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SCANNED MAY 26 2010

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 200	9 calendar ye	ar, or tax year beginning	, and ending					
	Check if applica	use IRS	C Name of organization THE BOGUE FOU	NID A IET ON			D Empl	oyer identificat	ion number
\equiv	Address change Name change	label or print or	Doing Business As	NDATION			68	-003684:	3
\equiv	-	type.	Number and street (or P O box if mail is not delivered to s	treet address)		Room/suite	E Telep	hone number	
二	Initial return	See Specific	14837 N 18TH PLACE				209	9- 4 73-0:	
\equiv	Termination	Instruc-	City or town, state or country, and ZIP + 4	NE 05000 200 <i>0</i>			G Gross rec	eipts \$	59,500
=	Amended return	E Nom	PHOENIX and address of principal officer	AZ 85022-3926	-		H(a) le thu	a group return for	
Ш	Application pen	iding	and address of principal officer				affilia		Yes X No
							H(b) Are a	Il affiliates	Yes No
							If "No	,* attach a list (see i	instructions)
	Tax-exempt		501(c) (3) ◄ (insert no) 4947	(a)(1) or 527			_		
_	Website:			<u> </u>			H(c) Group	exemption number	
	Type of organi	zation X Cos			<u> </u>	Year of formation	<u> </u>	M State of legal of	domicile
-			 e organization's mission or most significant a 	ctivities					
Ф.		-	E THE MINISTRIES OF THE AS		D				
ü									
Activities & Governance									
30			if the organization discontinued its opera	•	e than 25%	of its net assi	1	l	
8		_	members of the governing body (Part VI, line	•			3		
ties		•	indent voting members of the governing body	(Part VI, line 1b)			4		
ξį			mployees (Part V, line 2a)				5 6		
ĕ			olunteers (estimate if necessary) ited business revenue from Part VIII, column	(C) line 12			7a		
		•	iness taxable income from Form 990-T, line 3	• •			7b		0
						Prior \	'ear	Current	
ΘĘ			grants (Part VIII, line 1h)						<u>59,500</u>
Revenue			evenue (Part VIII, line 2g)	<u>=D</u>					
8			e (Part VIII, column (A), lines 3, 4, and 7d)						
	11 Othe	r revenue (F	art VIII, column (A), lipes 5, 6d, 8c, 9c, 10c, a dd lines 8 through 11 Griust Buea il Part VIII 2		-				59,500
			r amounts paid (Part IX, column (A), lines 1–3		-				38,090
	14 Bene	efits paid to d	for members (Part IX, column 4) Ime (4)	157					
ű	15 Sala	ries, other co	mpensation, employee benefits (Part X, colu	mn (A), lines 5–10)		·			
sesued	16a Prof	essional fund	raising fees (Part IX, column (A), line 11e)						
			expenses (Part IX, column (D), line 25)						
ũ	1	•	Part IX, column (A), lines 11a-11d, 11f-24f)						20 000
	L	-	dd lines 13–17 (must equal Part IX, column (A), line 25)	ŀ	<u> </u>			$\frac{38,090}{21,410}$
- S	19 Rev	enue iess ex	enses Subtract line 18 from line 12	 		Beginning of (urrent Year	End of	
Net Assets or Fund Balances	20 Tota	ıl assets (Par	X, line 16)		ļ		38,703		60,113
A As	21 Tota	il liabilities (P	art X, line 26)						
			balances Subtract line 21 from line 20				38,703		<u>60,113</u>
<u>P</u>	art II	Signatu							
			es of perjury, I declare that I have examined this reti s_true, correct, and complete Declaration of prepare				reparer has ar	ny knowledge	
Sig	ın	4	Inn S				ا ح	-1-10	
He	-	Signatu	e of officer				Date		
•••			NALD BOGUE		PRESI	DENT		5-1-10	10
		Type or	print name and title			_			
_		Preparer's			Date	Che	ck if	Preparer's ide (see instructio	ntifying number
Pa		signature	7		04/2	8/10 self-	loyed 🕨 🗌] (See Insudoo	113)
	eparer's e Only	Firm's name	(or yours ALL ABOUT NUMBE				EIN	26-0	008887
US	e Omy	ıf self-emplo	ed) 4512 FEATHER RI		}		Phone		
	. ::	address, and		5219-6563			no	<u>209−95</u>	
			um with the preparer shown above? (see inst			<u>.</u>			Yes No
DA ⁴		ot and Pape	work Reduction Act Notice, see the separa	រ មេ រោទរេបបលាទ.				Form	п 990 (2009)

		BOGUE FOUN			68-0036843			Page 2
Pa	<u>rt III - Statem</u>	ent of Program S	ervice Accom	<u> plishments</u>		- :		
1_		organization's mission			05 G05			
T	O-PROMOTE	THE MINISTR	CIES OF TH	HE ASSEMBLIES	OF GOD			
	D.14.							
2	_		ant program servic	es during the year which we	ere not listed on		\Box .	₹
	the prior Form 990 o						Yes	X No
_		ese new services on S						
3		cease conducting, or i	nake significant ch	nanges in how it conducts, as	ny program		—	99
	services?						☐ Yes	X No
		ese changes on Sched						
4				rganization's three largest p	-			
		·		47(a)(1) trusts are required t		f grants and		
	allocations to others	s, the total expenses, ar	nd revenue, if any,	for each program service re	ported			
								
		(Expenses \$	38,090	0.0) (Revenue \$)
		ANIZATIONS	INVOLVED	IN THE ASSEMB	LY OF GOD			
M	INISTRIES							
4b	(Code)	(Expenses \$		including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·	/F 0		1.1.		\ /D:		
4C	(Code)	(Expenses \$		including grants of \$) (Revenue \$,
				•				
	Others		-d1- O \				<u> </u>	
4d		rices (Describe in Sche						
	(Expenses \$		including grants of) (Revenue \$			
<u>4e</u>	Total program ser	vice expenses >	38,	090				
							Form S	990 (2009)

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		Yes	No_
1	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	i			
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI,		ì	i	
	VII, VIII, IX, or X as applicable		11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Ì			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
-	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	···-		-
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
			Form	ո 990	(2009)

Form 990 (2009) THE BOGUE FOUNDATION Part IV - Checklist of Required Schedules (continued)

			Yes	No
21	Dtd the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States 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, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u></u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	į		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? 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,	ł		ł
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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,	1		
	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 7701-37 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	- 1		İ
	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,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	X

	otatemento regarding enter into runingo and rax compilation		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	``		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return Let a least one is considered on line 2s, did the expression file all required federal employment to vice the considered on line 2s.	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b		
	instructions)			
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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	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 Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	<u>.</u> .	i	
6a	Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
va	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	- Ju		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written document retention and destruction policy?	Sec	tion A. Governing Body and Management			
b Either the number of voting members that are independent 2				Yes	No
2 Dut any officer, director, fusuee, or key employee a family relationship or a business relationship with any other officer, director, fusuee, or key employee? 3 Ut the organization delegate control over management duties customarily performed by or under the decide officer, directors or mustees, or key employees of a management conspary or other person? 4 Dut the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Does the organization have members of subcholders, or other persons who may elect one or more members 6 N X 7 Does the organization have members, slocchiolders, or other persons who may elect one or more members 9 Ordinary of the governing body? 10 Dut the organization contemporareously document that meetings held or written actions undertaken during the year of year by the following 11 The government body? 12 N X 13 Dut the organization contemporareously document that meetings held or written actions undertaken during the year by the following 13 The government body? 14 State organization contemporareously document that meetings held or written actions undertaken during the year by the following 15 Is there any officer, director, rustee, or key employee Islaed in Part VII. Section A, who cannot be reached at the organization and the organization? 10 Dues the organization have written poblices or affinitees? 10 Dues the organization have written poblices or affinitees? 10 Dues the organization have written poblices or affinitees? 10 Dues the organization have written poblices or affinitees? 10 Dues the organization have a written written and destruction policy? 11 Dues the organization have a written written and destruction policy? 12 Dues the organization have a written written policy? or procedure requiring the organization and decision? 14 Dues the org	1a	Enter the number of voting members of the governing body	╛		
any other officer, director, fusules, or key employee? 3	b	Enter the number of voting members that are independent	_		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, direction or Instales, or key employees to a management double organization assessing? 5 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members is stockholders? 6 Did be organization have members is stockholders? 7 Did be the organization have members is stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 1 Steres my filed. 1 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 8 Did the organization have under the meetings held or written actions undertaken during the year by the following 1 The governing body? 8 Did the organization have file the governing body? 8 Did the organization have lice of the governing body? 8 Did the organization have lice of the governing body the governing body the content and the organization have undertaken during the activities of such chapters. 9 Did the programization have undertaken protection are consistently with file organization? 1 Did because in Schedule O the process, if any, used by the organization the desiberation and decision? 1 Did be process for determining compensation of the following	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		,	
supervision of officers, directions or trustees, or key employees to a management company or other person? A		any other officer, director, trustee, or key employee?	2		<u> </u>
4 Dut the organization make any significant changes to is organizational documents since the prior Form 980 was filled? 5 Dut the organization have members or a material diversion of the organization's assets? 6 Does the organization have members in stockholders? 7 Does the organization have members in stockholders? 8 Does the organization have members in stockholders? 9 Tax	3	Did the organization delegate control over management duties customarily performed by or under the direct			
5 Old the organization become aware during the year of a material diversion of the organization's assets? 6 Oces the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 8 Dues the organization have members, stockholders, or other persons? 7		supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
5 Does the organization have members of stockholders? 3 Does the organization have members of stockholders, or other persons who may elect one or more members 4 of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 A X 7 A X 7 A X 7 A X 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 A X 8 The governing body? 8 A X 8 B X 8 B X 8 B B X 9 Section B. Policies (This Section B requests information about policies not required by this internal Revenue Code.) 7 Ves No. 8 B D X 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 7 Ves No. 8 B D X 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 8 Code the organization have local chapters, branches, or affiliates? 9 10	4		4		<u>X</u>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7c X 8 Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the year by the following the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at the organization and decision of the year by the following at the organization function of the year by the following at the organizations making address? If Yes, proude the names and addresses in Schedule O 8 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 8 If Yes, 5 does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 If Yes, 5 does the organization have written policies and procedures governing body before filing the form? 10 Besche in Schedule O the process, if any, used by the organization to review the Form 990 11 Describe in Schedule O the process, if any, used by the organization for the theory of the governing body before filing the organization have a written conflict of interest policy? If Ye, go to line 13 12 Describe organization have a written whistlehlower policy? 13 Describe organization regularly and consistently monitor and enforce compliance with the policy? If Yes," describe in Schedule O how this is done 15 Describe organization have a written organization of the following persons include a review and approval by more official to the organization have a written document organization or the desb				<u> </u>	<u>X</u>
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with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANN BOGUE ANN BOGUE 14837 N 18TH PL		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN BOGUE 14837 N 18TH PL	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN BOGUE 14837 N 18TH PL		with a taxable entity during the year?	16a		<u> </u>
the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN BOGUE 14837 N 18TH PL	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website □ Another's website □ Upon request. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN BOGUE.		its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
17 List the states with which a copy of this Form 990 is required to be filed ▶ CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANN BOGUE 14837 N 18TH PL		the organization's exempt status with respect to such arrangements?	16b		
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	Sec	tion C. Disclosure			
available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ANN BOGUE. ANN BOGUE.	17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ANN BOGUE 14837 N 18TH PL	18				
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ANN BOGUE 14837 N 18TH PL 		available for public inspection. Indicate how you make these available. Check all that apply			
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANN BOGUE 14837 N 18TH PL		Own website Another's website Upon request			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ANN BOGUE 14837 N 18TH PL	19				
organization ▶ ANN BOGUE 14837 N 18TH PL		policy, and financial statements available to the public			
	20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
PHOENIX AZ 85022					
	PI	HOENIX AZ 85022			

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Form 990 (2009)

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 Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) of 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

(A) Name and Title	(B) Average hours per		ition ((chec	C) k all 1	that a	pply)	ctor, or trustee (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DEBBIE SCHMIDT										
ECRETARY				X	_			0	0	
ANN BOGUE										
FO				X				0	0	
	<u> </u>	_	-							
							İ			
	<u> </u>							<u> </u>		
*					ļ					
	ļ	_				<u> </u>				
		_	<u> </u> _							<u></u>
		-	_		_	<u> </u>				
	 	+			_		_			
					<u>_</u>					
			1							<u> </u>

Form 990 (2009) THE BOGU				v En	nlo	200	and	68-003 Highest Compensated E				P	age
Part VII Section A. Office (A) Name and Title	(B) Average	\exists		((C)	that a		(D) Reportable	(E) Reportable	Es	(F)	 ed	
,	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr orga and	nount other other on the anizated anizated	ation e tion ted	
		_											
		-			_								
·		<u> </u>		_									
					!								
		-											
	-		<u> </u>	-									
1b Total 2 Total number of individuals ((including but not l	mited	to th	1056	l	d abo	▶ ove):	who received more than \$1	00 000 in				
reportable compensation fro			0				-	who received more than \$1			一;	Yes	N
3 Did the organization list any employee on line 1a? If "Yes	s," complete Sched	lule J	for s	uch i	ndıv	idual	_		_		3		Х
For any individual listed on the organization and related individual	organizations gre	ater th	an \$	150,	0007	If "Y	es,"	complete Schedule J for su			4		3
5 Did any person listed on line services rendered to the org Section B. Independent Contra	janization? If "Yes,										5		3
Complete this table for your compensation from the organical compensation.	five highest comp inization	ensate	ed in	depe	ndei	nt coi	ntrac						
Name	(A) and business address						-	Descrip	(B) tion of services		Com	(C) pensat	tion
				_									
													
2 Total number of independer more than \$100,000 in com		_				to th	nose	listed above) who received			0		

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Pa	rt V	III · Staten	nent of Reve	nue	 					
	*						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		<u></u>	<u> </u>	,``.				revenue		512, 513, or 514
돮		Federated cam		1a						
gan		Membership di		1b						
a, E	C	Fundraising ev	rents	1c						
age and a	d	Related organi	zations	1d						
ξË	е	Government grants	(contributions)	1e						
흥합	f	All other contribution								
들림		and similar amounts	not included above	1f		59,500				
들	g	Noncash contribution	ns included in lines 1a-	1f \$	\$					
Contributions, gifts, grants and other similar amounts	<u>h</u>	Total. Add line	s 1a-1f				59,500			
2						Busn. Code				
Ş.	2a									
~ ~	b									
ا <u>چ</u>	С									
Ser	d									
a	е									
Program Service Revenue	f	All other progra	am service rever	nue				_		
	g	Total. Add line	s 2a-2f			▶				
	3	Investment inc	ome (including d	lividend	ls, interes	t, and				
		other similar ai	mounts)			▶				
	4	Income from in	vestment of tax-	exemp	t bond pro	ceeds 🕨				
i	5	Royalties				▶_				
			(ı) Real		(II) F	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	Gross amount from	(i) Securities	s	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps			ł					
	С	Gain or (loss)								
-		Net gain or (los	ss)			•				
			om fundraising ever	nts [-					
Other Revenue		(not including \$	-	}						
Š			eported on line 1c)							
~ E		See Part IV, line		а		ı				
홅	b	Less direct ex		ь						
0			(loss) from fundi	raising	events	•				
			om gaming activities							
		See Part IV, line		а						
	ь	Less direct ex		ь						
			(loss) from gami	ına actı	vities					
			inventory, less							
1		returns and all	-	а						
	ь	Less cost of g		p						
			(loss) from sales		entory			,		
	Ť		cellaneous Revenue		5.1.to. y	Busn. Code				
	11a									
	b									
	c							_		
	d	All other reven	ue			<u> </u>				
	e	Total. Add line				•			·	
	12		e. See instruction	ns		•	59,500	0	0	0

THE BOGUE FOUNDATION Form 990 (2009)

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 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	30 000	30 000		
	organizations in the U.S. See Part IV, line 21	38,090	38,090	······	
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				L
11	Fees for services (non-employees)		į		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12 13	Advertising and promotion 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			· · · · · · · · · · · · · · · · · · ·	
23	Insurance				
0.4	Other avenues Herring avenues				
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)				
а	on or total expenses shown on line 20 below)				
b					
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	38,090	38,090		
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	<u> </u>		<u> </u>	- 000

	art X	Section Balance Sheet		(A)		(B)			
	٠.			Beginning of year		End of year			
	1	Cash—non-interest bearing		38,703	1	60,113			
	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, tre	ustees, key						
		employees, and highest compensated employees Comple	ete Part II of						
		Schedule L			5				
	6	Receivables from other disqualified persons (as defined u	nder section						
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete						
,		Part II of Schedule L			6				
Assets	7	Notes and loans receivable, net			7				
SS	8	Inventories for sale or use			8				
⋖	9	Prepaid expenses and deferred charges			9				
	10a	Land, buildings, and equipment cost or							
		other basis Complete Part VI of Schedule D	10a						
	Ь	Less accumulated depreciation	10b		10c				
	11	Investments—publicly traded securities			11				
	12	Investments—other securities See Part IV, line 11			12				
	13	Investments—program-related See Part IV, line 11			13				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11			15				
	1 16	Total assets. Add lines 1 through 15 (must equal line 34)		38,703	16	60,113			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities		20					
Ś	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees							
☶		employees, highest compensated employees, and disqual							
<u>.</u>		persons Complete Part II of Schedule L		İ	22				
_	23	Secured mortgages and notes payable to unrelated third p	narties		23				
	24	Unsecured notes and loans payable to unrelated third part			24				
	25	Other liabilities Complete Part X of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25			26				
G		Organizations that follow SFAS 117, check here ▶ X	and			-			
Ö		complete lines 27 through 29, and lines 33 and 34.	- una						
an	27	Unrestricted net assets		38,703	27	60,113			
3a	28	Temporanly restricted net assets		307733	28				
5	29	Permanently restricted net assets			29				
E	-~	Organizations that do not follow SFAS 117, check her	. ▶ □		-23				
Ŀ		and complete lines 30 through 34.							
Ō	30	Capital stock or trust principal, or current funds	•						
ets	31		und		30 31	<u>.</u>			
SS	31	Paid-in or capital surplus, or land, building, or equipment f				<u>.</u>			
Net Assets or Fund Balances	1	Retained earnings, endowment, accumulated income, or or	outer turius	38,703	32	60,113			
	33	Total net assets or fund balances		38,703	33	60,113			

Form **990** (2009)

Form	990 (2009) THE BOGUE FOUNDATION	68-0036843		Pa	ge 1 2
Pai	t XI - Financial Statements and Reporting				
				Yes	No
1	Ascounting method used to prepare the Form 990 X Cash	Accrual Other			
	If the organization changed its method of accounting from a prior year	or checked "Other," explain in		. ~	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by	an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independe	ent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and select	ion of an independent accountant?	2c		
	If the organization changed either its oversight process or selection pr	ocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the fin-	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
i	Separate basis Consolidated basis Both consolida	ted and separate basis			
3a	As a result of a federal award, was the organization required to under	go an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BOGUE FOUNDATION

Employer identification number

68-0036843 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in rganization in col support col (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes No Yes No

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

Support Schedule for Organizations Described in Section 509(a)(2) Part III -(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support										
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					59,500	59,500				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5	59,500	59,500								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons										
b	Amounts included on lines 2 and 3 received										
	from other than disqualified persons that					!					
	exceed the greater of \$5,000 or 1% of the	<u> </u>				į į					
	amount on line 13 for the year										
Ç	Add lines 7a and 7b										
8	Public support (Subtract line 7c from line 6)						59,500				
	tion B. Total Support		(b) 2006	1	,						
Ca	lendar year (or fiscal year beginning in) ▶	(e) 2009	(f) Total								
9	Amounts from line 6	59,500	59,500								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
C	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7									
13	Total support. (Add lines 9, 10c, 11,					<u> </u>					
	and 12)	59,500	59,500								
14											
Sec	tion C. Computation of Public Su	ipport Percen	tage								
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	100.00%				
16	Public support percentage from 2008 Sche	dule A, Part III, lin	e 15			16	%				
Sec	tion D. Computation of Investme										
17	Investment income percentage for 2009 (III	ne 10c, column (f)	divided by line 13, o	column (f))		17	%				
18	Investment income percentage from 2008					18	%				
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this bo		▶ [3								
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and											
	line 18 is not more than 33 1/3 %, check th	is box and stop h	ere. The organization	on qualifies as a pu	blicly supported org	anization	▶ [
20	Private foundation. If the organization did	.	▶ [

Schedule A (Form 990 or 990-EZ) 2009 THE BOGUE FOUNDATION

68-0036843

Page 4

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

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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

THE BOGUE FOUNDATION

OMB No 1545-0047

Open to Public Inspection 2009

Employer identification number

68-0036843

	Part	General Information on Grants and Assistance	Assistance							
- ~		Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ne amount of the grace? Ince? Intoring the use of c	rants or ass	sistance, the grantees' in the United States	eligibility for the grant	s or assistance, and	ъ	☐ Yes Yi No	9
' '''	<u>.</u> @	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that re-	d Organ ceived n pace is r	izations in the Ur nore than \$5,000. needed	nited States. Corr Check this box if	plete if the org no one recipie	janization answ int received mo	rered "Yes" to re than \$5,000. Use	
-		(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Annount of non-cash assistance	(e) Aniount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
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, <u>1</u>	PHOENIX	X AZ 85009		3	19,990					
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l										
3 2		Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							

Schedule I (Form 990) 2009

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

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Page 2	3 22.		ash assistance	:			
	m 990, Part IV, line		(f) Description of non-cash assistance				onal information.
	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.		(e) Method of valuation (book, FMV, appraisal, other)				line 2, and any other addit
68-0036843	mplete if the organizat		(d) Arnount of non-cash assistance				ion required in Part I,
9	e United States. Cor	nal space is needed	(c) Amount of cash grant				provide the informati
DUNDATION	e to Individuals in the	(Form 990) if addition	(b) Number of recipients				complete this part to
Schedule I (Form 990) 2009 THE BOGUE FOUNDATION	Grants and Other Assistance to Individuals in the	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance				Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
Schedule I (F	Part III						Part IV

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE BOGUE FOUNDATION

Employer Identification number 68-0036843

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC