

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 , 2008, and ending , 20 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. |
| C Name of organization Impact Player Partners, Inc. | |
| Doing Business As Impact a Hero | |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 531201 | |
| City or town, state or country, and ZIP + 4 Cincinnati, OH 45253-1201 | |
| F Name and address of principal officer: Richard H Lynch PO Box 531201, Cincinnati, OH 45253 | |
| D Employer identification no. 20-1189015 | |
| E Telephone number (513) 205-0693 | |
| G Gross receipts \$ 1,075,630 | |
| H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| H(c) If "No," attach a list. (see instructions) Group exemption number | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| J Website: www.impactplayer.org | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | |
| L Year of formation: 2004 | |
| M State of legal domicile: OH | |

| Part I Summary | | | | |
|--|---|----------|--------------------------|---------|
| 1 Briefly describe the organization's mission or most significant activities: <u>Support-Disabled Military</u> | | | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | | |
| G o v e r n a n c e & A c t i v i t i e s | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 | |
| | 5 Total number of employees (Part V, line 2a) | 5 | 1 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | | |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0 | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| R e v e n u e | | | Prior Year | |
| | | | Current Year | |
| | 8 Contributions and grants (Part VIII, line 1h) | 399,250 | 379,079 | |
| | 9 Program service revenue (Part VIII, line 2g) | 0 | 0 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,722 | 3,703 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 167,294 | 348,167 | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 568,266 | 730,949 | |
| E x p e n s e s | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 444,568 | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 89,226 | 100,959 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 140 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | 27,656 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 97,922 | 167,859 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 631,856 | 666,884 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | (63,590) | 64,065 | |
| N e t A s s e t s o r F u n d B a l a n c e s | | | Beginning of Year | |
| | | | End of Year | |
| | 20 Total assets (Part X, line 16) | 85,512 | 111,907 | |
| 21 Total liabilities (Part X, line 26) | 41 | 31,158 | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 85,471 | 80,749 | | |

| | | | |
|---|--|------|---|
| Part II Signature Block | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| Sign Here | Signature of officer | | Date |
| | Richard H. Lynch, President | | |
| Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> |
| | Linda Tracy Gill CPA | | 08-20-2009 |
| | Preparer's identifying number (see instructions) | | |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | | EIN | Phone no. |
| TransAct Inc 11907 Montgomery Road, Suite A Cincinnati, OH 45249 | | | 513-697-7500 |
| May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
Support-Disabled Military

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **575,067** including grants of \$) (Revenue \$)
Impact Player Partners, Inc. is a non-profit organization consisting of business leaders, athletes, entertainers & sports franchises providing emotional, career & financial support to American Military personnel injured or disabled as a result of the War on Terror.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses ▶ \$ **575,067** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Contains 27 rows of questions regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----------|---|----------|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | 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 | | 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 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, sub-column for numerical answers, and columns for 'Yes' and 'No' responses. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|---|---|-----|----|
| For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | | 5 |
| b | Enter the number of voting members that are independent | | 5 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 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? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | X |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies

| | | Yes | No |
|------------|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 13 | Does the organization have a written whistleblower policy? | | X |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| a | The organization's CEO, Executive Director, or top management official? | X | |
| b | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | |
|-----------|---|
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ OH |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Richard H. Lynch (513) 205-0693 PO Box 531201 Cincinnati, OH 45253 |

| Part VIII Statement of Revenue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|--|--|---|---|--|
| Contributions, gifts, grants, and similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 202,760 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 176,319 | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 140,208 | | | |
| | h | Total. Add lines 1a-1f | | 379,079 | | | |
| | Program Service Revenue | 2a | Business Code | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | All other program service revenue | | | | | |
| g | | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 3,703 | 3,703 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | (i) Real | Gross Rents | | | | |
| | | (ii) Personal | Less: rental expenses | | | | |
| | | | Rental income or (loss) | | | | |
| | | | Net rental income or (loss) | | | | |
| | 7a | (i) Securities | Gross amount from sales of assets other than inventory | | | | |
| | | (ii) Other | Less: cost or other basis and sales expenses | | | | |
| | | | Gain or (loss) | | | | |
| | | | Net gain or (loss) | | | | |
| | 8a | | Gross income from fundraising events (not including \$ 202,760 of contributions reported on line 1c). See Part IV, line 18 a | | 692,848 | | |
| | | | Less: direct expenses b | | 344,681 | | |
| | | | Net income or (loss) from fundraising events | | 348,167 | 348,167 | |
| | 9a | | Gross income from gaming activities. See Part IV, line 19 a | | | | |
| | | Less: direct expenses b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| 10a | | Gross sales of inventory, less returns and allowances a | | | | | |
| | | Less: cost of goods sold b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 730,949 | 351,870 | 0 | 0 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 398,066 | 398,066 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 84,000 | 33,600 | 29,400 | 21,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 9,741 | 3,897 | 3,409 | 2,435 |
| 10 | Payroll taxes | 7,218 | 2,887 | 2,526 | 1,805 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 7,095 | | 7,095 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | 1,248 | | | 1,248 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 7,733 | | 7,733 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 7,791 | 6,233 | 390 | 1,168 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 1,879 | | 1,879 | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | Telephone | 1,664 | 832 | 832 | |
| b | In Kind Expenses | 94,308 | 93,164 | 1,144 | |
| c | Bank Fees | 929 | | 929 | |
| d | Printing/Copying | 3,068 | | 3,068 | |
| e | | | | | |
| f | All other expenses | 42,144 | 36,388 | 5,756 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 666,884 | 575,067 | 64,161 | 27,656 |
| 26 | Joint Costs. Check here <input type="checkbox"/> if following \ SOP 98-2. Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) | |
|---|---|--|--------|-------------|---------|
| | | Beginning of year | | End of year | |
| A s s e t s | 1 | Cash - non-interest-bearing | 33,780 | 1 | 79,397 |
| | 2 | Savings and temporary cash investments | 51,722 | 2 | 30,000 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 10 | 9 | 2,510 |
| | 10a | Land, buildings, and equipment: cost basis | 10a | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 85,512 | 16 | 111,907 | |
| L i a b i l i t i e s | 17 | Accounts payable and accrued expenses | 41 | 17 | 31,158 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 41 | 26 | 31,158 |
| N e t A s s e t s F u n d B a l a n c e s | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 75,471 | 27 | 50,749 |
| | 28 | Temporarily restricted net assets | 10,000 | 28 | 30,000 |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 85,471 | 33 | 80,749 |
| | 34 | Total liabilities and net assets/fund balances | 85,512 | 34 | 111,907 |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

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.") | 22,790 | 159,989 | 261,474 | 399,250 | 379,079 | 1,222,582 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 22,790 | 159,989 | 261,474 | 399,250 | 379,079 | 1,222,582 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,222,582 |

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 | 22,790 | 159,989 | 261,474 | 399,250 | 379,079 | 1,222,582 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 1,722 | 3,703 | 5,425 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,228,007 |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|-------------------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.56 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | | % |
| 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 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 | (b) Event #2 | (c) Other Events | (d) Total Events |
|--|---|---|--------------|------------------|-------------------------------|
| | | Weekend | Reds Op Day | | Add col. (a) through col. (c) |
| | | (event type) | (event type) | (total number) | (col. (c)) |
| R e v e n u e | 1 | Gross receipts | 725,916 | 264,000 | 989,916 |
| | 2 | Less: Charitable contributions | 297,068 | | 297,068 |
| | 3 | Gross revenue (line 1 minus line 2) | 428,848 | 264,000 | 692,848 |
| D i r e c t E x p e n s e s | 4 | Cash prizes | | | |
| | 5 | Non-cash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Other direct expenses | 281,014 | 63,667 | 344,681 |
| 8 Direct expenses summary. Add lines 4 through 7, column (d) ▶ | | | | | (344,681) |
| 9 Net income summary. Combine lines 3 and 8 in column (d) ▶ | | | | | 348,167 |

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)) |
|--|---|---------------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| D i r e c t E x p e n s e s | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 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) ▶ | | | | | () |
| 8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶ | | | | | |

| | 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? | 10a | |
| b If "Yes," Explain: _____ _____ | | |
| 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 | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| Financial Assistance | 215 | 398,066 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

01. Monitoring procedures (Part I, line 2)

The organization makes grants to individuals for financial assistance. Grant applications and awards are retained internally by the organization. All individual grants were less than \$5000 each.

NonCash Contributions

2008

▶ To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990

Name of the organization

Employer identification number

Impact Player Partners, Inc.

20-1189015

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|----|-------------------------------|--------------------------------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | X | 22 | 202,196 | Fair Value |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

| | Yes | No |
|--|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Department of the Treasury
Internal Revenue Service
Name of the organization

Impact Player Partners, Inc.

Employer identification number

20-1189015

01. Form 990 governing body review (Part VI, line 10)

The organization's Form 990 is reviewed by the Treasurer and President prior to filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

The organization has a written conflict of interest policy. Each director signs an annual statement disclosing any potential conflicts of interest.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Board of the Organization sets the salary for the President. The President is the only employee of the organization.

04. Governing documents, etc, available to public (Part VI, line 19)

The organization responds promptly and individually to all requests for information regarding its governing documents. In addition, it posts its annual audit and tax return on its website, www.impactplayer.org.

Name(s) as shown on return

FEIN

Impact Player Partners, Inc.

20-1189015

Direct Expenses, Fundraising

| Description | Amount |
|-------------------------------|-------------------|
| Direct out of pocket expenses | \$ 298,781 |
| In kind direct expenses | 45,900 |
| Total: | <u>\$ 344,681</u> |

Other Expenses

| Description | Amount |
|---|------------------|
| Direct Assistance to program service recipients | \$ 26,136 |
| BAMC Show/Christmas | 10,252 |
| Total: | <u>\$ 36,388</u> |

All Other Expenses - Administrative

| Description | Amount |
|------------------------|-----------------|
| Postage | \$ 1,034 |
| Section 481 adjustment | 4,722 |
| Total: | <u>\$ 5,756</u> |

Accounts Payable and Other Liabilities

| Description | Amount |
|-----------------------|------------------|
| Accounta Payable | \$ 28,583 |
| Accrued Payroll Taxes | 2,575 |
| Total: | <u>\$ 31,158</u> |

Event Contributions

| Description | Amount |
|-----------------------|-------------------|
| In Kind contributions | \$ 140,208 |
| Cash contributions | 156,860 |
| Total: | <u>\$ 297,068</u> |

Other Direct Expenses

| Description | Amount |
|-----------------------|-------------------|
| IN Kind Expenses | \$ 45,900 |
| Other direct expenses | 235,114 |
| Total: | <u>\$ 281,014</u> |