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Form **990-EZ**

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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)

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.

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

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning $7/01$, 2008, and ending $6/30$, 2009
В	Official in applicable	nployer identification number
	Address change Please use IRS BENTONVILLE PUBLIC SCHOOL FOUNDATION 7	1-0714284
		lephone number
⊨	Initial return type BENTONVILLE, AR 72712	
\vdash	lermination Specific Specific	
<u> </u>	tions Trust	oup Exemption
-		
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
		the organization is not
١.	000 57	n Schedule B (Form 990, F)
J	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PC Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	·
	\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L (V)	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	► \$ 45,174.
	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	
_	1 Contributions, gifts, grants, and similar amounts received	1 39,388.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 5,786.
T	5a Gross amount from sale of assets other than inventory 5a	
EER	b Less. cost or other basis and sales expenses 5b	j l
	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5c
့် မ	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
ū	a Gross revenue (not including \$of contributions	
o ij o ij o ij	reported on line 1) 6a	j l
⊋	b Less direct expenses other than fundraising expenses 6b	i 1
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances 7a	
	b Less. cost of goods sold 7b	_
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 45,174.
	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employer benefits ECEVED 13 Professional fees and other payments to independent contractors 2010	10 122,165.
E	11 Benefits paid to or for members	11
X	12 Salaries, other compensation, and employed benefits	12 42,217.
Ē	13 Professional fees and other payments to independent contractors 2010	13 1,432.
E P E N S E	14 Occupancy, rent, utilities, and maintenance 14 14 15 15 15 15 15 15	14 1,200.
S	1 =	15 152.
	16 Other expenses (describe See Statement)	16 5,529.
	17 Total expenses (add lines to through to)	17 172,695.
	18 Excess or (deficit) for the year (Subtract line 17 (fortime 9)	18 -127,521.
NS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	300 770
N S S T T	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	19 390,778. 20
Ś	20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21 263, 257.
D.	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead	
1	(See the instructions for Part II) (A) Beginning of years.	
22	200 457	
23		23
24	2 210	
25	201 775	
26	3.07	
27	200 770	
BA	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Form 990-EZ (2008)

TEEA0803L 09/18/08

	990-E	Z (2008)	BENTON	/ILLE PUB	LIC SCHOOL FOUNDAT	'ION	71	-07	14284	Page 2
Par					rvice Accomplishment	s (See the instruct	ions.)		Expenses	
Desc	is the org ribe wh ribe the ram title	nat was a	primary exempt achieved in c s provided, t	t purpose? <u>See</u> carrying out the the number of	e Statement 5 e organization's exempt purpi persons benefited, or other r	oses. In a clear and cor elevant information for	ncise manner, each	and 4947	uired for 501(c) (4) organizatior (a)(1) trusts, op thers.)	is and
	VAR	ious c	GRANTS,	AWARDS, A	ND EXPENSES RELATE	ED TO BENTONVIL	LE	101 0	(iners.)	
		<u> </u>								
29	(Grant	ts \$	122	, 165.) If th	ıs amount ıncludes foreign gr	ants, check here	<u> </u>	28a	42	,217.
			-							
30	(Grant	ts \$) If th	is amount includes foreign gr	ants, check here	•	29 a		
30										
24	(Grant				is amount includes foreign gr	ants, check here	<u>-</u>	30 a	_	
31	(Grant		services (at	tach schedule If th) is amount includes foreign gr	ants, check here	▶ []	31 a		
32		program		enses (add line	es 28a through 31a)			32	42	,217.
Par	t IV	List	of Officers	, Directors	, Trustees, and Key En	n ployees. (List each			sated See the	ınstrs.)
			e and addres	ss	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense a and other allo	wances
BRI	AN_T	. BUR	KE		President 0	0.		0.		0.
			AR 7271	.2	111 D 11					
101	D HO	OK			Vice President 0	0.		0.		0.
			AR 7271	.2						
LAU	JRA_D	. GRI	MES		Secretary 0	0.		0.		0.
			AR 7271	.2						
DEA	MNA _	RATCL	IFFE		Treasurer 0	0.		0.		0.
BEN	TONV	ILLE,	AR 7271	.2						
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BAA	-				TEEA0812L (L 01/14/09	<u> </u>		Form 990-E	Z (2008)

Part V Other Information (Note the statement requirement in General Instruction V.)

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 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.? 42c If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year				res	NO
35 If the organization had income from bisiness activities, such as these reported on limes 2, 6a, and 7a (among others), but not reported on form 990-1, altitud statement organization have unrelated business gross income of \$10,000 or more or 6033(e) notice, reporting, and prizely tax requirements? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 bit If Yes, 'complete applicately parts of Schedule, 19 or	33		33		Х
altaba à statement epalamang your reason for ot reporting the income on Form 590-1. a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? bit Yes, 'has it filed a tax return on Form 990-1 for this year? 35b bit Yes, 'complete applicable parts of Schedule N 37a line amount of political expenditures, diest or windor, as described in the instructions during the year? 17b Jo bit the organization file Form 1120-POL for this year? 37b Jo bit the organization file Form 1120-POL for this year? 37b Jo bit wes, 'complete Schedule L, Part II and enter the total amount involved 38a bit the organization schedule L, Part II and enter the total amount involved 39 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on time 9 b Gross receipts, included on line 9, for public use of club facilities 40 a 501(c)(3) and (4) organizations. Did the organization on the organization during the year under section 4911 - 0, section 4912 - 0, section 4915 - 0, section 4916 - 0, section	34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
proxy tax requirements? bit Yes, that it filed a tax return on Form 990-T for this year? 35b bit Yes, complete applicable parts of Schedule N 37a the amount of political rependiture, direct in indices, selected in the instructions 37b at lete amount of political rependiture, direct or indices, selected in the instructions 37c bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit the organization file Form 1120-PDL for this year? 37d bit file file file file file file file file	35		<u> </u>		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37 a Tries a complete applicable parts of Schedule N 38 a Tinter answell ophilical eperations of Schedule N 38 a Det the organization file Form 1120-POL for this year? 38 a Det the organization here form 1120-POL for this year? 38 a Det the organization here form 1120-POL for this year? 38 a Det the organization here form 1120-POL for this year? 38 a Det the organization here form 1120-POL for this year? 39 b If yes, complete Schedule L, Part II and enter the total amount involved 39 complete Schedule L, Part II and enter the total amount involved 39 complete Schedule L, Part II and enter the total amount involved 39 b Gross recepts, included on line 9 for public use of club facilities 39 b IN/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 4915 ➤ 0, section 4915 ➤ 0, section 4915 ➤ 0, section 4915 ➤ 0, section 4916 ➤ 0, section 4916 ➤ 0, section 4917 \ (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did to the come aware of an excess sherfit transaction from a prior year? If Yes, complete Schedule L, Part II \ (4) organizations of the prior of the prior year? If Yes, complete Schedule L, Part II \ (4) organization A graph time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part II \ (4) organization A graph time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part II \ (4) organization A graph 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)? If Yes, enter the name of the foreign country (such as a bank account	а		35a		<u> </u>
If "Yes," complete applicable parts of Schedule N 37a Enter amount or plotted expenditures, fuser or indiverse, and secreted in the instructions b Did the organization file Form 1120-POL for this year? 38a 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? 38a 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? 38b N/A 39 501(c)(7) organizations. Enter a controlled on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 + 0., section 4912 + 0., section 4925 + 0. b 501(c)(3) and (4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year under sections 4912, 4955, and 4958 d Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c rembursed by the organization in prior year? 11 'Yes, complete Schedule L, Part I and the organization aparty to a prohibited tax 40c expenses the section 4912, 4955, and 4958 d Enter amount of tax on line 40c rembursed by the organization a party to a prohibited tax 41 List the states with which a copy of this return is filed > None 42a The books are in case of > DEANNA RATCLIFFE	b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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38a 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? 38a 38b					
b if Yes,* complete Schedule L, Part II and enter the total and amount involved 39 501(c)/0 organizations. Enter. a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39b N/A 40 a 501(c)/3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 P 0_, section 4912 P 0_, section 4912 P 0_, section 4955 P 0 b 501(c)/3 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 c I will be organization of tax and 4912, 4955, and 4958 organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 organization organization a party to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part I lead to tax imposed on organization and the organization a party to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part I lead to tax imposed on the organization a party to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part I lead to a prohibited tax sheller transaction? If Yes, complete Schedule L, Part I lead to a prohibited tax sheller transaction? If Yes is the states with which a copy of this return is filed P None 42a The books are in care of P DEANNA RATCLIFFE Telephone or P Located at P P, O, BOX 1006 BENTONVILLE AR I lead to a prohibited tax a part of the organization and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial accounts? Yes if Yes, either the name of the foreign country. 42b If Yes, either the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax	b	Did the organization file Form 1120-POL for this year?	37b	ļļ	X
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{\text{P}}\) 0., section 4912 \(^{\text{P}}\) 0., section 4915 \(^{\text{P}}\) 0., section 4915 \(^{\text{P}}\) 0., section 4915 \(^{\text{P}}\) 0., section 4916 \(^{\text{P}}\) 0., section 4955 \(^{\text{P}}\) 0. 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 c. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d. Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T 4. List the states with which a copy of this return is filed \(^{\text{P}}\) None 42a. The books are in care of \(^{\text{P}}\) D. EOX 1006 BENTONVILLE AR 42b. List the states with which a copy of this return is filed \(^{\text{P}}\) None 42a. The books are in care of \(^{\text{P}}\) D. EOX 1006 BENTONVILLE AR 42b. List the states with which a copy of this return is filed \(^{\text{P}}\) None 42c. The year of the amount of the calendar year, did the organization have an interest in or a signature or other authority over a financial account) or other financial account)? If Yes, enter the name of the foreign country: \$\text{Ye}\$ See the instructions for exceptions and filing requirements for Form TD F90-22.1, Report of a Foreign Bank and Financial account)? If Yes, enter the name of the foreign country: \$\text{Ye}\$ 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 44 Did the organization maintain any		amount involved 38b N/A			
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shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ► None 42a The books are in care of ► DEANNA_RATCLIFFE Located at ► P. O. BOX_1006 BENTONVILLE AR b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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: 42c 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"					
42a The books are in care of ► DEANNA_RATCLIFFE Located at ► P. O. BOX 1006 BENTONVILLE AR DATE of the properties of	е	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45	44	of Form 990-EZ	44_		<u>X</u>
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х

	EZ (2008) BENTONVILLE PUBLIC			71-07142	
Part VI	Section 501(c)(3) organization and complete the tables for lin	s only. All section 5	01(c)(3) organız		
					Yes No
46 Did for n	the organization engage in direct or indirect obtailed. Sublic office? If 'Yes,' complete Schedule C	t political campaign activ	ities on behalf of or	in opposition to candidates	46 X
	the organization engage in lobbying activiti		hedule C, Part II		47 X
	ie organization operating a school as descr			plete Schedule E	48 X
49 a Did	the organization make any transfers to an	exempt non-charitable re	lated organization?		49a X
b If 'Ye	es,' was the related organization(s) a secti	on 527 organization?			49b
50 Com	nplete this table for the five highest comper lived more than \$100,000 of compensation	nsated employees (other from the organization of	than officers, directo there is none, enter	ors, trustees and key employ 'None'	ees) who each
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None_					
			-		
Total numbe	er of other employees paid over \$100,000				
51 Com	nplete this table for the five highest comper the organization If there is none, enter 'N	nsated independent contr lone.'	actors who each rec	eived more than \$100,000 o	f compensation
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation
None_					
					
				·····	
Total num	ber of other independent contractors recei	ving over \$100,000	•		·
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (nined this return, including accom	panying schedules and st	atements, and to the best of my know	vledge and belief, it is
	2 / 1				
Sign	& Sillina Kati.			X 1/20/10	
Here	Signature of officer X Deans-Ratci: Ffe			Date	
	Type or print name and the		·····		
		\mathcal{D}_{0}	Date	Check if Prepa	arer's Identifying Number
Paid	Preparer's signature	1 fel	12 -11 -	Sen	
Pre- parer's	Firm's name (or J TIMOTHY FULM	ER, CPA, PA			
Ųsę	yours if self employed), address, and POCERS AP 7375			EIN ► N,	
Only	ZIP+4 RUGERS, AR 1215	6-3144			36-7393
	RS discuss this return with the preparer shi	own above? See instructi	ons		X Yes No
BAA					Form 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545 0047

BEN'	TONVILLE PUBLIC								714284		
Part	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part) (see	instruc	tions)	
The o	rganization is not a priv	ate foundation becaus	se it is. (Please check on	ly one o	rganizat	ion.)					
1	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	:)							
3	A hospital or coope	rative hospital service	organization described	n sectio	n 170(b)	(1)(A)(iii). (Atta	ch Sche	dule H)		
4	A medical research	organization operate	d in conjunction with a ho	ospital de	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	r the hosp	ıtal's
	name, city, and sta			 _							
5	An organization op 170(b)(1)(A)(iv). (C	erated for the benefit complete Part II.)	of a college or university	owned o	r opera	ted by a	govern	mental (unit desc	ribed in se	ction
6			governmental unit describ								
7	in section 170(b)(1)	(A)(vi). (Complete Pa		-		ernmen	al unit	or from	ine gene	rai public d	escribea
8			70(b)(1)(A)(vi). (Complete								
9	from activities relat investment income June 30, 1975 See	ed to its exempt funct and unrelated busines section 509(a)(2). (Co		exception 5	ns, and 11 tax) f	(2) no r from bus	nore the	an 33-1/ s acquire	3 % of its ed by the	s support fr organizati	om gross
10	·		exclusively to test for pul		-						
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	i)(1) or s	ection 5	09(a)(2)	tions of . See s e	, or carr ection 5	y out the 09(a)(3).	purposes Check the	of one or box that
	a ∐ Type I	b Type II	c 💹 Type II		-	_			d 📙	Type III-	
e	By checking this both than foundation ma 509(a)(2).	ox, I certify that the organization of the control	ganization is not controllent one or more publicly su	ed direct ipported	y or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	lisqualifie ion 509(a	ed persons a)(1) or sec	s other ction
f	If the organization check this box	received a written det	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganization,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	m any of	the fol	lowing p	ersons?	,	
											Yes No
	(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)	
		ber of a person desc								11 g (ii)	
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	
h	Provide the following	ng information about t	he organizations the orga	anization	support	s.					
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col I in your rning nent?	the organ	ou notify ization in (i) of ipport?	organizat (i) organi	s the ion in col zed in the S ?	(VII) Amoun	t of Support
				Yes	No	Yes	No	Yes	No		
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BAA

Schedule A (Form 990 or 990-EZ) 2008

Page 2

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) ► (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 (d) 2007 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 39,388 635,289. 56,731 85,534 72,651 380,985 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge 72,651 380,985 56,731 85,534. 39,388 635,289. Total. Add lines 1-3 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 0. shown on line 11, column (f) Public support. Subtract line 5 635,289. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 635,289. 72,651 380,985 56,731 85,534 39,388 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 2,955 19,766 18,072 5,786 46,579. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss form the sale of čapital assets (Explain in 0. Part IV.) Total support. Add lines 7 681,868. through 10 0. 12 12 Gross receipts from related activities, etc. (see instructions) 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 93.2% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 94.7% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box ► |X| and stop here. The organization qualifies as a publicly supported organization 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. 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 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 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

BENTONVILLE PUBLIC SCHOOL FOUNDATION 71-0714284 Schedule A (Form 990 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 (d) 2007 **(e)** 2008 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (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 6 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 Calendar year (or fiscal yr 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 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

11 Net income from unrelated business activities not included inline 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 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. 14

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	%

	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%
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% more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	, and	line 17 is not	► □
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 33-1s not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	1/3%, atıon	and line 18	► □

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

Schedule A	(Form	990 or 9	990-EZ	2008	BEN.	TONAT	<u> </u>	<u>, ORTIC</u>	SCHO	OL FO	UNDATI	.ON	/1	-0/142	84	Page 4
Part IV	Supp Part I	lemen I, line	17a (forma or 17b	tion. (; or Pa	Comple art III,	ete this line 12	s part 2. Prov	to prov ide any	ide the y other	explar additio	nation in nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation is a second in the nation in the nation in the nation is a second in the nation in the nation in the nation is a second in the nation in the nation in the nation in the nation is a second in the nation in the nation in the nation in the nation is a second in the nation in the nation in the nation is a second in the nation in the	required ormatic	d by Pa on. (see	rt II, line Instruc	e 10; tions)
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2008	Federal Statements	Page 1
	BENTONVILLE PUBLIC SCHOOL FOUNDATION	71-0714284
Statement 1 Form 990-EZ, Part I, Line 19 Grants and Similar Amount Donee's Name: Cash Amount Given:	0 ts Paid SCHOLARSHIPS \$	122,165.
Statement 2 Form 990-EZ, Part I, Line 10 Other Expenses Advertising and Promoto BANK CHARGES Depreciation DUES & SUBSCRIPTIONS EDUCATION MISCELLANEOUS Office Expenses TELEPHONE		1,807. 80. 1,579. 150. 266. 126. 1,102. 419. 5,529.
Statement 3 Form 990-EZ, Part II, Line 2 Other Assets Machinery and Equipmen		Ending 3,031.
Statement 4 Form 990-EZ, Part II, Line 2 Total Liabilities		3,031.
Accounts Payable and i		Ending 997. 997.
Statement 5 Form 990-EZ, Part III Organization's Primary Exe	omnt Burnosa	

Organization's Primary Exempt Purpose

To solicit corporations and individuals to pledge monies (both direct and through estates) to build a financial base to fund: (1) new educational programs, (2) permanent collections of book, art, etc., (3) scholarships and teacher grants, (4) improve facilities, equipment and supplies, (5) other purposes relating to education as directed by Board of Directors.

2008 **Federal Statements** Page 2 BENTONVILLE PUBLIC SCHOOL FOUNDATION 71-0714284 Statement 6 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