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"Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsonng 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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

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	nt of Program Service Accom			III.)	1	Expenses
What is the organization	on's primary exempt purpose? _	Educational	Scholarshil	7 ((Rec	uired for 501(c)(3) (4) organizations
Describe what was ach	neved in carrying out the organiz	ration's exempt numbers in	a clear and con	cise manner.		(4) Organizations 4947(a)(1) trusts;
describe the services pr	rovided, the number of persons be	enefited, or other relevant info	rmation for each p	rogram title.		onal for others.)
28 Grant		n EJUCATIONS		Luch ic	†	1111
_ , _ , _ ,			4. J	12.21.11/25	1	6,666 Exp
FV [=:11.3.7.	year College.	Syrides I.S			1	12 2-2 .
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(Grants \$) If this amount incl	ludes foreign grants, check	here	<u>. 🕨 🗀</u>	28a	SCHOLLEYS,
29	***************************************					
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(Grants \$) If this amount incl	ludes foreign grants, check			29a	
					230	
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(Grants \$) If this amount incl	ludes foreign grants, check	here	. ▶ 🛘	30a	
31 Other program sen						
(Grants \$		ludes foreign grants, check			31a	
	vice expenses (add lines 28a th	hrough 31a)	11010	·	32 9	11/0/0
	cers, Directors, Trustees, and Key			od /Coo thous		Cop Cop Div
Fact IV List of Office	cers, Directors, Trustees, and Key					
(a)	Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
,,,,		devoted to position	enter -0)	deferred compo	nsation	other allowances
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· ^		121 Secretary				
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)		Vaa	NI.
	Г		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		L
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		K
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 your reason for not reporting the income on Form 990-T.			_
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		K
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a \ \(\text{137a}\) \(\text{137a}\)	37b		ĸ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		K
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40ь		<u>k</u>
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	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		$\overline{\times}$
41 42a	List the states with which a copy of this return is filed. ► The books are in care of ► ben vir bell KWHN Treasure. Telephone no. ► (373) Located at ► 1 END Sol Drange Corpus Aug Kos Angeles, CA ZIP + 4 ► 9.02	93	55- 7	43
b	account,	42b	Yes	No X
	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.			-ر،
С	If "Yes," enter the name of the foreign country: ▶	42c	_	<u>K</u>
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			
			Yes	No
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
		n 99 0)-EZ	(200

	•	
orm	990-F7	(2008)

Page 4

Part	VL		organizations only tables for lines 50		(c)(3) organiz	ations mus	t answer ques	tions 4	6–49	
46	Did th		ge in direct or indirect	·	activities on be	half of or in	opposition to		Yes	No
			e? If "Yes," complete					46		K
47 (Did th	e organization engag	je in lobbying activities	s? If "Yes," complet	e Schedule C,	Part II .		47		N.
48 I	s the	he organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							<u> </u>	K
49a l	Did th	e organization make	any transfers to an ex	cempt non-chantabl	e related organ	nization?		49a		K
b i	f "Yes	s," was the related or	rganization(s) a section	n 527 organization?			NA	49b	<u> </u>	K.
			e five highest compens 3100,000 of compensa					ey emplo	oyees) who
	(a) Na	ame and address of each e than \$100,00		(b) Title and aver hours per wee devoted to posit	k ' '	ompensation	(d) Contributions to employee benefit plans deferred compensation	& acc	Expens ount ar allowar	nd
\	0	Paid Gr	ployees	NA	- N ₃	A	NA	1	VL	2
Total	numb	or of other employees	paid over \$100,000		6					
			paid over \$100,000 e five highest compens					<u> </u>		
			ganization. If there is r			(b) Typ	e of service	(c) Con	npensa	tion
	/\	one				14,	F	10/	[]	
						· · · · · · · · · · · · · · · · · · ·				
Total	numb	er of other independ	ent contractors each	receiving over \$100.	000	Ð		2	<u> </u>	
Sign		Under penalties of perjur	ry, I declare that I have exam rect, and complete Declara	nined this return, includin	g accompanying s	chedules and s	tatements, and to the ation of which prepared in the state of the stat	e best of marer has an	ny knov ny knov	vledge vledge
Here		Signature of officer Type or print name an	e beckw	ith, Tre.	us urea		ate / /		·	
Paid Prepai	rer's	Preparer's signature			Date	Check if self-employed	Preparer's Identifyii	ng Number (See insti	uctions)
Use O		Firm's name (or yours if self-employed), address, and ZIP + 4			<u>-</u>	EII Př	N ▶ i			
May t	he IR		with the preparer sho	wn above? See inst	ructions		, ,	► [] Y	es [No
			р. ор					Form 99		

SCHEDULE A '(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service nonexempt charitable trusts.

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

_		ne organization	Bacus	1181.10	1.0	ر / رر سار	л Пи.				uon number
	41		PAUSWE		LIOne		ouns				6246
	rt I			narity Status (All or	•					e instru	ctions)
				idation because it is:	-			•	•		
1				rches, or association				section 1	70(b)(1)(<i>i</i>	A)(i).	
2	_			on 170(b)(1)(A)(ii). (At				4=0(1)	441441417	/A 1 G	
3				hospital service organ						•	· ·
4	_	hospital's na	ame, city, and st								
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or uni	versity o	wned or o	operated	by a gov	ernmenta	I unit described in
6		A federal, st	ate, or local gov	remment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v)).	
7	区	_	-	y receives a substanti (1)(A)(vi). (Complete F	•	its suppo	ort from a	governn	nental uni	t or from	the general public
8		A community	y trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)				
9		An organizat	tion that normally	receives: (1) more th	an 331/3 %	of its su	pport from	m contrib	outions, m	embersh	p fees, and gross
				ed to its exempt func							
			-	ent income and unre				•		511 tax)	from businesses
		acquired by	the organization	after June 30, 1975.	. See sec	tion 509	(a)(2). (Co	omplete I	Part III.)		
10		An organizat	tion organızed a	nd operated exclusive	ely to tes	t for pub	lic safety.	. See se c	tion 509	(a)(4). (se	e instructions)
11				and operated exclusive							
			-	blicly supported orga				•			
		_		at describes the type					-	_	-
	_	a □ Type		• •	: 🗌 Тур		•	•			Type III-Other
е	Ш	_		tify that the organiza				•	•		•
		-	er than foundatic section 509(a)(2)	on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	scribed in section
f		If the organi	zation received	a written determinat	on from	the IRS	that it is	а Туре	i. Type li	or Type	III supporting
			, check this box								
g		Since Augus following per		the organization acce	epted any	gift or c	ontribution	on from a	any of the	•	
		(i) A persor	who directly o	r indirectly controls, o	either alo	ne or too	ether wil	th persor	ns descrit	oed in (ii)	Yes No
				ning body of the sup							11g(i)
		(ii) A family	member of a pe	erson described in (i)	above?						11g(ii)
		(iii) A 35% c	controlled entity	of a person described	d in (i) or	(ii) above	?	,	.		11g(iii)
h		Provide the	following inform	ation about the organ	izations 1	the orgar	1				
(i)		of supported	(ii) EIN	(iii) Type of organization		organization sted in your		ou notify		s the	(vii) Amount of
	org	anization		(described on lines 1-9 above or IRC section		document?		nization in of your	organızat (i) organı	zed in the	support
				(see instructions))			supp	port?	U	S?	
					Yes	·No	Yes	No	Yes	No	
			<u> </u>								
_					-	<u> </u>			-		
											
	/	<u></u>									
	7										
Γota	<u>íl</u>				<u> </u>						

Par	Support Schedule for Org					and 170(b)(1)(A)(vi)
200	(Complete only if you check tion A. Public Support	ted the box	on line 5, 7, 0	or 8 or Part I	.)		
		(=) 0004	(h) 0005	/-\ 000C	(d) 0007	(-) 0000	49 Takal
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008_	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				32,670	28,210	60,980
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_		-	<u></u>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge		_		_	_	
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1.0 4.0
6	Public support. Subtract line 5 from line 4.		L		l		60,980
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(a) 2004	(b) 2003	(6) 2000	(4) 2007	28,310	(1) Total
7	Amounts from line 4	 			1070-	010/010	00,900
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3100	3770
9	Net income from unrelated business activities, whether or not the business is regularly carried on	<u></u>					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		~_		_	_	<u> </u>
11	Total support. Add lines 7 through 10						64,750
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		n, or fifth tax y		
Sec	tion C. Computation of Public Su	port Percei	ntage				
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 11	, column (f))		14	%_
15	Public support percentage from 2007 Sch	nedule A, Part I	IV-A, line 26f			15	<u> </u>
16a	331/3 % support test—2008. If the organization qualifies				line 14 is 33% 9	% or more, che	ck this box
b	331/3 % support test - 2007. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization meets the organization meets the organization meets and organization meets the organization meets the organization meets and organization me	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	istances" test, c organization qua	heck this box difies as a publi	and stop here cly supported or	Explain in Part ganization	IV how the

Schedule B '(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization		Employer identification number					
Franchell Be	swell Educational Foundation	36 3946246					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	lation					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c) instructions. General Bule For an organization f	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 ne contributor. Complete Parts I and II.	,					
Special Rules	is continued in complete i and in						
sections 509(a)(1) and	3) organization filing Form 990 or 990-EZ that met the 33½ % support d 170(b)(1)(A)(vi), and received from any one contributor, during the ye % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ	ear, a contribution of the greater					
the year, aggregate of	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does roust answer "No" on Part IV, line 2 of its Form 990, or check the box PF, to certify that it does not meet the filing requirements of Schedule	on line H of its Form 990-EZ,					

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page of/_ of Part I
	organization BOSWELL EQUEPTIONAL	Foundation 31	ployer identification number
Part I	Contributors (see instructions)		- · · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	TOP LADIES OF Distinction, Inc. 14031 Callahan Drive Hauston, TX 77049	\$ 23,000	Person F Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	,		