 1 game against another team in participating Schools. Also includes training for Soccer coaches (Grants \$ 39,076) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	245,867
29	Writing workshop: Elementary level; Meets 2x / week. Students produce semi annual magazine of creative writing, poetry, short stories, etc. Students are taught teamwork, leadership, service through writing. Also, includes professional developmt for instructors (Grants \$ 118,935) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	170,999
30	Summer program: Operates 4 weeks every summer8:30-3PM. Full day of soccer creative writing and the arts. Free breakfast and lunch. Work geared to publications. (Grants \$ 10,700) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	62,635
31	Other program services (attach schedule) (Grants \$ 290,628) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	330,675
32	Total program service expenses. (add lines 28a through 31a)	32	810,176

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Wright, Dennis Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Exec. Director Hr/WK 40.00	113,015	0	0
Name Bob Shay Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Chris Pike Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name John J. Linnehan Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Kathryn Auger Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name David Chang Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Michael Cullinane Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Anthony Goodman Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Darby Hobbs Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Donald Holmes, Jr. Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Marc Mantell Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Robert McGaughey Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Heather Egan Sussm; Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name Craig Tornberg Str 150 Mount Vernon St City Dorchester ST MA ZIP 02125	Title Director Hr/WK 5.00	0	0	0
Name City	Title Hr/WK .00	0	0	0
Name City	Title Hr/WK .00	0	0	0
Name City	Title Hr/WK .00	0	0	0
Name City	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ <u>MA</u>		
42 a	The books are in care of ▶ <u>Name Ceasar Garcia</u> Telephone no. ▶ <u>212 868-9510</u> Located at ▶ <u>520 8th Avenue 11th Floor</u> City <u>New York</u> ST <u>NY</u> ZIP + 4 ▶ <u>10018</u>		
b	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)?	Yes	No
42b			X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c			
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Lattof, Caryl</u> Str <u>150 Mount Vernon St.</u> City <u>Dorchester</u> ST <u>MA</u> ZIP <u>02125</u>	Title <u>Development Director</u> Hr/WK <u>40.00</u>	<u>67,000</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶		<u>0</u>	<u>0</u>	<u>0</u>

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____		<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____		<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____		<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 . . . ▶		<u>0</u>

Sign Here 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

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only Preparer's signature SELF PREPARED Date 7/14/2010 Check if self-employed Preparer's Identifying Number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP +4 _____ EIN _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions . . . Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization America SCORES New England	Employer identification number 04-3482756
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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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	363,780	551,566	710,548	663,530	932,969	3,222,393
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	363,780	551,566	710,548	663,530	932,969	3,222,393
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,852
6 Public support. Subtract line 5 from line 4.						3,198,541

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	363,780	551,566	710,548	663,530	932,969	3,222,393
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	36,300	2,984	1,073	7,475	4,511	52,343
11 Total support. Add lines 7 through 10						3,274,736

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.67%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	76.39%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Downtown Fundraiser (event type)	(b) Event #2 Rodman Ride for Kids (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col. (a) through col. (c))	
Revenue	1	Gross receipts	37,990	7,729	82,360	128,079
	2	Less: Charitable contributions	0	0	0	0
	3	Gross revenue (line 1 minus line 2)	37,990	7,729	82,360	128,079
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Other direct expenses	8,112	1,046	12,879	22,037
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶				(22,037)
9	Net income summary. Combine lines 3 and 8 in column (d) ▶				106,042	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Non-cash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				0

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: _____ _____	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility %		
b	An outside facility %		
14	Provide 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?		
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:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	488,733
2	NonCash contributions	2	104,254
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	67,181
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	Foundation Grants Released	8	136,220
9		9	
10		10	
11	Total	11	796,388

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	2,354
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	2,354

Part I, Line 8 (990-EZ) - Other Revenue

2,157

Description		Amount	
1	Other income	1	2,157
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

398,907

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	936
2	Fundraising	2	6,441
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	2,991
5	Depreciation, depletion, etc.	5	777
6	Equipment rental and maintenance	6	0
7	Interest	7	
8	Supplies	8	2,351
9	Telephone	9	327
10	Unrelated business income taxes	10	0
11	Program Expenses	11	340,815
12	Bank charges	12	2,138
13	Insurance	13	6,079
14	Dues & Subscriptions	14	5,073
15	Advertising	15	1,941
16	Misc	16	738
17	Affiliate fees	17	28,300
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

145,518

Description		Amount	
1	Reduction in temporarily restricted Net Assets	1	-1,420
2	Increase in equity due to merger with City Kicks	2	146,938
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

69,108 249,295

Description		Beginning	End
1	Accounts Receivable	1,600	2,471
2	Grants Receivable	57,992	241,375
3	Prepaid Expenses	8,548	4,481
4	Deposits	968	968
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

36,035

39,074

Description		Beginning	End
1	Accounts Payable	27,276	25,446
2	Accrued Vacation	8,759	13,628
3			
4			
5			
6			
7			
8			
9			
10			

