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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)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		Canaba	2008 calendar year, or tax year beginning July / , 2008, and ending	7 6 70	2000								
				D Employer Identifi	2009								
	R	Check if a	pplicable Please use		_								
		Addr	ess change IRS label BROKEN / IRKUW / GBC/C / CHOOL / CONNAA	1001 73-14									
		Name	or print e change or type. See /24 /, ASH	E Telephone numbe									
		Initia		9/8-25	8-451	4							
		Term	instructions. BROKEN ARROW, DK, 74012	-									
				G Gross receipts \$									
		$\overline{}$	nded return	a) is this a group return for affilia	otas?	N ZI							
		Appli	cation penalty / Y/A/// -	b) Are all affiliates included?	₩	F							
			If 'No,' attach a list (see instri	uctions) Yes	. ∐ No								
	<u> </u>	Tax-e	124 S, ASH BROKEN AROW OK . 74012 H(xempt status		//	4							
	<u>J</u>	Webs	ite: ► HO	c) Group exemption number	NIA	<i>?</i>							
	ĸ	Type of	organization Corporation Trust Association Other ► L Year of Formation	n / 9 92 M State of leg	jal domicile	2K							
	Pa	rt I	Summary										
			riefly describe the organization's mission or most significant activities.	14 BROWEN	ARROW								
		_	CHOOL TEACHERS SPECIAL PROTECTS.		035311								
	ဦ												
	Governance	_											
6	ĕ	2 C	heck this box If the organization discontinued its operations or disposed of more	than 25% of its assets									
2010	ဗိ		umber of voting members of the governing body (Part VI, line 1a).	3		13							
7	প্র		umber of independent voting members of the governing body (Part VI, line 1b)	. 4		13							
	Ě		otal number of employees (Part V, line 2a)	5		7							
ക	Activities		otal number of volunteers (estimate if necessary)	6		20							
\mathbf{z}	Ac		otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a		0							
JUN 30	1		et unrelated business taxable income from Form 990-T, line 34.	7b		0							
_	_		of direction business to the second s	Prior Year	Current Y								
SCANNED		, ,	autobations and grants (Dort VIII June 1h)		Cultent 1	0 00							
뜆	e e		ontributions and grants (Part VIII, line 1h)	75279	73,	437_							
氢	en		rogram service revenue (Part VIII, line 2g)	24717									
Ş	Revenue		evestment income (Part VIII, column (A), lines 3, 4, and 7d)	24747									
	_	11 C	ther revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	/4.2.4//		241							
₩2	_		otal revenue – add lines 8 through 11 (matterua Flat All, column (A), line 12)	100,046	57	376							
			rants and similar amounts paid (Part X, column (A), lines T-3)	49,282	68,6	979							
		14 B	Benefits paid to or for members (Party), column (A), line 4)										
	'n	15 S	alaries, other compensation, employee benefits (Part IX, Jodymn (A), lines 5-10)										
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)										
	ben		otal fundraising expenses (Part IX column (Fig. 12) UT		, ,	, ,							
	ă			- 2/2		- ~							
		1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	340	<u> </u>	07							
		ı	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,642	73,9	86							
		19 F	evenue less expenses. Subtract line 18 from line 12	45404	<u> 25, 3</u>	90_							
	8 8			Beginning of Year	End of Y	ear							
	Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	657344	651.4	484							
	A B		otal liabilities (Part X, line 26)	3000	11.5	150							
	žį		let assets or fund balances. Subtract line 21₅from line 20	144244	1791	734							
	D-	rt II	Signature Block	407,01	9/1/	<u> </u>							
	Га		<u> </u>										
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem true, correct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	nents, and to the best of my know r has any knowledge	viedge and belief,	, it is							
			·	1 ////	/, _								
	Sig	gn	1 - 1 Mayor		10								
	He	re	Signature of officer	Date									
			- Jimmy LYGANT, TREASUNER										
	_		Type or print name and title										
		·	Date	Check if Pre	parer's identifying instructions)	number							
	Pa	id		self- employed ►	,,								
	Pre		Preparer's signature										
	pa	rer's	Eurole come (or										
	Ųs		Firm's name (or yours if self-										
	On	ıly	employed), address, and	EIN P									
			ZIP + 4	Phone no	.	п							
	May	y the IR	S discuss this return with the preparer shown above? (see instructions)		Yes	No No							

Form 990 (2008)

Form 990 (2008)	Page 2
Part III Statement of Program Service Accomplishments (see instructions)	
1 Briefly describe the organization's mission:	
TO PROVIDE GROATS TO SCHOOL TEACHERS FOR SPECIAL	
PROTECTS:	
2 Did the organization undertake any significant program services during the year which were not listed on the prior	
Form 990 or 990-EZ?	No
If 'Yes,' describe these new services on Schedule O	J
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
If 'Yes,' describe these changes on Schedule O	L
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 expenses, and revenue, if any, for each program service reported	total
As (Code:) (Fuences & M2.00) unableding graphs of & 18.000 \(\text{(Decompt. & Q2.77)}\)	
4a (Code:) (Expenses \$ <u>73,986</u> including grants of \$ <u>68,979</u>) (Revenue \$ <u>99,376</u>	<u>o</u>)
THE FUNDATION FUNDER TO TEACHER GRANTS FOR SPECIAL	
LLASSRUUM PROTECTS THAT INVOLVED GVER 1500 STUDENTS	
IN THE BLOKEN ALROW SCHOOL AISTRICT	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
4 - (Onder 1) / European C.	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$))
Ad Other program common (Departs in Schodule O.)	
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ► \$ 73986 (Must equal Part IX, Line 25, column (B))	
(Must equal 1 dit IA, Line 20, Column (D))	

Part IV Checklist of Required Schedules

			V	N.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	١.,	_/	
2	Schedule A	1 2	$\frac{\lambda}{\lambda}$	<u> </u>
2		-	_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		\ _
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Y
-		 		
5	Section 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	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? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Y	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	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.? If 'Yes,' complete Schedule F, Part I	14b		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? If 'Yes,' complete Schedule F, Part II	15		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? If 'Yes,' complete Schedule F, Part III.	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL .	21		ĽXĽ
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		₩
		240		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .	24d		 -X _
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		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? If 'Yes,' complete Schedule L, Part II .	26		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? If 'Yes,' complete Schedule L, Part III	27_		X
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Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
;	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		_X_
ļ	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	:	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
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Part V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		-90
		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.	-0-		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1 c	1	14
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	0		- 1
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	N	A
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instruct	ions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b	N	VA
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)	y over, a 4a		X
b If 'Yes,' enter the name of the foreign country: ►		7	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank an Financial Accounts.	d	, ,	, ,
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	<u>5</u> a	<u> </u>	IX.
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi Prohibited Tax Shelter Transaction?	ng 5 c	N	14
6a Did the organization solicit any contributions that were not tax deductible?	. 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gi deductible?	fts were not 6 b	N	VA
7 Organizations that may receive deductible contributions under section 170(c).		2U	1
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$7	5 ⁷ 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.	7 b	N	14
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.	red to file 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	'IA		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		ļ	
	7e 7f		╁╲
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7 <u>1</u>	+	1
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as r			11
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(· ·		77
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the year?	n, have 8		X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u> </u>	
a Did the organization make any taxable distributions under section 4966?	9 <u>a</u>		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a	114	\	1
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>		1
11 Section 501(c)(12) organizations. Enter.			1
a Gross income from other members or shareholders	<i>114</i> .		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1/4	·	<u> </u>
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	$\perp X_{\perp}$
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b	14		
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Part VI . Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management								
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to l s, or changes in Schedule O. See instructions	nes 8 or 9b below, describe the circumstances,		Yes	No				
1 a	Enter the	number of voting members of the governing body .	1a /3		1					
t	Enter the	number of voting members that are independent	1b /_3		,					
2	Did any officer, d	officer, director, trustee, or key employee have a family relations irector, trustee or key employee?	hip or a business relationship with any other	2	·	X				
3	Did the o	rganization delegate control over management duties customari s, directors or trustees, or key employees to a management con	ly performed by or under the direct supervision apany or other person?	3						
4		rganization make any significant changes to its organizational deprior Form 990 was filed?	ocuments	4		X				
5		rganization become aware during the year of a material diversion	n of the organization's assets?	5		X				
6		organization have members or stockholders?		6		X				
7 a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
t	Are any	decisions of the governing body subject to approval by members	, stockholders, or other persons?	7 b	N	IA				
8										
ē	The gove	erning body?		8a	X					
t	Each cor	nmittee with authority to act on behalf of the governing body?		8ь	_X_					
9 a	Does the	organization have local chapters, branches, or affiliates?		9a		_X_				
t	If 'Yes,' o and bran	does the organization have written policies and procedures gove ches to ensure their operations are consistent with those of the	rning the activities of such chapters, affiliates, organization?	9 b	N	IA_				
10	Was a co describe	ppy of the Form 990 provided to the organization's governing boo in Schedule O the process, if any, the organization uses to revi	dy before it was filed? All organizations must ew the Form 990	10	Χ					
	organiza	any officer, director or trustee, or key employee listed in Part VII tion's mailing address? <i>If 'Yes,' provide the names and address</i>	, Section A, who cannot be reached at the es in Schedule O	11		X				
Sec	tion B.	Policies								
					Yes	No				
		organization have a written conflict of interest policy? If 'No,' go		12 a						
	to conflic	·		12 b	Λ	A				
		organization regularly and consistently monitor and enforce core O how this is done	npliance with the policy? If 'Yes,' describe in	12c	1	11				
		organization have a written whistleblower policy?		13		\$				
14		organization have a written document retention and destruction		14		X 1				
15	•	process for determining compensation of the following persons in comparability data, and contemporaneous substantiation of the								
	_	nization's CEO, Executive Director, or top management official?	••	15a	N	14				
t		icers of key employees of the organization?	•	15 b	_//					
		the process in Schedule O (see instructions)				1				
	entity du	rganization invest in, contribute assets to, or participate in a joi ring the year?		16a		X				
t	in joint v	nas the organization adopted a written policy or procedure requil enture arrangements under applicable federal tax law, and taker th respect to such arrangements?	ring the organization to evaluate its participation is steps to safeguard the organization's exempt	16b	N	14				
Sec		Disclosures								
17	List the s	states with which a copy of this Form 990 is required to be filed	OKLAHOMA							
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 in Indicate how you make these available. Check all that apply.		aılabl	e for	public				
	Own	website Another's website	uest							
19		in Schedule O whether (and if so, how) the organization makes at available to the public	its governing documents, conflict of interest poli	icy, ar	nd fina	ancial				
20	State the	name, physical address, and telephone number of the person v	who possesses the books and records of the orga			//				
•	Tim	DY TYGALT, 124 S. ASH, BLOKEN,	ALLON OK, 74012 918-	20	ر دے۔ 	- -				
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did no	ot comper	isate a	ny o	office	er, o	directo	or, tr	ustee, or key employ		
(A)	(B)		(c) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours		_					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SKIP MEFFORD PRESIDENT	,	X						6	0	0
HALEL KOEHLER		X						()	0	0
TASASYNER		X						0	0	0
JACK EDWARDS								4	O	
BUTCH GREEN		X	-		-		\vdash	0	<u> </u>	0
DIRECTOR		X						0	٥	O
DILECTOR	/	X						0	0	6
ARLBERT FRIEZE			-		_					
AINCTOR	/	X	_					6	0	0
RUSELL PETELSON	/	×						<i>b</i>	0	0
	1									

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Part VII Section A. Officers, Directors, Trust	tees, K	(ey	Em	plo	ye	es,	an	d Highest Con	pensated Emp	oloyees (cont.)
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	rage Position (check all that urs week or that office or the characteristics)					_	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	Officer	y emp	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
		or trust	nal tru		employee	ompe				organizations
		ee	stee			nsate				
					_		<u> </u>			<u> </u>
									-	
						_				
1 b Total			<u> </u>	!	·	I	-			
2 Total number of individuals (including those in 1a)	who rec	eive	d me	ore 1	thar	1 \$1	00,0	00 in reportable o	ompensation from	the
organization NonE										Yes No
3 Did the organization list any former officer, director	or trust	ee 1	cev.	emr	Nove	90	or bi	ighest compensat	ed emnlovee	
on line 1a? If 'Yes,' compléte Schedule J for such i	ndıvıdua	aL	•		•	•		• .	, ,	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable han \$15	100 e	npe)0?	nsa If 'Y	tion es'	and com	d oth aplet	er compensation e Schedule J for	trom such	
individual . 5 Did any person listed on line 1a receive or accrue of	omnens	atın	n fra	nm :	anv	unr	elate	 ed organization fo	r services	4 X
rendered to the organization? If 'Yes,' complete Sci	hedule .	for	suc	h pe	erso	n				5 X
Complete this table for your five highest compensation from the organization.	ted inde	pend	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
(A) Name and business address (B) Description of Servi) of Services	(C) Compensation	
# 112 15 11	_									
· NONE "					<u> </u>					
2 Total number of independent contractors (including	those "	n 1)	who	rec	eive	ed n	nore	than \$100 000 in		
compensation from the organization		,				- - • •		4 100 1000 111		

Part	VIII Statement of Revenue				<u> </u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f: h Total. Add lines 1a-1f	93.159			-
Ä	Business Code 2 a b c d e f All other program service revenue g Total. Add lines 2a-2f				1
OTHER REVENUE	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal A Gross Rents (ii) Real (iii) Personal A Gross amount from sales of assets other than inventory B Less. cost or other basis and sales expenses C Gain or (loss) A Net gain or (loss) A Net gain or (loss) B Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 B Less: direct expenses C Net income or (loss) from fundraising events See Part IV, line 19 B Less: direct expenses C Net income or (loss) from gaming activities See Part IV, line 19 B Less: cost of goods sold C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	5,417	5,717		31 201
1	d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	99 376	5717		

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	68979	68,979		
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	_	<u>-</u>		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	·			
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ł	Legal				
(: Accounting	2500		2500	
c	i Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses			· · ·	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	/993		1993	
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.)	, , , , , , , , , , , , , , , , , , ,	₹₹ <u>6</u>		-
á	BAKK + VISA CHARLES	514		5/14	
,					
	´		·-		
	<u></u>	···	 		
4	All other expenses		 		·
	·	777091	68.979	607	
	Total functional expenses. Add lines 1 through 24f	73,986	40,711	5007	
∠6	Joint Costs. Check here ► 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				
2 ^ ^			·		Form 990 (2008)

<u>г</u> а	<u>n x</u>	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7.749	1	13.328
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		-	
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Ą	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
,		Land, buildings, and equipment: cost basis . 10a			
		Less: accumulated depreciation. Complete Part VI of	. '		
		Schedule D . 10b		10 c	
	11	Investments – publicly-traded securities	149 595	11	1.78 15%
	12	Investments - other securities, See Part IV, line 11	411,010	12	0/0//20
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	457.344	16	1.51 484
	17	Accounts payable and accrued expenses .	451,511	17	911,181
	18	Grants payable		18	
L I A B I	19	Deferred revenue	3,000	19	11 750
	20	Tax-exempt bond liabilities	2,000	20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,	-		
L		highest compensated employees, and disqualified persons. Complete Part II	. 1		3 3 , 15
į		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25.	3,000	26	11,750
Ë		Organizations that follow SFAS 117, check here ► 🗶 and complete lines			
Ť		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	4,460	27	4 4,271)
Ĕ	28	Temporarily restricted net assets	1.10.00.	28	, , , ,
	29	Permanently restricted net assets	449,884	29	484,005
R		Organizations that do not follow SFAS 117, check here and complete	. t	, ,	ا المناسبة المناسبة المناسبة المناسبة ال
UZC	l	lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds	· · <u> </u>	30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .	1 - 11 - 111	32	(
BALANCES	33	Total net assets or fund balances	254,344	33	679754
	34	Total liabilities and net assets/fund balances	457,344	34	491, 484
Pa	ırt X	Financial Statements and Reporting			
					Yes No
		counting method used to prepare the Form 990: Cash Accrual	Other		
2		re the organization's financial statements compiled or reviewed by an independent	accountant? .		2a X
		re the organization's financial statements audited by an independent accountant?		• •	2b X
	c If "	Yes' to 2a or 2b, does the organization have a committee that assumes responsibili- riew, or compilation of its financial statements and selection of an independent acco	ty for oversight of the a ountant?	udıt,	2c X
		a result of a federal award, was the organization required to undergo an audit or at			
3	Au	dit Act and OMB Circular A-133?		Single	3a X
		Yes,' did the organization undergo the required audit or audits?	<u> </u>		3b N/A
RΛ					Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 2008

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

		organization			-								tion number	
BR	OK,	EN 1	FRROL	s Sch	1201	COUNDATION					7.	3 <i>- /</i> ·	413010)
Par	: T	Reaso	n for Pu	blic Cha	rity Statu	is (All organizations	s must o	comple	te this	part.)	(see i	nstruc	tions)	
The c	orga	nization is	s not a pri	vate found	ation becau	use it is (Please check	only one	organiz	ation.)			-		
1	Ť	A church	. conventi	on of churc	ches or ass	ociation of churches de	scribed in	section	n 170(b)	(1)(A)(i)				
2	┢		•			A)(ii). (Attach Schedule			•					
3	\vdash	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
4	\vdash	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's												
7	L	ļ.		_	non operate	d in conjunction with a	nospitai	uc3ci ibc	u III see		υ(υ χ.,χ.,	·X, C	nter the nosp	itai 3
5		name, city, and state. 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 7		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 in section 170(b)(1)(A)(v) . (Complete Part II)												
8	L	A comm	unity trust	described	ın section	170(b)(1)(A)(vi). (Compl	lete Part	II)						
9	X _	from actives investme	rities relate ent income	ed to its exe and unrel	mpt function ated busine	more than 33·1/3 % of its ns – subject to certain ex ess taxable income (less complete Part III)	ceptions	and (2) r	no more i	than 33₊	1/3 % of	its supp	ort from aross	
10	L	An organ	iization or	ganized an	nd operated	exclusively to test for p	oublic saf	ety See	section	1 509(a)	(4) . (see	e instruc	ctions)	
11		An organ more pub describes	nization or blicly supp s the type	ganized an orted orga of suppor	nd operated anizations o ting organi	exclusively for the ben described in section 509 zation and complete lin	efit of, to 9(a)(1) or es 11e th	perform section rough 1	n the fun 509(a)(2 1 h	ctions o 2). See	of, or car section	rry out t 509(a)(3	he purposes (3). Check the	of one or box that
		а Птур		b		c ☐ Type						d 🗌	Type III- C	
е		By check	ang this bondation ma	ox, I certify anagers ar	that the or	rganization is not contro in one or more publicly	olled dired supported	ctly or in d organi	idirectly zations	by one describe	or more ed in sec	disqual	ified persons 9(a)(1) or sec	s other tion
f		If the org	janization is box	received a	written det	termination from the IR	S that is	a Type I	, Type II	l or Typ	e III sup	porting	organization,	🗆
g		Since Au	igust 17, 2	2006, has t	he organiza	ation accepted any gift	or contrib	oution fr	om any	of the fo	ollowing	persons	s ⁷	
													\	res No
		(i) a p	erson who	directly o overning bo	r indirectly ody of the s	controls, either alone o supported organization?	r togethe	with pe	ersons d	escribed	d in (ii) a	and (III)	11 g (i)	X
		(ii) a fa	amily men	nber of a p	person desc	cribed in (i) above?							11 g (ii)	X
		(iii) a 3	5% contro	lled entity	of a persor	n described in (i) or (ii)	above?						11 g (iii)	X
h				=	-	the organizations the or		n suppo	rts					
	() Name of Su Organiza	pported	T	EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organiza (i) liste	Is the tion in cold in your erning ment?	(v) Did y the organ	ou notify nization in (i) of upport?	(vi) 1 organizati (i) organiz U S	ion in col	(vii) Amount o	of Support
							Yes	No	Yes	No	Yes	No		
									1					
						NI	7							
	•						- · · · - · · ·	<u> </u>						
				 	<u></u>		-	 	-					
								ļ						·
Total														

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

Par	t II Support Schedule for	_			b)(1)(A)(iv) and	d 170(b)(1)(A)((vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)		·	
Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			NIA			
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			i			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1		4	- -:			
	that exceeds 2% of the amount shown on line 11, column (f)				3		
6	Public support. Subtract line 5 from line 4		,		م م		···
Sec	tion B. Total Support					<u> </u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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			NA			
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			, ,	. 2,	t Ty	
12	Gross receipts from related activ	vities, etc. (see in:	structions)			. 12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu		ercentage				
	Public support percentage for 20			e 11, column (f).		14	N/A %
15	Public support percentage for 20		· · · · · · · · · · · · · · · · · · ·			15	%
16 a	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 and stop here. The organization qualifies as a publicly supported organization.						
t	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						
17 a	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						
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization.	IV how the ▶
18	Private foundation. If the organi	ization did not che	eck a box on line,	13, 16a, 16b, 17a			
BAA					Sci	hedule A (Form 99	90 or 990-EZ) 2008

(Complete only if you che	~			(a)(2)		
Section A. Public Support						
Calendar year (or fiscal yr beginning in) ► 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2004 92784	(b) 2005 874//	(c) 2006 9 9 834	(d) 2007 75279	(e) 2008 93,459	(1) Total 448, 947
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	, , , , ,	, , , ,	7-74-7	7.4,74
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, 3 received from disqualified	92784	87,411	99,834	75,279	93159	448,947
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	92784	87,411	99.814	75,279	93.459	
7c from line 6).		, , , , ,		1		448967
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 .	52784	87411	99834	75279	93,455	448,967
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	18912	12,198	44047	2477	5,717	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		12,110	77,011	24747	3,777	
c Add lines 10a and 10b	18912	12,198	44,047	24767	5717	105,641
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.)						
 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and 		ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)	554,608
Section C. Computation of Pu			·	<u> </u>	•	· · · · · · ·
15 Public support percentage for 20			o 13 column (fi)		15	0/ 0/
16 Public support percentage from					15	8/ % 75 %
Section D. Computation of Inv				• • •	. 16	/2 /6
17 Investment income percentage f				mn (fl)	. 17	/9 %
18 Investment income percentage i			-	(1))	. 18	25 %
19a 33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	organization did not	check the box on li	ne 14, and line 15 i	s more than 33-1/3° blicly supported o	%, and line 17 is no	t
b 33-1/3 support tests – 2007. If t is not more than 33-1/3%, check	k this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	and line 18
20 Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	neck this box and	see instructions	<u> </u>

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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 6, 7, 8, 9, (10,)11, or 12.

_	of the organization	ipioyer identification number
BI	ROKEN ARROW PUBLIC SCHOOL FOUNDATION 7	3: 14/30/0
	Organizations Maintaining Donor Advised Funds or Other Similar Funds the organization answered "Yes" to Form 990, Part IV, line 6.	or Accounts. Complete if
	<u> </u>	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 d funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funused only for charitable purposes and not for the benefit of the donor or donor advisor or of impermissible private benefit?	ds may be
Pai	art II Conservation Easements. Complete if the organization answered "Yes" to Form	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
2	☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an ☐ Protection of natural habitat ☐ Preservation of ce ☐ Preservation of open space ☐ Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of	historically important land area rtified historic structure
	on the last day of the tax year.	
		法일본 Held at the End of the Year
а	a Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С		1 = 1
d		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina the taxable year ▶	ted by the organization during
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, vienforcement of the conservation easements it holds?	
6		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	year ► \$
8		
9		
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statem art, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these	in furtherance of public service,
b	b If the organization elected, as permitted under SFAS 116, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	
2		
а		. > \$
	b Assets included in Form 990, Part X	

_		•
-	'age	4

Par							
3	Using the organization's accession items (check all that apply):	and other record	s, check any c	f the following the	nat are	e a significant us	se of its collection
а	Public exhibition		a 📙	Loan or excha			
b	Scholarly research		е 📙	Other			
С	Preservation for future general	ions					
4	Provide a description of the organizer XIV	ation's collection	s and explain I	now they further	the or	ganization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be maint	ained as part o	the organization	's colle	ction?	☐ Yes ☐ No
Par	Trust, Escrow and Cust Part IV, line 9, or reporte	odial Arrangem d an amount on	ents. Comple Form 990, Pa	te if organization	n ansv	vered "Yes" to	Form 990,
	Is the organization an agent, truste included on Form 990, Part X? .				ons or	other assets no	Yes 🗌 No
b	If "Yes," explain the arrangement in	Part XIV and co	mplete the follo	owing table:			
						Ar	nount
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e	ļ	
f	Ending balance				1f	L	
2a	Did the organization include an am	ount on Form 99	0, Part X, line	21?			
b	If "Yes," explain the arrangement i	n Part XIV.					
Pa	t V Endowment Funds. Co	mplete if organ	uzation answe	ered "Yes" to F			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	649.884	12 1/20 1/2	医多种 医	. in	学域。这些地	The state of the same
b	Contributions	36/2/	国际的	ULL 2 12 14 15	, ,	14 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	。 不是这个人
Č	Investment earnings or losses .	5717	1、187		. ¥. #	the same of the last of	15 数线 美元的
d	Grants or scholarships		图象 人名		2011	A STORY	<u>。 我要了无识别</u>
e	Other expenditures for facilities	, , , , , , , , , , , , , , , , , , ,		ر الأن المراج الأن المراج المراجع الم			
	and programs — CLANTS	5717	Contract of the graph of the contract of the c	TABLE TO THE		- 1 2 3 3 3 1 3 3	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
f g	Administrative expenses End of year balance	686,005	THE TANKE OF THE	13 13 4),		and the state of t
2	Provide the estimated percentage	of the year end b	alance held as	:			
а	Board designated or quasi-endowi	ment ▶	%				
b	Permanent endowment ▶ /./	Q %					
С	Term endowment ▶	%					
3а	Are there endowment funds not in toganization by:	he possession of	the organization	n that are held ar	nd adm	inistered for the	Yes No
	(i) unrelated organizations						3a(i) X
	(!!) valeted eventuations						3a(ii) X
b	If "Yes" to 3a(ii), are the related or	ganizations listed	as required or	Schedule R?			3b NA
4	Describe in Part XIV the intended	uses of the organ	ization's endov	vment funds.			
Pa	rt VI Investments—Land, B	uildings, and E	quipment. Se	ee Form 990, P	art X,	line 10.	·· ·····
	Description of investment	(a) Cost or (invest		b) Cost or other basis (other)	(c) (Depreciation	(d) Book value
1a	Land			-	37.5347	19 (2) . (1) [1] Jan	
b	Buildings	•					
-	Leasehold improvements						
ن	Equipment						
d e	Other	. :					
	al. Add lines 1a-1e (Column (d) should	equal Form 990, F	Part X, column (l	3), line 10(c)) .	<u></u> .	•	

Part VII	Investments - Other Securitie	s. See Form 990, Part	X, line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Fınancial de	rivatives and other financial products			
	d equity interests			
Other		-		
				<u> </u>
		-		
		-		· · · · · · · · · · · · · · · · · · ·
	A) - - - - - - - - - -			
Part VIII	(b) should equal Form 990, Part X, col (B) line 12) Investments—Program Relati	ad See Form 990 Part	Y line 13	
	a) Description of investment type	(b) Book value	(c) Method of va	luation
		(b) Book raise	Cost or end-of-year r	
		 		
				
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13)		Wight At the State of the	可以是一种
Part IX	Other Assets. See Form 990, P			
		(a) Description		(b) Book value
•				
	-		· · · · · · · · · · · · · · · · · · ·	
Part X	umn (b) should equal Form 990, Part X, on Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	
raitA	(a) Description of liability	(b) Amount	1	
Federal inc	come taxes	V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second
				1
				ay wa
			- 1	,
				1
				- A
Total (Column	n (b) should equal Form 990, Part X, col. (B) line 25.) ▶			in the
- 0 : 411 (0 0 / 411 / 11	, populational organia i orini ado, i est A, COI (D) illie 20) 🕨	I _	1	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	1	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	SAME	15
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	Ausi	TED
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	FINA	NUAL
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7	 	<u> </u>
8	Other (Describe in Part XIV)	8		<u> </u>
9	Total adjustments (net). Add lines 4–8	9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 **T XII Reconciliation of Revenue per Audited Financial Statements With Revenu		Poturo	
		10 001	Tetain	
1	Total revenue, gains, and other support per audited financial statements		,	
2			<u></u>	1
a	Net unrealized gains on investments		1	1
b	Recoveries of prior year grants			Ì
d	Other (Describe in Part XIV)			1
e	Add lines 2a through 2d	2e	-	1
3	Subtract line 2e from line 1	3		1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	5 7 7		
a	Investment expenses not included on Form 990, Part VIII, line 7b		:	
b	Other (Describe in Part XIV)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
c	Add lines 4a and 4b	. 4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ses p	er Return	<u> </u>
1	Total expenses and losses per audited financial statements	. 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	# 78 # 78		1
а		1,000		
b			37	1
С			7	1
d	,		4	· [
е		. <u>2e</u>		
3	Subtract line 2e from line 1	. 3	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	200	71 .a.	1
a	41		8	
	Add Bas And All	\\\\C_144	-	1/
5	Add lines 4a and 4b	. 4c	+	1/
	rt XIV Supplemental Information	<u> </u>		V
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 IV, line	es 1b
PA	OF V, LINE 4 - 100 TO OF THE EARNINGS I	Ros SFS	n THE	<u> </u>
		7. ! . 7.	6-542	
	FUND TEACHER GRANTS.			
	•••••••••••••••••••••••••••••••••••••••			

Schedule D (For	chedule D (Form 990) 2008 Page 5							
Part XIV	Supplemental Information (continued)							
		•••••						
• • • • • • • • • • • • • • • • • • • •								
• • • • • • • • • • • • • • • • • • • •								

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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organiz	zation		_				Employer iden	tification number
Rouse	Account	PUBLIC.	SCHOOL	Z.	/		73 /4/	3010
PROKEN		1 413210		1 04	NONT		1 / - / //.	
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PART VI	1 - LINE	10 -	THE	105	ASUNA	NOF	THE ON	CANIZATION
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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service

Internal Revenue Service	File a separate application for each return.	
 If you are filing for an 	Automatic 3-Month Extension, complete only Part I and check this box	- 🛛
If you are filing for an		
	nless you have already been granted an automatic 3-month extension on a previously filed Fo	
	3-Month Extension of Time. Only submit original (no copies needed).	
- Automatic	o month extension of time, only subtrict original the copies needed).	
A corporation required to	file Form 990-T and requesting an automatic 6-month extension – check this box and comple	te Part I only
All other corporations (inc income tax returns	luding 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an ex	tension of time to file
the additional (not automater Form 990-T Instead, you	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of onths for a corporation required to file Form 990-T). However, you cannot file Form 8868 elect atic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a comp must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on wefile and click on e-file for Charities & Nonprofits.	osite or consolidated
Name of Exemp	t Organization Employ	er identification number
Type or print Broken H	ARROW PUBLIC SCHOOL FORNDATION, INC. 12	B-1413010
File by the due date for filing your	and room or suite number. If a P.O. box, see instructions 5. ASH AVE.	
return See City, town or po	st office, state, and ZIP code. For a foreign address, see instructions	
Rockie	N ARROW, OIL 74012-4001	
	e filed (file a separate application for each return)	
Form 990	Form 990-T (corporation)	
Form 990-BL	Form 990-T (section 401(a) or 408(a) trust) Form 5227	
Form 990-EZ	Form 990-T (trust other than above)	
Form 990-PF	Form 1041-A Form 8870	
The books are in the ca	re of - THE ORGANIZATION	
Telephone No > 91	8-258-6616 FAX No ►	
	es not have an office or place of business in the United States, check this box	▶ □
	Return, enter the organization's four digit Group Exemption Number (GEN)	for the whole errors
	If it is for part of the group, check this box	
_	•	ns of all members
the extension will cove		
	tic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
The extension is for	_, 20 10 _ , to file the exempt organization return for the organization named above the organization's return for	
calendar yea	ır 20 or	
tax year beg	inning July] , 20 08 , and ending July 30 , 20 09	
2 If this tax year is for	less than 12 months, check reason	in accounting period
3a If this application is nonrefundable credi	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any ts See instructions 3a	\$
	for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments mor year overpayment allowed as a credit 3b	\$
c Balance Due. Subtra deposit with FTD co See instructions	act line 3b from line 3a Include your payment with this form, or, if required, upon or, if required, by using EFTPS (Electronic Federal Tax Payment System) 3c	\$
Caution. If you are going payment instructions	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 887	9-EO for
BAA For Privacy Act and	Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev 4-2009)

Form 8868	(Rev 4-2009)		Page 2
• If you a	ere filing for an Additional (Not Automatic) 3-Month Extension, complete onl	y Part II and check t	his box
Note. Only	complete Part II if you have already been granted an automatic 3-month ext	ension on a previous	sly filed Form 8868
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	· · · · · · · · · · · · · · · · · · ·	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed)
	Name of Exempt Organization		Employer identification number
Type or print	Brayles Annai Piblic School Falbation, Inc. Number, street, and room or suite number If a PO box, see instructions		13 - 1413010
File by the extended			
due date for	104 5 have here		Mark to the same of the gard.
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see instructions	Water Care Care	
instructions	Bruces Areau, OK 74012-4001		
Chack hype	e of return to be filed (File a separate application for each return)	To 9 20 2 1 - 52 52 1 1825 1	A STATE OF CHARLES COME TO THE PROPERTY OF THE PERSON OF T
Form 9		Form 1041-A	☐ Form 6069
Form 9	⊢	Form 4720	Form 8870
Form 9		Form 5227	F01111 8870
	not complete Part II if you were not already granted an automatic 3-month e	· 	ouch filed Form 9969
	oks are in care of THE OIZEAUZATION	extension on a previ	busiy illed Form 6888.
	one No ► 112-287-6516 FAX No ►		
•	organization does not have an office or place of business in the United States	check this box	▶ □
	is for a Group Return, enter the organization's four digit Group Exemption Nu		If this is for the
	up, check this box	1 · · · 	th the names and EINs of all
•	the extension is for	j and attach a list wi	the hames and Lives of all
	uest an additional 3-month extension of time until May 15 , 20	0	
,			JUNE 30 , 2009
	s tax year is for less than 12 months, check reason. Initial return	Final return	Change in accounting period
	e in detail why you need the extension		
	NE TO GATHER INFORMATION NECESTIARY TO		
	CURATE TAY RETURN.		
8a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ten efundable credits. See instructions	tative tax, less any	8a \$
payn	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable nents made. Include any prior year overpayment allowed as a credit and any Form 8868.		
c Bala with	nce Due. Subtract line 8b from line 8a. Include your payment with this form, FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	or, if required, depos t System). See instr	sit s 8c\$
	Signature and Verification	on	
Under penaltic	es of perjury, I declare that I have examined this form, including accompanying schedules and statemer complete, and that I am authorized to prepare this form	nts, and to the best of my ki	nowledge and belief, it is true,
Signature	loss a Pauser Title - CPCe		Date - 2-16-10

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

BAA