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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

Open to Public Inspection

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

A For 2009 calendar year, or tax year beginning JANUARY 09, 2009, and ending DECEMBER 21, 20 09

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: BRANDON BURLSWORTH FOUNDATION. D Employer identification number: 71-0826035. E Telephone number: (870) 365-6502. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method: [X] Cash [ ] Accrual Other (specify)

I Website: N/A. H Check [X] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) -- [X] 501(c)(3) (insert no.) 4947(a)(1) or 527. K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 97,032

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for revenue and expenses. Includes a 'RECEIVED' stamp dated MAY 14 2010 from OGDEN, UT. Total revenue is 97,032 and total expenses is 87,853.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for balance sheet items. (A) Beginning of year, (B) End of year. Total assets: 6,657. Total liabilities: 0. Net assets: 6,657.

SCANNED JUN 24 2010

ASSETS

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2009)



Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911; section 4912; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #5 Telephone no. Located at ZIP + 4		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political campaign activities, lobbying, and school status.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000 ...

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 .....

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Marty Burlsworth, Date: 5-10-10, Title: PRESIDENT.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying no., Firm's name (or yours if self-employed), address, and ZIP + 4, H & R Block, 1309 HWY 62 65 N Ste H, HARRISON, AR 72601, EIN, Phone no: 870-741-2409.

May the IRS discuss this return with the preparer shown above? See instructions ... [X] Yes [ ] No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization: **BRANDON BURLSWORTH FOUNDATION**  
Employer identification number: **71-0826035**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete 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.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		X
(ii) A family member of a person described in (i) above? .....		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		X

h Provide the following information about the supported organization(s).

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-09-2009, and ending	12-21-2009.
Name of Organization BRANDON BURLSWORTH FOUNDATION		Employer Identification Number 71-0826035	

Description of Other Expenses	Amount
BANK CHARGES	62
BURLS KIDS EXPENSE	2,984
BURLSWORTH KIDS FOOTBALL TICKETS	9,450
DOCTORS COPAY	4,350
DUES AND SUBSCRIPTIONS	275
EDUCATION	199
EYES OF A CHAMPION	4,585
FOOTBALL AWARDS	5,342
FOOTBALL CAMP EXPENSE	6,029
INDIANAPOLIS GAME TICKETS	3,400
INSURANCE	829
OFFICE	2,548
WEB SITE	6,649
TAXES	10,308
<b>Total</b>	<b>57,010</b>

# PRIMARY EXEMPT PURPOSE

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	01-09	, and ending	12-21-2009.
Name of Organization BRANDON BURLSWORTH FOUNDATION			Employer Identification Number 71-0826035	

## Primary Purpose

OUR MISSION STATEMENT: THE FOUNDATION IS THE REALIZATION OF A DREAM OF BRANDON BURLSWORTH HIMSELF THE BELIEF THAT EVERY CHILD IS A GIFT. THE CHRISTIAN ORGANIZATION'S MISSION IS TO SUPPORT THE PHYSICAL AND SPIRITUAL NEEDS OF CHILDREN. IN PARTICULAR THOSE CHILDREN THAT HAVE LIMITED OPPORTUNITIES. THE FOUNDATION ENCOURAGES DEVELOPING POSITIVE VALUES, STRONG FAITH LIVES AND A PATTERN THAT WOULD EXEMPLIFY "DOING IT THE BURLS WAY" WE HAVE 5 MAIN PROGRAMS: 1. BURLS KIDS- WE TAKE OVER 500 UNDERPRIVILEGED CHILDREN TO RAZORBACK AND INDIANAPOLIS FOOTBALL GAMES. 2. EYES OF A CHAMPION- WE IN COOPERATION WITH WAL-MART OPICAL GLASSES AND EYE, EXAMS TO OVER 800 CHILDREN IN THE STATE OF ARKANSAS. 3. FORMER RAZORBACK PLAYERS PUT ON A MINI CAMP FOR 500 CHILDREN. 4. FOOTBALL AWARDS EACH SCHOOL CAN NOMANATE ON TO AWARD. 5. OUR GOAL IS TO PLACE ON BOOK IN EACH PUBLIC AND SCHOOL LIBRAY IN THE STATE.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-09-2009, and ending 12-21-2009.
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Name of Organization BRANDON BURLSWORTH FOUNDATION	Employer Identification Number 71-0826035
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(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
VICKIE BURLSWORTH 626 WEST COLLEGE Harrison, AR 72601 See Comp. Expl. #1	MANAGER 40.00	27,834	0	0
MIKE MCFARLAND 194 CARRINGTON AVENUE Springdale, AR 72764	OFFICER	0	0	0
STANDLEY REED 114 LEE 316 Marianna, AR 72360	OFFICER	0	0	0
JIM LINDSEY 1200 JOYCE BLVD Fayetteville, AR 72703	OFFICER	0	0	0
TOMMY TICE 2713 DRY BRANCH Harrison, AR 72601	OFFICER	0	0	0
RAZORBACKS FOUNTATION OFFICES 1295 S RAZORBACKS Fayetteville, AR 72701	OFFICER	0	0	0
MAX WRIGHT P O BOX 1100 Harrison, AR 72601	OFFICER	0	0	0
CHUCK BARNETT 5500 BRYANT PLACE Springdale, AR 72764	OFFICER	0	0	0
DUFF WALLACE P O BOX 31 Little Rock, AR 72203	OFFICER	0	0	0
TOM GARRISON #2 NORTH COLLEGE Fayetteville, AR 72701	OFFICER	0	0	0
LAD HIATT P O BOX 71 Goshen, AR 72735	OFFICER	0	0	0
ANITA CABE 104 CLAY CIRCLE Gurdon, AR 71743	OFFICER	0	0	0

# COMPENSATION EXPLANATION

Attachment 4: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

Open to Public

Inspection

For Calendar year 2009, or tax year period beginning 01-09-2009

and ending 12-21-2009

Name of Organization

BRANDON BURLSWORTH FOUNDATION

Employer Identification Number

71-0826035

Name

Officer Comp. Expln. #1  
VICKIE BURLSWORTH

Explanation

WAGES PAID

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 or tax period beginning 01-09 , and ending 12-21-2009.

Name of Organization BRANDON BURLSWORTH FOUNDATION Employer Identification Number 71-0826035

Part V - Line 42a

Individual Name or

Business Name: BRANDON BURLSWORTH FOUNDATION

Street Address 117 WEST CENTRAL

U.S. Address:

Zip code 72601 City Harrison State AR

Foreign Address

City

Province or State

Country

Postal code

Phone Number (870) 365-6502

Fax Number