

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)

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 and ending

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 THE ANDRE AGASSI CHARITABLE FOUNDATION Doing Business As		D Employer identification number 34-1759295
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3883 HOWARD HUGHES PARKWAY 8TH FL		E Telephone number (702) 227-5700
		City or town, state or country, and ZIP + 4 LAS VEGAS, NV 89169		G Gross receipts \$ 8,070,591.
		F Name and address of principal officer: STEVE MILLER SAME AS C ABOVE		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 If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.AGASSIFOUNDATION.ORG

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1994 **M State of legal domicile:** OH

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO TRANSFORMING U.S. PUBLIC EDUCATION FOR UNDERSERVED YOUTH. THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	250
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	45,895,270.	2,788,555.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	456,269.	-14,781,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-572,347.	5,269,530.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,779,192.	-6,723,656.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,675,427.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,077,879.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,874,441.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,094,309.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,847,615.	
19 Revenue less expenses. Subtract line 18 from line 12	45,779,192.	-18,571,271.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 120,086,024.	End of Year 100,640,651.
	21 Total liabilities (Part X, line 26)	38,886,136.	43,198,069.
	22 Net assets or fund balances. Subtract line 21 from line 20	81,199,888.	57,442,582.

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 _____
 ▶ SHAWN CABLE, DIRECTOR OF FINANCE
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY, INC. 300 SOUTH 4TH STREET, SUITE 600 LAS VEGAS, NV 89101		EIN ▶	Phone no. ▶ 702 759 4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE ORGANIZATION IS DEDICATED TO TRANSFORMING U.S. PUBLIC EDUCATION FOR UNDERSERVED YOUTH. THE FOUNDATION DRIVES TO REFORM BY ENGAGING IN PRACTICE, POLICY & PARTNERSHIPS THAT PROVIDE QUALITY EDUCATION & ENRICHMENT OPPORTUNITIES. THE FOUNDATION PRIMARILY FUNDS THE ANDRE

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 [X] 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 [X] 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 \$ 8,110,107. including grants of \$) (Revenue \$) ORGANIZATION PROVIDES FUNDS TO SPONSOR RECREATIONAL AND EDUCATIONAL OPPORTUNITIES FOR AT-RISK CHILDREN FROM LOW INCOME FAMILIES THROUGH GRANTS FOR RURAL DOMESTIC VIOLENCE, CHILD ABUSE PREVENTION PROGRAMS TO LOCAL AGENCIES, AND SUPPORT FOR ELEMENTARY, MIDDLE AND HIGH SCHOOLS. THE ORGANIZATION ALSO PROVIDES THE SCHOOL FACILITIES TO THE ANDRE AGASSI COLLEGE PREPARATORY ACADEMY.

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 \$ 8,110,107. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	X	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 44		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: IRELAND, CAYMAN ISLANDS, BERMUDA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7e			
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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

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.

		Yes	No
1a	Enter the number of voting members of the governing body		3
b	Enter the number of voting members that are independent		0
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?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
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	NONE
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 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:	SHAWN CABLE - 702-227-5700 3883 HOWARD HUGHES PKWY, 8TH FL, LAS VEGAS, NV 89169

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2788555.				
	g	Noncash contributions included in lines 1a-1f: \$		1107625.				
	h	Total. Add lines 1a-1f			2,788,555.			
	Program Service Revenue	2 a		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)		12,506.			12,506.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	28,676.				
			(ii) Personal					
	b	Less: rental expenses						
	c	Rental income or (loss)		28,676.				
	d	Net rental income or (loss)			28,676.	28,676.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses		14794247				
	c	Gain or (loss)		#####				
	d	Net gain or (loss)			-14794247.	-14794247.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	775,000.				
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events			5,135,651.	775,000.	4360651.		
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	OTHER INCOME	900099		105,203.	105,203.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			105,203.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			-6723656.	-13885368.	0.	4373157.	

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	5,675,427.	5,675,427.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	848,376.	288,448.	279,964.	279,964.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	162,671.	50,711.	62,740.	49,220.
10 Payroll taxes	66,832.	22,724.	22,054.	22,054.
11 Fees for services (non-employees):				
a Management				
b Legal	586,930.		586,930.	
c Accounting	30,624.		30,624.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	664,976.	22,081.	389,688.	253,207.
12 Advertising and promotion	116,542.	39,537.	38,375.	38,630.
13 Office expenses	137,427.	30,606.	29,705.	77,116.
14 Information technology				
15 Royalties				
16 Occupancy	134,180.	51,074.	41,553.	41,553.
17 Travel	193,051.	90,405.	51,207.	51,439.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,166.	6,757.	13,852.	6,557.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,499,898.	1,499,898.		
23 Insurance				
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 WRITE OFF UNCOLLECTIBLE	856,133.	291,085.	282,524.	282,524.
b PRODUCTION COSTS	604,458.			604,458.
c FRIDAY NIGHT	133,101.			133,101.
d INSURANCE	72,705.	25,587.	23,559.	23,559.
e STAFFING ADDITIONS	24,555.	8,349.	8,103.	8,103.
f All other expenses	12,563.	7,418.	2,189.	2,956.
25 Total functional expenses. Add lines 1 through 24f	11,847,615.	8,110,107.	1,863,067.	1,874,441.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the 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	
Assets	1	Cash - non-interest-bearing	2,102,719.	1	879,258.
	2	Savings and temporary cash investments	1,217,696.	2	960,183.
	3	Pledges and grants receivable, net	4,996,100.	3	2,643,867.
	4	Accounts receivable, net		4	68,507.
	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	4,379.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	3,115.
	10a	Land, buildings, and equipment: cost basis ...	10a 35,673,030.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 2,432,540.		
			34,389,121.	10c	33,240,490.
	11	Investments - publicly traded securities	34,630,194.	11	12,903,776.
	12	Investments - other securities. See Part IV, line 11	42,200,702.	12	48,421,299.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	549,492.	15	1,515,777.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	120,086,024.	16	100,640,651.	
Liabilities	17	Accounts payable and accrued expenses	1,088,228.	17	43,288.
	18	Grants payable	2,010,447.	18	1,861,226.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	35,705,000.	20	35,705,000.
	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	82,461.	22	73,843.
	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	0.	25	5,514,712.
	26	Total liabilities. Add lines 17 through 25	38,886,136.	26	43,198,069.
Net Assets or Fund Balances	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	76,223,773.	27	52,414,933.
	28	Temporarily restricted net assets	4,976,115.	28	5,027,649.
	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	81,199,888.	33	57,442,582.	
34	Total liabilities and net assets/fund balances	120,086,024.	34	100,640,651.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	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?	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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE ANDRE AGASSI CHARITABLE FOUNDATION** Employer identification number **34-1759295**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

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.")	13147670.	7647679.	13161532.	45895270.	2788555.	82640706.
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	13147670.	7647679.	13161532.	45895270.	2788555.	82640706.
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.						82640706.

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	13147670.	7647679.	13161532.	45895270.	2788555.	82640706.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	412,719.	374,558.	1211082.	456,426.	12,506.	2467291.
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.)			22,989.	-572,504.	5269530.	4720015.
11 Total support. Add lines 7 through 10						89828012.
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	92.00	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.51	%
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**

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

THE ANDRE AGASSI CHARITABLE FOUNDATION

34-1759295

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization THE ANDRE AGASSI CHARITABLE FOUNDATION	Employer identification number 34-1759295
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE LINCY FOUNDATION 150 S. RODEO #250 BEVERLY HILLS, CA 90212	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PERSOENLICH KARLHEINZ KOEGEL POST AN HR SIEBOLD 3883 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MGM MIRAGE 3260 INDUSTRIAL ROAD LAS VEGAS, NV 89109	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE GREENSPUN CORPORATION 901 N. GREEN VALLEY PARKWAY, #210 HENDERSON, NV 89074	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WALTON FAMILY FOUNDATION P.O BOX 2030 BENTONVILLE, AR 72712	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE PARTHENON GROUP 200 STATE STREET, 14TH FLOOR BOSTON, MA 02109	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE ANDRE AGASSI CHARITABLE FOUNDATION	Employer identification number 34-1759295
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	COUNTRYWIDE HOME LOANS 3883 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL, STE 300 MOUNTAIN VIEW, CA 94040	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number

34-1759295

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	174,469.				
b Contributions	30,092.				
c Investment earnings or losses	4,071.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	208,632.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment 100.00 %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		163,914.		163,914.
b Buildings		34,434,717.	1,936,388.	32,498,329.
c Leasehold improvements				
d Equipment				
e Other		1,074,399.	496,152.	578,247.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				33,240,490.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-6,723,656.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,847,615.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-18,571,271.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	-5,186,035.
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-5,186,035.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-23,757,306.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-6,723,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	-6,723,656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	-6,723,656.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,847,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,847,615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	11,847,615.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ENDOWMENT WAS SETUP BY SLETTON CONSTRUCTION TO

FUND COLLEGE SCHOLARSHIPS FOR HIGH SCHOOL GRADUATES OF THE ANDRE AGASSI

COLLEGE PREP ACADEMY. IN 2009, THE FIRST GRADUATING CLASS GRADUATED FROM

AACPA.

Part XIV Supplemental Information (continued)**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
METROPOLITAN REAL ESTATE PTRS (MREP)	1,367,344.	COST
GLOBEFLEX INT'L PTRS	1,628,388.	COST
DAVIDSON COLCHIS CAPITAL REALTY PARTNERS LTD	2,878,903.	COST
MREP EUROPE (METROPOLITAN EUROPE)	194,365.	COST
SEMINOLE OFFSHORE FUND LTD	2,551,942.	COST
BLACK BEAR OFFSHORE FD LTD	1,870,381.	COST
SPINNER GLOBAL TECHNOLOGY FUND	909,840.	COST
DRAWBRIDGE GLOBAL MACRO	1,966,392.	COST
LOEB MARATHON OFFSHORE	972,826.	COST
CITADEL KENSINGTON GLOBAL STRATEGIES	7,033,383.	COST
ARES CORP FUND II, LP	679,850.	COST
RLR FOCUS OFFSHORE FUND	930,454.	COST
CLARIUM CAPITAL FUND	1,649,585.	COST
ACOF II	84,750.	COST
BLUMBERG CAPITAL II LP	57,461.	COST
ATTAICUS EUROPEAN, LTD	1,019,508.	COST
THIRD AVE GLOBAL VALUE OFFSHRE FUND, LTD	815,764.	COST
MREP GLOBAL	230,225.	COST
ARES/IVY HILL	1,772,002.	COST
CHILTON GLOBAL NATURAL-RES INTL	1,524,541.	COST
VISIO CAPITAL	436,453.	COST
GOLDENTREE CLO	1,020,099.	COST
ARES CORP FUND III	38,607.	COST
PRIME FINANCE	192,699.	COST
ROYALTY PHARMA	1,564,320.	COST
VISIO LIMITED FUND	490,352.	COST

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 (Add col. (a) through col. (c))		
		HAMPTONS EVENT (event type)	08 GRAND SLAM (event type)	NONE (total number)			
Revenue	1	Gross receipts	985,426.	4,927,957.		5,913,383.	
	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)	985,426.	4,927,957.		5,913,383.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs		436,679.		436,679.	
	7	Other direct expenses					
	8	Direct expense summary. Add lines 4 through 7 in column (d)					(436,679.)
	9	Net income summary. Combine lines 3 and 8 in column (d)					5,476,704.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	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	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization
THE ANDRE AGASSI CHARITABLE FOUNDATION

**Employer identification number
34-1759295**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY'S & GIRL'S CLUB OF LAS VEGAS 1085 PALMS AIRPORT DRIVE LAS VEGAS, NV 89101	88-0093150	501(C)(3)	332,676.	0.	FMV		TO FUND THE TENNIS PROGRAM AND CAPITAL REPAIRS AT THE LOCATION WITH ANDRE'S NAME ON IT.
UNLV FOUNDATION 4505 S. MARYLAND PARKWAY BOX 451006 LAS VEGAS, NV 89154	94-2790134	501(C)(3)	37,000.	0.	FMV		FUNDING FOR THE TEACHING PROGRAM.
CHARTER SCHOOL DEVELOPMENT FOUNDATION - 3883 HOWARD HUGHES PARKWAY - LAS VEGAS, NV 89169	86-0955045	501(C)(3)	135,100.	0.	FMV		FUNDING FOR GENERAL PROGRAM EXPENSES TO SERVE AT RISK YOUTH.
ASSISTANT LEAGUE OF LAS VEGAS 6446 W. CHARLESTON BLVD LAS VEGAS, NV 89146	88-0137831	501(C)(3)	75,000.	0.	FMV		FUNDING FOR GENERAL PROGRAM EXPENSES TO SERVE AT RISK YOUTH.
ANDRE AGASSI PREPARATORY ACADEMY 1201 LAKE MEAD BLVD LAS VEGAS, NV 89106	88-0499565		4,903,591.	0.	FMV		TO FUND THE DIFFERENCE BETWEEN THE STATE FUNDING AND THE COST OF A QUALITY EDUCATION.
BOYS HOPE 4100 W. FLAMINGO ROAD STE 1200 LAS VEGAS, NV 89103	43-1209928	501(C)(3)	12,500.	0.	FMV		FUNDING FOR GENERAL PROGRAM EXPENSES TO SERVE AT RISK YOUTH.

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number

34-1759295

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAS VEGAS SUN SUMMER CAMP 2775 CORPORATE CIRCLE DRIVE # 300 HENDERSON, NV 89074	23-7087968	501(C)(3)	50,000.	0.	FMV		FUNDING FOR GENERAL PROGRAM EXPENSES TO SERVE AT RISK YOUTH.
TEACH FOR AMERICA 1785 E. SAHARA AVE STE 460 LAS VEGAS, NV 89104	13-3541913	501(C)(3)	50,000.	0.	FMV		SUPPORT FOR A NATIONAL TEACHING PROGRAM FOR GENERAL PROGRAM COSTS.
GREATER LAS VEGAS AFTER-SCHOOL ALL-STARS - 1785 E. SAHARA BLVD STE 40 - LAS VEGAS, NV 89104	95-4441208	501(C)(3)	50,000.	0.	FMV		FOR GENERAL PROGRAM COSTS FOR AFTER SCHOOL PROGRAMS.
ATHLETES FOR HOPE 5335 WISCONSIN SUITE 850 WASHINGTON, DC 20015	20-4773044	501(C)(3)	29,500.	0.	FMV		GENERAL FUNDING FOR A FOUNDATION THAT ANDRE WAS OF THE ORIGINAL ATHLETES TO PARTICIPATE.

2 Enter total number of Section 501(c)(3) and government organizations **▶**

3 Enter total number of other organizations **▶**

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number

34-1759295

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
STEVE MILLER	(i)	128,825.	0.	0.	0.	32,909.	161,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GUNLEK RUDER	(i)	0.	0.	0.	0.	24,833.	24,833.	0.
	(ii)	200,000.	0.	0.	0.	0.	200,000.	0.
STEPHEN PANUS	(i)	0.	0.	0.	0.	14,960.	14,960.	0.
	(ii)	146,846.	0.	0.	0.	0.	146,846.	0.
PERRY ROGERS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	377,071.	0.	0.	0.	0.	377,071.	0.
CHRISTOPHER TODD WILSON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	222,000.	0.	0.	0.	0.	222,000.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number
34-1759295

Part I	Bond Issues (Required for 2008)									
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
	A BANK OF NEW YORK	95-3571558	51770PAC9	06/14/03	35705000.	FUND BUILDING OF AACPA CAMPUS		X	X	
	B									
	C									
	D									
	E									

Part II	Proceeds (Optional for 2008)									
	A		B		C		D		E	
1	Total proceeds of issue									
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds 19,651.									
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds									
8	Year of substantial completion									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue? ... X									
10	Were the bonds issued as part of an advance refunding issue? ... X									
11	Has the final allocation of proceeds been made? ... X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds? ... X									

Part III	Private Business Use (Optional for 2008)									
	A		B		C		D		E	
1	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?									

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization **THE ANDRE AGASSI CHARITABLE FOUNDATION** Employer identification number **34-1759295**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	AGASSI ENTERPRISE	X				89,237.	73,843.		X	
Total				▶ \$	73,843.					

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEPHEN PANUS	EMPLOYEE OF AGASSI	0.	AGASSI ENTE		X
GUNLEK RUDER	EMPLOYEE OF AGASSI	0.	AGASSI ENTE		X
ANDRE AGASSI	PRESIDENT OF FOUNDA	0.	ANDRE AGASS		X
AGASSI ENTERPRISES	KEY EMPLOYEE	125,892.	2008 SUB-LE		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **THE ANDRE AGASSI CHARITABLE FOUNDATION** Employer identification number **34-1759295**

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 Art - Works of art	X	1	275,000	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		579,375	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TRIPS FOR AUC</u>)	X	42	253,250	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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 Acknowledgment **29**

	Yes	No
30a 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
32a 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number

34-1759295

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION DRIVES TO REFORM BY ENGAGING IN PRACTICE, POLICY & PARTNERSHIPS THAT PROVIDE QUALITY EDUCATION & ENRICHMENT OPPORTUNITIES. THE FOUNDATION PRIMARILY FUNDS THE ANDRE AGASSI COLLEGE PREPARATORY ACADEMY AND BOYS & GIRLS OF LAS VEGAS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AGASSI COLLEGE PREPARATORY ACADEMY AND BOYS & GIRLS OF LAS VEGAS.

FORM 990, PART VI, SECTION A, LINE 2: STEPHEN PANUS AND GUNLEK RUDER ARE BOTH EMPLOYEES OF AGASSI ENTERPRISES, INC. AND ARE BOARD MEMBERS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE THREE TRUSTEES HAVE VOTING AUTHORITY FOR THE FOUNDATION. OF THESE THREE INDIVIDUALS, THE CHAIRMAN HAS THE RIGHT TO REMOVE MEMBERS IF NEEDED.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WILL BE PRESENTED INDIVIDUALLY TO ALL THREE TRUSTEES OF THE GOVERNING BODY AND TWO NON-VOTING MEMBERS WILL ALSO REVIEW THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE DETERMINED BY COMPARABILITY DATA SUPPLIED BY VARIOUS RECRUITING COMPANIES AND COMPENSATION IS IN LINE WITH OTHER COMPARABLE ORGANIZATIONS. IN 2008, A COMPENSATION STUDY WAS DONE ON OUR NEW CEO.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Employer identification number

34-1759295

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST.

NO DIFFERENCE IN AUDIT PROCEDURE FROM LAST YEAR TO CURRENT YEAR.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: AGASSI ENTERPRISES, INC

(A) PURPOSE OF LOAN: GENERAL & ADMINISTRATIVE SUPPORT

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 89237. (D) BALANCE DUE \$ 73843.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = NO

(G) WRITTEN AGREEMENT? = NO

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEPHEN PANUS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE OF AGASSI ENTERPRISES, INC AND TRUSTEE OF THE FOUNDATION

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: AGASSI ENTERPRISES, INC. IS A FOR PROFIT
ENTITY THAT IS OWNED 100% BY THE ANDRE AGASSI TRUST. STEPHEN PANUS IS AN
EMPLOYEE OF AGASSI ENTERPRISES, AND A TRUSTEE OF THE ANDRE AGASSI
CHARITABLE FOUNDATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

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Inspection

Name of the organization

THE ANDRE AGASSI CHARITABLE FOUNDATION

Employer identification number

34-1759295

(A) NAME OF PERSON: GUNLEK RUDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE OF AGASSI ENTERPRISES, INC AND TRUSTEE OF THE FOUNDATION

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: AGASSI ENTERPRISES, INC. IS A FOR PROFIT ENTITY THAT IS OWNED 100% BY THE ANDRE AGASSI TRUST. GUNLEK RUDER IS AN EMPLOYEE OF AGASSI ENTERPRISES, AND A TRUSTEE OF THE ANDRE AGASSI CHARITABLE FOUNDATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANDRE AGASSI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT OF FOUNDATION, OWNER OF AGASSI ENTERPRISES, INC.

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: ANDRE AGASSI, IS THE PRESIDENT OF THE ANDRE AGASSI CHARITABLE FOUNDATION AND IS THE OWNER OF AGASSI ENTERPRISES, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AGASSI ENTERPRISES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 125892.

(D) DESCRIPTION OF TRANSACTION: 2008 SUB-LEASE FOR OFFICE

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
93	10032 PINNACLE VIEW (HOUSE)	011708	SL	27.50	19H	352,252.			352,252.			12,275.
94	LEASEHOLD IMPROVEMENTS	052008	SL	15.00	16	26,258.			26,258.			1,021.
95	SOFTWARE CREDENTIAL	090508	SL	3.00	19A	10,868.			10,868.			1,811.
96	MACHINE-GRAND SLAM 200	092508	SL	5.00	19B	5,554.			5,554.			555.
97	DATABASE SERVER	092508	SL	5.00	19B	2,873.			2,873.			287.
98	OPTIPLEX MINITOWERS	013108	SL	5.00	19B	2,586.			2,586.			259.
99	COMPUTER EQUIPMENT	070308	SL	5.00	19B	2,534.			2,534.			253.
100	COMPUTER EQUIPMENT	082108	SL	5.00	19B	1,465.			1,465.			147.
101	SHERIA'S COMPUTER	112508	SL	5.00	19B	1,241.			1,241.			124.
102	COMPUTER EQUIPMENT	052308	SL	5.00	19B	1,204.			1,204.			120.
103	COMPUTER EQUIPMENT	072508	SL	5.00	19B	1,130.			1,130.			113.
104	COMPUTER EQUIPMENT	062508	SL	5.00	19B	1,056.			1,056.			106.
105	DELL 5110CN COLOR LASER PRINTER	102708	SL	5.00	19B	999.			999.			100.
106	HP LASERJET 4240N PRINTER	030508	SL	5.00	19B	709.			709.			71.
107	HP LASERJET 4240N PRINTER	030508	SL	5.00	19B	699.			699.			70.
108	SOFTWARE	070308	SL	3.00	19A	223.			223.			37.
8				.000	16							0.
9	COMPUTER SOFTWARE	011504	SL	3.00	17	9,728.			9,728.	8,917.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14	DATAFACTION SOFTWARE	080806	SL	3.00	17	1,688.			1,688.	797.		563.
15	DATAFACTION SOFTWARE	091306	SL	3.00	17	1,431.			1,431.	596.		477.
20	SOFTWARE	061907	SL	3.00	17	1,054.			1,054.	1,054.		0.
21	SOFTWARE	061907	SL	3.00	17	7,185.			7,185.			2,395.
85				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					432,737.		0.	432,737.	11,364.	0.	20,784.
7	KIA AUTOMOBILE	100103	SL	5.00	17	26,263.			26,263.	22,325.		3,938.
86				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN BUILDING - BROKEN					26,263.		0.	26,263.	22,325.	0.	3,938.
12	WILLOW	070706	SL	27.50	17	382,465.			382,465.	20,860.		13,908.
22	BUILDINGS	061907	SL	27.50	17	33700000.			33700000.	663,890.		1225455.
87				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					34082465.		0.	34082465.	684,750.	0.	1239363.
26	FURNITURE	061907	SL	5.00	17	196,703.			196,703.	19,670.		39,341.
27	KINDERGARTEN FURNITURE	061907	SL	5.00	17	4,012.			4,012.	401.		802.
28	KINDERGARTEN FURNITURE	061907	SL	5.00	17	13,271.			13,271.	1,327.		2,654.
29	KINDERGARTEN FURNITURE	061907	SL	5.00	17	678.			678.	68.		136.
30	FURNITURE & FIXTURES	061907	SL	5.00	17	2,230.			2,230.	223.		446.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	FURNITURE & FIXTURES	061907	SL	5.00	17	43,159.			43,159.	4,316.		8,632.
32	FURNITURE & FIXTURES	061907	SL	5.00	17	4,602.			4,602.	460.		920.
33	FURNITURE - CABINETS	061907	SL	5.00	17	3,428.			3,428.	343.		686.
34	FURNITURE	061907	SL	5.00	17	11,355.			11,355.	1,136.		2,271.
76	HS LIBRARY FURNITURE	061907	SL	7.00	17	61,661.			61,661.	4,404.		8,809.
77	FURNITURE & FIXTURE	061907	SL	7.00	17	14,970.			14,970.	1,069.		2,139.
78	FURNITURE & FIXTURE	123107	SL	7.00	17	14,193.			14,193.			2,028.
82	FURNITURE & FIXTURE	123107	SL	7.00	17	14,193.			14,193.			2,028.
88				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					384,455.		0.	384,455.	33,417.	0.	70,892.
35	SIGNS	061907	SL	5.00	17	664.			664.	664.		0.
36	IMPROVEMENTS - WIRING	061907	SL	10.00	17	9,329.			9,329.	466.		933.
79	LEASEHOLD IMPROVEMENTS	123107	SL	15.00	17	68,584.			68,584.			4,572.
83	LEASEHOLD IMPROVEMENTS	123107	SL	15.00	17	53,153.			53,153.			3,544.
89				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					131,730.		0.	131,730.	1,130.	0.	9,049.
13	LAND - BROKEN WILLOW	070706	L			163,914.			163,914.			0.
90				.000	16							0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					163,914.		0.	163,914.	0.	0.	0.
4	MISC EQUIPT	010101	SL	5.00	17	11,886.			11,886.	11,886.		0.
5	PHONES	113001	SL	5.00	17	6,500.			6,500.	5,312.		0.
6	PHONES	042802	SL	5.00	17	5,070.			5,070.	5,070.		0.
19	COMMERCIAL PLASMA	112007	SL	5.00	17	2,532.			2,532.	42.		506.
38	SECURITY SYSTEM	061907	SL	2.00	16	8,640.			8,640.	2,160.		4,320.
39	MISC EQUIPMENT	061907	SL	2.00	16	80,619.			80,619.	20,155.		40,310.
40	PROG. DESIGN 2-5 REC PLAY	061907	SL	2.00	16	5,634.			5,634.	1,409.		2,817.
41	COMPUTER EQUIPMENT	061907	SL	2.00	16	21,853.			21,853.	5,463.		10,927.
42	COMPUTER EQUIPMENT	061907	SL	2.00	16	8,132.			8,132.	2,033.		4,066.
43	PROJECTOR SYSTEM	061907	SL	2.00	16	11,435.			11,435.	2,859.		5,718.
44	COMPUTER EQUIPMENT	061907	SL	2.00	16	3,145.			3,145.	786.		1,573.
45	EQUIPMENT HARDWARE	061907	SL	3.00	17	11,643.			11,643.	1,941.		3,881.
46	EQUIPMENT HARDWARE	061907	SL	3.00	17	8,996.			8,996.	1,499.		2,999.
47	EQUIPMENT HARDWARE	061907	SL	3.00	17	329.			329.	55.		110.
48	EQUIPMENT	061907	SL	3.00	17	12,115.			12,115.	2,019.		4,038.
49	COMPUTER EQUIPMENT	061907	SL	3.00	17	70,498.			70,498.	11,750.		23,499.
50	COMPUTER EQUIPMENT	061907	SL	3.00	17	13,450.			13,450.	2,242.		4,483.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	COMPUTER EQUIPMENT	061907	SL	3.00	17	4,419.			4,419.	737.		1,473.
52	COMPUTER EQUIPMENT	061907	SL	3.00	17	45,000.			45,000.	7,500.		15,000.
53	EQUIPMENT	061907	SL	3.00	17	28,882.			28,882.	4,814.		9,627.
54	EQUIPMENT	061907	SL	3.00	17	21,110.			21,110.	3,518.		7,037.
75	COMP HARDWARE - COLLEGE	061907	SL	5.00	17	33,722.			33,722.	3,372.		6,744.
80	MACHINERY & EQPT	123107	SL	5.00	17	9,198.			9,198.			1,840.
81	MACHINERY & EQPT	123107	SL	5.00	17	4,906.			4,906.			981.
91				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMEN					429,714.		0.	429,714.	96,622.	0.	151,949.
1	END2END NETWORKS	113001	SL	5.00	17	3,845.			3,845.	3,914.		0.
2	DELL COMPUTERS	022502	SL	5.00	17	1,376.			1,376.	1,376.		0.
3	DELL COMPUTERS	070302	SL	5.00	17	1,397.			1,397.	1,397.		0.
10	PE2800 SERVER	031705	SL	5.00	17	5,194.			5,194.	2,857.		1,039.
11	INTEL COMPUTER	031705	SL	5.00	17	975.			975.	536.		195.
16	LATITUDE D830 INTEL CORE	120307	SL	5.00	17	2,109.			2,109.	35.		422.
17	INTEL CORE DUO PROCESSOR	121107	SL	5.00	17	1,524.			1,524.	25.		305.
18	OPTIPLEX 745 MINITOWER	121107	SL	5.00	17	2,586.			2,586.	43.		517.
55	LIBRARY BOOKS	061907	SL	3.00	17	27.			27.	27.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	TEXTBOOKS	06/19/07	SL	3.00	17	2,719.			2,719.	2,719.		0.
92				.000	16							0.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPME					21,752.		0.	21,752.	12,929.	0.	2,478.
	* GRAND TOTAL 990 PAGE 10 DEPR					35673030.		0.	35673030.	862,537.	0.	1498453.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return THE ANDRE AGASSI CHARITABLE FOUNDATION	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 34-1759295
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	70,752.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,411,373.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		11,091.	3 YRS.	HY	SL	1,848.
b 5-year property		22,050.	5 YRS.	HY	SL	2,205.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01 / 08	352,252.	27.5 yrs.	MM	S/L	12,275.
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,498,453.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2008 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**