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orm 990-E

Department of the Treasury Internal Revenue Service ل سوساک Short Form

Short Form
Return of Organization Exempt From Income Tax

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

2008

OMB No 1545-1150

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

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

Open to Public

Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending Check if applicable D Employer identification number Address change TRAVELING SCHOOL 81-0544729 Name change PO BOX 7058 Telephone number print or Initial return BOZEMAN, MT 59771 406-586-3096 Termination Specific Instruc-Amended return Group Exemption Number Application pendin Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Cash X Accounting method Accrual Other (specify) Н Check ► if the organization is not Website: ► www.travelingschool.com required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 625,817. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 114,276. Program service revenue including government fees and contracts 508,261. 2 Membership dues and assessments 3 4 Investment income 4 3,280. 5a Gross amount from sale of assets other than inventory 5 a b Less cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 5 c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 7a Gross sales of inventory, less returns and allowances 7 a 7 b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8). 9 625,817 Grants and similar amounts paid (attach schedule) See Statement 1 10 80,125 Benefits paid to or for members 11 STATUTE UNIT 12 Salaries, other compensation, and employee benefits 145,677 RECEIVED 13 Professional fees and other payments to independent contractors 13 9,165. 7,606. Occupancy, rent, utilities, and maintenance 14 MAR 2 7 2014 7,495. Printing, publications, postage, and shipping 15 Other expenses (describe ► See Statement 2 16 263,160. TPR BRANCH Total expenses (add lines 10 through 16) 17 513,228. OGDEN 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 112,589. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 362,470. Other changes in net assets or fund balances (attach explanation) 20 20 See Statement 3 -159,072. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 315,987. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 450,177. 22 Cash, savings, and investments 314,354. 22 23 Land and buildings 23 24 Other assets (describe ► See Statement 4 55,946.61,356. 24 506,123. 25 Total assets 375,710. 25 Total liabilities (describe ► See Statement 5 13,240. 26 190,136. Net assets or fund balances (line 27 of column (B) must agree with line 21) 362,470. **27** 315,987

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Form 990-EZ (2008)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

	EZ (2008) TRAVELING SCHOO				-054	14729 Page <b>2</b>
Part III			(See the instruction	ons.)		Expenses
Describe describe	organization's primary exempt purpose? See what was achieved in carrying out the services provided, the number of	e Statement 6 le organization's exempt purp le persons benefited, or other r	oses In a clear and co elevant information for	ncise manner, each	and 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional
program	<del>- · · · · · · · · · · · · · · · · · · ·</del>				for o	thers)
			·			
	o Ctatomont C	is amount includes foreign gr			28 a	162,240.
 (Gr	ants \$ 61,375.) If the		ants check here		29 a	217,454.
30						221, 3332
<u> </u>	ants \$ ) If the program services (attach schedule	us amount includes foreign gr	ants, check here	<u>-</u>	30 a	<u></u>
<u>(Gr</u>	, -	is amount includes foreign gr	ants, check here	<u> </u>	31 a	379,694.
Part IV			plovees (List each o	ne even if not co		
<u>L. G. T. T. T.</u>	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense account and other allowances
611 S	FRE HARTMAN  14 AVENUE AN, MT 59715	Executive Direc 48.00	37,450.		0.	0.
209 D	MANSISIDOR ONNER AVENUE ILLE, CA 95678	President 2.00	0.		0.	0.
476 C	R HANNAH ALDWELL DRIVE SE RD, NC 28025	Vice President 2.00	0.		0.	0.
PEG S 3251	CHWALM FIELDSTONE DRIVE WEST AN, MT 59715	Treasurer 2.00	_ ·		0.	0.
LANDE 514 N	R PURVIS COONEY 9TH AVENUE AN, MT 59715	Secretary 1.00			0.	0.
PAUL 611 S	TAYLOR LONSDALE  14TH AVE AN, MT 59715	Director 1.00			0.	0.
TERRI 326 M	MURPHY INERAL AVENUE AN, MT 59718	Director 1.00	· ·		0.	0.

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		Х
	<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		^
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
37	If 'Yes,' complete applicable parts of Schedule N  a Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	36		_X
	b Did the organization file Form 1120-POL for this year?	37Ь		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a	Ç,	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	, ,,	, a,	
	501(c)(7) organizations Enter:	1		
	a Initiation fees and capital contributions included on line 9  N/A	-		
	b Gross receipts, included on line 9, for public use of club facilities  N/A			
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	<b>b</b> 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L. Part I	40 b		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the	100		
	year under sections 4912, 4955, and 4958	4		
	d Enter amount of tax on line 40c reimbursed by the organization  ▶ 0.	┨		
	<ul> <li>All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T</li> </ul>	40 e		X
41	List the states with which a copy of this return is filed None			
	a The books are in care of ► LISA VANDERBY  Located at ► C/O JCCS 220 W LAMME, 3A BOZEMAN MT  Description of Management of Atlanguage and Section 1. Telephone no ► 406-5  ZIP + 4 ► 59715  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	    	277  Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country	42b	,	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S?  If 'Yes,' enter the name of the foreign country	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► []	N/A N/A
٠.			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Form 990 must be completed instead of Form 990-EZ	45		Х
BAA	TEEA0812L 01/14/09 Fo	rm <b>990</b>	)- <b>EZ</b> (	2008)

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Form 990-EZ (2008)	TRAVELING	SCHOOL

81-0544729

Page 4

	and comple	ete the tables for line	es ou and oi.		ς <sub>Φ</sub> ο ς.	tatemer	1+ 9	
46 00111	<u> </u>						Yes	No
46 Did th	ie organization e iblic office? If 'Y	engage in direct or indire 'es,' complete Schedule (	ct political campaign ac C. Part I	tivities on behalf o	f or in opposition to candidat	tes <b>46</b>		X
		engage in lobbying activit	·	Schedule C. Part II		47		X
		perating a school as desc	•	•		48	X	
	- ,	make any transfers to an	` ' '		•	49 a		Х
	_	ed organization(s) a sect	•	Totalou organizatio		49 b		
<b>50</b> Comp	lete this table fo		nsated employees (other	er than officers, dir If there is none, er	ectors, trustees and key emp		ho ead	ch
		f each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	s
None								
				· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·					··············		
							-	
otal number	of other employees p	paid over \$100,000						
51 Comp	the organization	If there is none, enter	None '		received more than \$100,00	00 of comp	ensatı	on
51 Comp from t	the organization	or the five highest competed by the state of	None '		(b) Type of service	(c) Comp		
from t	the organization	If there is none, enter	None '					
from t	the organization	If there is none, enter	None '					
from t	the organization	If there is none, enter	None '					
from t	the organization	If there is none, enter	None '					
None	(a) Name and a	If there is none, enter '	None ' actor paid more than \$100,000					
None	(a) Name and a	pendent contractors rece	None ' actor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	nn.
None	(a) Name and a	pendent contractors rece	None ' actor paid more than \$100,000		(b) Type of service  statements, and to the best of my knoreparer has any knowledge	(c) Com	pensatio	nn.
None None Total numb	(a) Name and a	pendent contractors receperyury. I declare that I have examplete Declaration of preparer (	iving over \$100,000 inned this return, including accoother than officer) is based on a	mpanying schedules and all information of which p	statements, and to the best of my knoreparer has any knowledge	(c) Com	pensatio	nn.
None None Fotal numb	er of other inde Under penalties of prive, correct, and co	pendent contractors receperyury. I declare that I have example to Declaration of preparer (	iving over \$100,000 inned this return, including accoother than officer) is based on a		statements, and to the best of my knoreparer has any knowledge	(c) Com	pensatio	nn.
None  None  Total numb	eer of other inde  Under penalties of prive, correct, and co	pendent contractors receperyury. I declare that I have example to Declaration of preparer (	iving over \$100,000 inned this return, including accoother than officer) is based on a	mpanying schedules and all information of which p	statements, and to the best of my kno reparer has any knowledge  7.26.  Date	(c) Com	pensatio	s S
None None Fotal numb	the organization  (a) Name and a  oer of other inde  Under penalties of prive, correct, and correct, and correct, and correct	pendent contractors recepery, I declare that I have example to Declaration of preparer (Market Lee Country)  MERRILEE GLOVER	None ' Pactor paid more than \$100,000  IVING OVER \$100,000  Inned this return, including accoolher than officer) is based on the company of t	mpanying schedules and all information of which p	statements, and to the best of my knoreparer has any knowledge 7.26.  Date  Check if Self.	(c) Com	pensatio	s S
None None Sign Here Paid Pre- parer's	er of other inde  Under penalties of true, correct, and co  Signature of off  Type or print no  Preparer's signature  Firm's name (or yours if self.	pendent contractors receperyury. I declare that I have examplete Declaration of preparer (Market Merrice)  MERRILEE GLOVER  Junkermier Clar	None ' ractor paid more than \$100,000  Iving over \$100,000  Inned this return, including accoolher than officer) is based on a second contact of the contact	mpanying schedules and all information of which p	statements, and to the best of my knoreparer has any knowledge  7.26.  Date  Check if self-employed - N.	wiledge and be parer's identice instructions	pensatio	s S
None None Sign Here Paid Pre- parer's Use	eer of other inde  Under penalties of true, correct, and correct, and corrects, and corrects in the correct of true, corrects, and corrects of the corrects of true, corrects, and corrects of true, corrects, and corrects of the correct of true, corrects of true, co	pendent contractors receperyury. I declare that I have examon plete Declaration of preparer (Market Merican Contractors ame and title  MERRILEE GLOVER Junkermier Clar 220 West Lamme,	None ' ractor paid more than \$100,000  IVING over \$100,000  Inned this return, including accoonder than officer) is based on a coordinate of the coordinate	mpanying schedules and all information of which p	statements, and to the best of my knoreparer has any knowledge  7.26.  Date  Check if self-employed FIN	wledge and be parer's Identice instructions / A	pensation belief it is fying Nu	s
Fotal numb  Sign Here  Paid Pre- parer's Use Only	er of other inde Under penalties of ptrue, correct, and correct, and corrects of property of the correct of the	pendent contractors receperyury. I declare that I have examplete Declaration of preparer (Market Merrice)  MERRILEE GLOVER  Junkermier Clar	Iving over \$100,000  Inned this return, including accoolher than officer) is based on a selection of the company of the compan	mpanying schedules and all information of which p	statements, and to the best of my knoreparer has any knowledge  7.26.  Date  Check if self-employed - N.	wledge and be parer's Identice instructions / A	fying Nu	s

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TRAVELING SCHOOL 81-0544729 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Type II С Type III — Functionally integrated d Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (i) Name of Supported (ii) EIN (III) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of (IV) Is the (vi) Is the (vii) Amount of Support Organization organization in col (i) listed in your organization in col (i) organized in the governing document? your support? (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

- ai	Cir Support Schedule for				од гдадіў апс	1 / (D)(D)(1	八八八	VI)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t I )		•	_	
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					<u> </u>		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3	ļ						
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).		40					
6	Public support. Subtract line 5 from line 4		a variable of the control of the con			- •		
<u>Sec</u>	tion B. Total Support							<del></del>
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV).				·			
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc (see in	structions)				12	
	First five years. If the Form 990 organization, check this box and	l stop here		nd, third, fourth,	or fifth tax year as	a section 5	501(c)(	3)
<u>Sec</u>	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	008 (line 6, colum	n (f) divided by lir	ne 11, column (f)	<u> </u>		14	%
15	Public support percentage for 20	007 Schedule A, F	Part IV-A, line 26f				15	%
16 a	<b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization	the line 14 is 33-	1/3 % or m	ore, ch	eck this box
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 33	3-1/3% or m	ore, ch	neck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain ii	n Part	IV how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain ii	n Part	15 is 10% IV how the
18	Private foundation. If the organi							structions -
BAA					Sch	nedule A (F	orm 99	0 or 990-EZ) 2008

#### Page 3 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 yr beginning in) ► (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, 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 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2004 Calendar year (or fiscal yr beginning in) **(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 form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 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 % 19 a 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 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

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

Schedule A (Form 990 or 990-EZ) 2008 TRAVELING SCHOOL	81-0544729	Page 4
Part IV Supplemental Information. Complete this part to provide the explanation red Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information.	quired by Part II, line 10 mation. (see instruction	; s)
	- <b></b>	
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

#### SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047

Employer identification number

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► To be completed by organizations that answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. 
► Attach to Form 990 or Form 990-EZ.

81-0544729 TRAVELING SCHOOL YE\$ NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other Х governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 2 Х and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain 3 X THE ORGANIZATION'S NONDISCRIMINATORY POLICY HAS BEEN PUBLISHED IN THE BOZEMAN CHRONICLE NEWSPAPER AND IS IN THE ORGANIZATION'S STUDENT APPLICATION, STAFF HANDBOOK, STUDENT HANDBOOK, BROCHURES AND ON THE WEB Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Х c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 c Х Χ 4d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5a **b** Admissions policies? 5b Х c Employment of faculty or administrative staff? 5с d Scholarships or other financial assistance? 5d Х e Educational policies? 5e f Use of facilities? 5f Х g Athletic programs? 5g h Other extracurricular activities? Χ 5h If you answered 'Yes,' to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If

'No,' attach an explanation

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lient 14077	TRAVELING SCHOOL		81-054472
7/25/12			09 09AN
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts I	Paid		
Cash Amount Given:		\$	80,125.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses			
Advertising and Promotic Conferences, Conventions CONTINUING EDUCATION Depreciation FOOD AND SNACKS Insurance Interest MEDICAL Office Expenses	on s, and Meetings	\$	3,682. 897. 4,782. 1,307. 22,716. 9,692. 228. 793. 17,433.
PROGRAM LÖDGING PROGRAM PARK AND ACTIVI SERVICE PROJECT Travel	TY FEE	Total \$	36,415. 50,297. 1,220. 113,698. 263,160.
Statement 3 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets	Or Fund Balances		
ADJUST TO TIE TO REVIEW	- DEFERRED TUITION	Total \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-159,072. -159,072.
Statement 4 Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable INTEREST RECEIVABLE Machinery and Equipment PREPAID EXPENSES		Beginning \$ 57,694. \$ 0. 3,662.	Ending 35,665 219 2,354 17,708
		Total \$ 61,356. \$	55,946.

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### 2008

### **Federal Statements**

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**Client 14077** 

#### TRAVELING SCHOOL

81-0544729

7/25/12

09 09AM

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

Accounts Payable and Accrued Expenses Deferred Revenue

	E	Beginning_	Ending		
	\$	13,240.	\$	23,086.	
		0.		167,050.	
Total	\$	13,240.	\$	190,136.	

# Statement 6 Form 990-EZ, Part III Organization's Primary Exempt Purpose

THE TRAVELING SCHOOL SEEKS TO ENRICH THE LIVES OF TEENAGE GIRLS WITH AN ENDURING EDUCATIONAL EXPERIENCE FOCUSING ON OVERSEAS EXPLORATION, ACADEMIC CHALLENGES, EXPANDED OUTDOOR SKILLS, AND A DEEPER COMPREHENSION OF THE WORLD WE LIVE IN.

## Statement 7 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

SPRING SEMESTER IN SOUTH AMERICA. 15 WEEKS OF REGULARLY SCHEDULED MONTANA STANDARDS-BASED CURRICULUM, WITH EDUCATIONAL ACTIVITIES AND INSTRUCTIONS FOR 10 HIGH SCHOOL GIRLS AGES 15-18. COURSES INCLUDE MATH, HISTORY, SCIENCE, LANGUAGE ARTS, FOREIGN LANGUAGE, PE AND GLOBAL STUDIES. STUDENTS DEVELOP STRONG OUTDOOR SKILLS, IMPROVE SELF-CONFIDENCE, AND GAIN EXPERTISE.

## Statement 8 Form 990-EZ, Part III, Line 29 Statement of Program Service Accomplishments

FALL SEMESTER IN SOUTH AFRICA. 15 WEEKS OF REGULARLY SCHEDULED MONTANA STANDARDS-BASED CURRICULUM WITH EDUCATIONAL ACTIVITIES AND INSTRUCTIONS FOR 10 HIGH SCHOOL GIRLS AGES 15-18. COURSES INCLUDE MATH, HISTORY, SCIENCE, LANGUAGE ARTS, FOREIGN LANGUAGE, PE AND GLOBAL STUDIES. STUDENTS DEVELOP STRONG OUTDOOR SKILLS, IMPROVE SELF-CONFIDENCE, AND GAIN EXPERTISE.

## Statement 9 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

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

No

No