

HURRICANE KATRINA Return of Organization Exempt From Income Tax Under section 501(c)(3) or 527, or 4947(a)(1) of the Internal Revenue Code (except for a trust benefit trust or private foundation)

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 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: SUGAR BOWL. D Employer identification number: 72-0272830. E Telephone number: 504-828-2440. F Accounting method: X Accrual.

G Website: WWW.NOKIASUGARBOWL.COM. J Organization type: X 501(c)(3). K Check here: [] if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 10,799,729.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? X No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? X No. I Group Exemption Number: N/A. M Check X if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, b Less cost of goods sold, c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>4400000</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22 4,400,000.	4,400,000.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc **	25 680,546.	0.	680,546.	0.
26 Other salaries and wages	26 111,336.		111,336.	
27 Pension plan contributions	27			
28 Other employee benefits	28 302,492.		302,492.	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 16,984.		16,984.	
32 Legal fees	32 64,679.		64,679.	
33 Supplies	33 52,278.		52,278.	
34 Telephone	34 9,969.		9,969.	
35 Postage and shipping	35 15,174.		15,174.	
36 Occupancy	36 85,957.		85,957.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 25,618.		25,618.	
40 Conferences, conventions, and meetings	40 52,577.		52,577.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 13,371.		13,371.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 4	43g 3,479,786.	2,746,739.	733,047.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) (D), carry these totals to lines 13-15)	44 9,310,767.	7,146,739.	2,164,028.	0.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A .

(iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
CONDUCTING AMATEUR AND COLLEGIATE SPORTING EVENTS	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a BECAUSE OF THE TYPE OF PROGRAM THE NUMBER OF PERSONS BENEFITTED IS ESTIMATED TO BE IN EXCESS OF 100,000 PEOPLE.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	7,146,739.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,146,739.

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	<8,922.>	45 37,709.	
	46 Savings and temporary cash investments	409,978.	46 606,534.	
	47 a Accounts receivable	47a 71,125.		
	b Less allowance for doubtful accounts	47b	47c 71,125.	
	48 a Pledges receivable	48a	48c	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	85,860.	53	
	54 Investments - securities	STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,459,575.	54 23,245,393.
	55 a Investments - land, buildings, and equipment basis	STMT 10 55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 76,516.			
b Less accumulated depreciation	57b 20,813.	57c 85,259.		
58 Other assets (describe INTEREST RECEIVABLE)		58 133,364.		
59 Total assets (must equal line 74) Add lines 45 through 58		59 23,605,638.	24,239,376.	
Liabilities	60 Accounts payable and accrued expenses	47,660.	60 28,173.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 9)		65 655,500.	
66 Total liabilities. Add lines 60 through 65)		66 703,160.	302,644.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	22,902,478.	67 23,936,732.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73 22,902,478.	23,936,732.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 23,605,638.	24,239,376.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 0
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions) 0.
81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82a Yes No X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 88 X
If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(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? 89b X
If "Yes," attach a statement explaining each transaction
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed LA
b Number of employees employed in the pay period that includes March 12, 2005 90b 7
91 a The books are in care of KATHY GASPARD Telephone no. 504-828-2440
Located at 110 VETERANS MEMORIAL BLVD. STE 500, METAIRIE, L ZIP + 4 70005
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)? 91b Yes No X
If "Yes," enter the name of the foreign country N/A
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 United States? 91c X
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1 contains 'SEE STATEMENT 13'.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1 contains 'N/A'.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Signature and information section including: Please Sign Here (Signature of officer, Date, Type or print name and title), Paid Preparer's Use Only (Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP + 4, EIN, Phone no).

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

2005

Name of the organization SUGAR BOWL	Employer identification number 72 0272830
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>12,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p style="text-align: center;">VI-B, LINE I</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	X	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p> <p>a Sale, exchange, or leasing of property?</p>		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
 - 6 A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		1,008,150.	1,100,000.	1,000,000.	3,108,150.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		15,930,554.	8,581,571.	7,682,738.	32,194,863.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		318,882.	243,323.	332,995.	895,200.
19 Net income from unrelated business activities not included in line 18		21,500.	20,500.	20,500.	62,500.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		4,458.	SEE STATEMENT 14 22,838.	53,589.	80,885.
23 Total of lines 15 through 22	0.	17,283,544.	9,968,232.	9,089,822.	36,341,598.
24 Line 23 minus line 17		1,352,990.	1,386,661.	1,407,084.	4,146,735.
25 Enter 1% of line 23		172,835.	99,682.	90,898.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) 1,376,701. (2003) 2,857,332. (2002) 1,625,304. (2001) 1,079,273.					
c Add: Amounts from column (e) for lines: 15 3,108,150. 16 _____ 17 32,194,863. 20 _____ 21 _____					27c 35,303,013.
d Add: Line 27a total 0. and line 27b total 6,938,610.					27d 6,938,610.
e Public support (line 27c total minus line 27d total)					27e 28,364,403.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 36,341,598.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 78.0494%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.4633%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.												
38	Total lobbying expenditures (add lines 36 and 37)	38	0.												
39	Other exempt purpose expenditures	39	0.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	0.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.												

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
X		12,000.
	X	
		12,000.

SEE STATEMENT 15

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FOOTNOTES

STATEMENT 1

PAGE 2, PART III - STMT OF PROGRAM SERVICE ACCOMPLISHMENTS:

BY SEEKING OUT, PROMOTING, FINANCING, SPONSORING, SCHEDULING CONDUCTING, AND OPERATING A CALENDAR OF NATIONAL AND INTERNATIONAL AMATEUR AND COLLEGIATE SPORTING EVENTS ANNUALLY IN THE CITY OF NEW ORLEANS, LOUISIANA, THE SUGAR BOWL IS FURTHERING ITS EXEMPT PURPOSE BECAUSE:

A REQUIRED AMOUNT OF THE SUGAR BOWL'S GROSS REVENUES ARE DISTRIBUTED ANNUALLY EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES TO BONA FIDE INSTITUTIONS OF HIGHER LEARNING, WHICH MAY BE USED FOR THE DEVELOPMENT, EXPANSION OR IMPROVEMENT OF ATHLETIC FACILITIES AND THE PLANT AND EQUIPMENT OF SUCH INSTITUTIONS;

THE EDUCATIONAL OPPORTUNITIES OFFERED BY BONA FIDE INSTITUTIONS OF HIGHER LEARNING FOR THE INSTRUCTION OF INDIVIDUALS AND THE GENERAL PUBLIC ARE BENEFITED, FURTHERED, AND ADVANCED BECAUSE OF THE PUBLICITY OFFERED THE INSTITUTIONS;

THE GAMES ADVERTISE THE CITY OF NEW ORLEANS AND BRING TO ITS AREA VISITORS, TOURISTS, SPORTS ENTHUSIASTS, EDUCATORS, ATHLETES, AND OTHERS INTERESTED IN FURTHERING EDUCATION AND AMATEUR AND COLLEGIATE SPORTS; AND

PROMOTION AND FURTHER ENHANCEMENT IS GIVEN TO AMATEUR AND COLLEGIATE ATHLETIC PROGRAMS, EVENTS, AND COMPETITIONS IN SEVERAL AREAS OF THE UNITED STATES AND FUNDS ARE RAISED IN SUPPORT THEREOF.

SCHEDULE A, PART III

2C - IN INSTANCES WHERE GOODS & SERVICES ARE ACQUIRED FROM COMPANIES INVOLVING MEMBERS OF THE ORGANIZATION DUE CARE IS TAKEN TO ASSURE THAT THE GOODS/SERVICES ARE PURCHASED AT COMPETITIVE RATES.

2D - PAYMENT OF COMPENSATION IS MADE TO THE ORGANIZATIONS DIRECTORS AND OFFICERS. SEE FORM 990, PART II

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF SECURITIES	872,141.	797,903.	0.	74,238.	
TO FORM 990, PART I, LINE 8	872,141.	797,903.	0.	74,238.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON SALE OF SECURITIES				343,195.
TOTAL TO FORM 990, PART I, LINE 20				343,195.

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
MAINTENANCE CONTRACTS	20,570.		20,570.			
BANQUET EXPENSE	7,102.		7,102.			
GIFTS & BONUSES	60,932.		60,932.			
DUES & SUBSCRIPTIONS	4,814.		4,814.			
FLOWERS & MEMORIALS EXPENSE	1,258.		1,258.			
DECORATIONS	85,277.	85,277.				
SUITE RENTAL EXPENSES	6,166.		6,166.			
INSURANCE EXPENSE	169,275.	96,883.	72,392.			
EXTRA OFFICE HELP	88,487.		88,487.			
FOOTBALL COMMITTEE EXPENSES	202,286.	202,286.				
FOOTBALL TEAM PACKAGES EXPENSE	60,735.	60,735.				
PROGRAM	48,575.	48,575.				
SWIMMING	5,078.	5,078.				
REGATTA	2,947.	2,947.				
PAGEANT	15,727.	15,727.				
NEW ORLEANS CITY RELATIONS	29,939.	29,939.				

SPORTS AWARDS, HALL OF FAME	188,305.	187,305.	1,000.
SATELLITE SPONSORSHIP - TRACK AND FIELD	13,710.	13,710.	
IDENTIFICATION ITEMS COMMITTEE MEETINGS	39,113.		39,113.
PROSPECTIVE SPONSOR EXPENSE	29,491.		29,491.
INTERNET WEB SITE TAXES	14,085.		14,085.
SATELLITE SPONSORSHIP--HIGHSCHOOL FOOTBALL & SOCCER	30,474.	544,107.	30,474.
AUTO EXPENSE	547,282.		3,175.
STADIUM EXPENSE	85,000.	85,000.	
TICKET COMMITTEE EXPENSE	5,673.	5,673.	
MEDIA RELATIONS	321,773.	321,773.	
MISC	21,147.	21,147.	
NOKIA LIASON	173,673.	173,673.	
SUGAR BOWL EVENT RELATED ENTERTAINMENT	1,446.		1,446.
SPONSOR TRADE OUT	37,457.	37,457.	
SPONSORSHIP PACKAGE	494,177.	494,177.	
GOODS SOLD	97,038.	97,038.	
SERVICE CHARGES	148,678.	148,678.	
TELEVISION/RADIO CONSULTANT	13,095.	13,095.	
SATELLITE SPONSORSHIP LSHAA	23,648.		23,648.
BASEBALL	2,373.	2,373.	
SATELLITE SPONSORSHIP LSHAA	12,000.		12,000.
SOCCER	13,822.	13,822.	
SATELLITE SPONSORSHIP LHSAA	15,088.	15,088.	
VOLLEYBALL	23,985.	23,985.	
MANNING AWARD	1,191.	1,191.	
KATRINA-RELATED EXPENSES	284,817.		284,817.
LOSS ON ASSET DISPOSAL	32,077.		32,077.
TOTAL TO FM 990, LN 43	3,479,786.	2,746,739.	733,047.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL HOOLAHAN	366,000.	93,307.	3,650.	462,957.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	366,000.	93,307.	3,650.	462,957.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JEFF HUNDLEY	211,380.	56,127.	3,550.	271,057.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	211,380.	56,127.	3,550.	271,057.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHLEEN GASPARD	103,166.	29,337.	200.	132,703.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	103,166.	29,337.	200.	132,703.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				866,717.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>866,717.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
BOWL CHAMPIONSHIP SERIES PAYOUT	BOWL CHAMPIONSHIP SERIES (B.C.S.)	DALLAS, TX	NONE	4400000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				4400000.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	7,588,769.			7,588,769.
TO FORM 990, LINE 54, COL B		7,588,769.			7,588,769.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	15,575,276.		15,575,276.
TOTAL TO FORM 990, LINE 54, COL B		15,575,276.		15,575,276.

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
DUE TO SUPERDOME ECONOMIC DEVELOPMENT FUND	0.
DEFERRED TICKET REVENUE	92,438.
FUNDS DESIGNATED FOR HURRICANE DONATIONS	182,033.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	274,471.

FORM 990 OTHER SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
CASH HELD FOR INVESTMENT	FMV	81,348.
TO FORM 990, LINE 54, COL B		81,348.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL J. HOOLAHAN 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	EXEC. DIR. 40.00	366,000.	93,307.	3,450.
TERRY ALARCON 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
MILES P. CLEMENTS 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
JOHN R. BUSENLENER 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
CONRAD MEYER, IV 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	EXEC COMMITTEE CHAIRMAN 0.00	0.	0.	0.
JAMES C. LANDIS 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	PRESIDENT ELECT 0.00	0.	0.	0.

JEFF HUNDLEY 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	ASST EXECUTIVE DIRECTOR	40.00	211,380.	56,127.	3,350.
OLIVER S. DELERY, JR. 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER	0.00	0.	0.	0.
LAWRENCE DITORO, JR. 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER	0.00	0.	0.	0.
MARK C. ROMIG 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	PRESIDENT	0.00	0.	0.	0.
RONALD V. BURNS, SR 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	TREASURER	0.00	0.	0.	0.
RAYMOND J. JEANDRON, JR. 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	VICE PRESIDENT	0.00	0.	0.	0.
KATHY GASPARD 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BUSINESS MANAGER	40.00	103,166.	29,337.	0.
EDITH JOY CLEMENT 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER	0.00	0.	0.	0.
STANLEY J. COHN 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER	0.00	0.	0.	0.
JERRY E. ROMIG, JR. 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER	0.00	0.	0.	0.

SUGAR BOWL

72-0272830

DENNIS J. WALDRON 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
JACK LABORDE 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
LANCE AFRICK 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
RICHARD R. SMITH 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	SECRETARY 0.00	0.	0.	0.
KATHLEEN "KAKI" BIRTEL 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
OSCAR M. GWIN, III 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
WILLIAM J. JEARNEY, III 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
WARREN MONTGOMERY 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.
RICHARD D. ROUSSEL 110 VETERANS MEMORIAL BLVD. STE 500 METAIRIE, LA 70005	BOARD MEMBER 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

680,546. 178,771. 6,800.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 12
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOOTBALL TICKET SALES					7,216,575.
BASKETBALL TICKET SALES					200,000.
SPONSORSHIP	541800	21,500.			740,992.
BROADCASTING					634,740.
LICENSING					474,385.
PROGRAM					69,570.
HERITAGE FESTIVALS					0.
REGATTA					0.
ROAD RACE					700.
HOTEL/MOTEL COMMISSION					21,000.
VIDEO					38.
TO FORM 990, PART VII, LINE 93		21,500.			9,358,000.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	PROGRAM SERVICE REVENUE INCOME INCLUDES INCOME FROM ADMISSION RECEIPTS OF ATHLETIC CONTESTS, RADIO AND TELEVISION RIGHTS, AND VARIOUS SPONSORSHIP RIGHTS. THE INCOME GENERATED PROVIDES THE MONIES UTILIZED TO CONDUCT THE ATHLETIC GAMES IN ACCORDANCE WITH ITS EXEMPT PURPOSE. FOR THE GAMES TO BE MORE INTERESTING, THEY MUST BE CONDUCTED IN FRONT OF AN AUDIENCE.
103A	MISC INCOME USED IN PROMOTING THE ORGANIZATIONS EXEMPT PURPOSE OF CONDUCTING AMATEUR COLLEGIATE SPORTING EVENTS.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISC	0.	4,458.	22,838.	53,589.
TOTAL TO SCHEDULE A, LINE 22	0.	4,458.	22,838.	53,589.

A CONSULTANT IS HIRED TO MONITOR LEGISLATIVE DEVELOPMENTS IN BATON ROUGE, LA RELEVANT TO THE CONTINUED FINANCIAL SUPPORT OF SUGAR BOWL.

HURRICANE KATRINA

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization SUGAR BOWL	Employer identification number 72-0272830
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 110 VETERANS MEMORIAL BLVD. SUITE, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions METAIRIE, LA 70005	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **KATHY GASPARD**
 Telephone No ▶ **504-828-2440** FAX No ▶ **504-828-2441**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ▶ If it is for **part of the group**, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions