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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)

OMB No 1545-0047

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

Open to Public Inspection

A	For the	$= 2009$ calendar year, or tax year beginning $= \mathrm{JUL}(1, 2009)$ and ending	<u>JUN 30, 2010</u>	
В	Check if applicable	USE HS FAICTIEVILLE PUBLIC EDUCATION	D Employer identifie	cation number
	Addre:	e point or FOUNDATION, INC		
	Name chang	type D . B A -	58-2	010071
	Initial return Termir	See Specific Instruc- 877 CALIFORNIA DRIVE Room/s		527 – 3655
F	—ated ☐Amend return	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$	755,305.
F	Applic		H(a) Is this a group re	
_	pendir		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
<u> </u>	Tayley	empt status X 501(c) (3) ◀ (Insert no)		list. (see instructions)
÷	Websit	te: NWW.FAYAR.NET/CONTACTUS/FOUNDATION.HTML	H(c) Group exemption	•
			ear of formation 1992 N	
	art I	Summary	car or rommation 2332 14	Otate of legal doffliche 1220
		Briefly describe the organization's mission or most significant activities: TO ENHAN	CE THE QUALITY	Y OF
	'	EDUCATION IN THE FAYETTEVILLE PUBLIC SCHOOLS	CD IND QUIDIT	1 01
25	2	Check this box I if the organization discontinued its operations or disposed of r		ante.
জ্ঞ	3		3	18
믕	, ,	Number of voting members of the governing body (Part VI, line 1a)		18
ر م	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
벁	5	Total number of employees (Part V, line 2a)	5	200
≨ے	6	Total number of volunteers (estimate if necessary)	6	
壓	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
£	<u> </u> ь	Net unrelated business taxable income from Form 990-T, line 34	7b	
₹		6	Prior Year	Current Year
Ç	8	Contributions and grants (Part VIII, line 1h)	312,251.	396,580.
Revenican NEGWILE & BUGHADO	9	Program service revenue (Part VIII, line 2g)	✓E 100	25 670
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<5,189.	
		Other revenue (Part VIII, வெளியிர் இத்திரை இரு 10c, and 11e)	<26,967.	
		Total revenue - add lines-8-through-1-1-(must-equal Part VIII, column (A), line 12)	280,095.	416,473.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,067.	211,873.
		Benefits paid to orfor members (Part IX, column (A), line 4)	120 576	105 600
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,576.	135,632.
Expenses	16a	Professional fundraising(1965)(Paft-IX)(column (A), line 11e)		·····
쫎	Ь	Total fundraising expenses (Part IX, column (D), line 25) 46,912.	62 100	67 500
-	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	63,120.	67,598.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	334,763.	415,103.
- 0		Revenue less expenses Subtract line 18 from line 12	<54,668.	> <u>1,370.</u>
Net Assets or	2		Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	2,124,272.	2,377,747.
et A	21	Total liabilities (Part X, line 26)	10,009.	55,282.
		Net assets or fund balances Subtract line 21 from line 20	2,114,263.	2,322,465.
Р	art II	Signature Block		
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer is based on all information of which preparer has any knowle	ints, and to the best of my knowledgedge	je and belief, it is true, correct,
		Jana dans Ota	/	
Sig	gn	2 Julia Alexandra		12/10
He	re	Signature of office	Date '	1
		TREVA HAMILTON, EXECUTIVE DIRECTOR		
_		Type or print name and title	Charles In	
Pai	d	Preparer's Date	self (see ins	r's identifying number tructions)
_	parer's	signature	employed 🕨 🔝	
	Only	vours if	EIN ►	
	,	self-employed), address, and 1200 EAST JOYCE BLVD, SUITE 301		70 605 1000
		ZIP+4 FAYETTEVILLE, AR 72703	Phone no ► 4	79-695-4300
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
			• • •	- 000

Pai	t III Statement of Prog	ram Service Acc	omplishments		
1 *		E FUNDS FOR	RESOURCES, PROGRAM		
			TUDENTS THROUGH THE	DISTRICT'S NORMA	L
	OPERATING BUDGE	<u>T.</u> .			
				····	
2			m services during the year which were	e not listed on	
	the prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new s				
3		-	ificant changes in how it conducts, any	y program services?	Yes X No
	If "Yes," describe these chang				
4			of the organization's three largest pro		
			ction 4947(a)(1) trusts are required to re	· ·	
	allocations to others, the total	expenses, and revenu	e, if any, for each program service repo	orted.	
		224	E 4.2	211 072	
4a			,542. including grants of \$EDUCATION IN THE FA	211,873.)(Revenue \$ YETTEVILLE PUBLIC	SCHOOLS.
					<u>.</u>
		· · · · · · · · · · · · · · · · · · ·			
4b	(Code) (Ex	rpenses \$	including grants of \$) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·		
					
					
4-	/Cada, \/[-	· ¢	including available of C	\/D====== f	
4c	(Code) (Ex	kpenses \$	including grants of \$) (Revenue \$)
	-				
	· · · · · · · · · · · · · · · · · · ·				
				-	
			*****	· ·	
				· · · · · · · · · · · · · · · · · · ·	
					
					
4d	Other program services (Desc	cribe in Schedule (1)			
70	(Expenses \$	including grants	s of \$) (Revenue	e.\$	
4e	Total program service expen		334,542.	<u> </u>	-
				,	Form 990 (2009)

Form 990 (2009)

FOUNDATION, INC Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		_^_
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	_	Х	
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Λ	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
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	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	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 167 If "Yes," complete Schedule D, Part VII.			
•	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 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			
40	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	40	Х	
104	Schedule D, Parts XI, XII, and XIII	12	^	
IZA	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	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 70		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a ^o If "Yes," complete Schedule G, Part II	18	Х	
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		Χ_
		Form	990 ¢	2009)

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Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization 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 X Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L, Part III 27 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): Х a 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 28ь c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х If "Yes," complete Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form **990** (2009)

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

•				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	1a (- 4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ()]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gamıng			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		X
þ	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 $\frac{1}{2}$	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	<u></u>	X
þ	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.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			۱
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	lions or 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	_		v
	provided to the payor?		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as requireo	7.		Х
A	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		
·	benefit contract?	Dersonal	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_			
	at any time during the year?		8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ĺ
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			_
			Form	gan /	2000

Form 990 (2009)

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.

Sec	tion A. Governing Body and Management					
,4		۔ ا	I	1.0	Yes	No
	Enter the number of voting members of the governing body	1a		18 18		
b	Enter the number of voting members that are independent	1b		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			v
_	officer, director, trustee, or key employee?	4.		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e aire	ct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	-	0 51 10	3		X X X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		v
5	Did the organization become aware during the year of a material diversion of the organization's asset	(S ⁻⁷		5		V
6	Does the organization have members or stockholders?		646-	6_		
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the	7-		v
	governing body?			7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	auring	tne year			
_	by the following The source hadron				Х	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?		-4 Ab -	8b	Λ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cned	at the			Х
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		o Cordo I	9	L	
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		V	
40-	Donath a superior based and about the state of the state of			40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?		ff.h-A	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapt	ers, aπιιιατes,	105		
	and branches to ensure their operations are consistent with those of the organization?	l		10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before file.	ııng tr	e form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-		Х
	Does the organization have a written conflict of interest policy? If "No," go to line 13	المالية		12a		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that course annually interests that course and the confine of	ıla giv	e rise	405		
_	to conflicts?	"Voo. "	docembo	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If ' in Schedule O how this is done	res,	describe	10-		
12				12c		Y
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?	، ، ، ، ، ا		14		
15	Did the process for determining compensation of the following persons include a review and approve	ai by ii	idependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		v
	The organization's CEO, Executive Director, or top management official			15a		$\frac{x}{x}$
D	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent \	vitn a	46-		Х
L	taxable entity during the year?	ا مقصدا	.	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval		•			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızat	on's	40.		
C	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 900 is required to be filed AR					
17 18	List the states with which a copy of this Form 990 is required to be filled AR Section 6104 requires an exception to make its Forms 1023 (or 1024 if applicable), 990, and 990.	/E01	0/(3)0 00/1/1	ulable fer		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501)	c)(3)s only) ava	nable for		
	public inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request					
40	· ·	المستحد المستحد		a a⊐ £.:		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, contacts available to the public	onflict	or interest poli	cy, and tina	riciai	
00	statements available to the public.		auda cett			
20	State the name, physical address, and telephone number of the person who possesses the books at TREVA HAMILTON $-479-527-3655$	nd rec	ords of the org	anization: ▶		
	877 CALIFORNIA DRIVE, FAYETTEVILLE, AR 72701					
	The second secon			Form	990 (2000
				1 01111	200	

932006 02-04-10

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

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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

Per Week Se	(A) Name and Title	(B) Average		(C Pos	(C) Position			(D) Reportable	(E) Reportable	(F) Estimated
DIRECTOR			director					the organization	organizations	compensation from the organization and related
BRUCE ARMSTRONG PRESIDENT 4.00 X		4 00								
PRESIDENT		4.00	Х					0.	0.	0.
ADAM ARROYOS DIRECTOR DIRECTOR A.00 X DIRECTOR DIRECTOR DIRECTOR A.00 X DIRECTOR A.00		4 00						•		
DIRECTOR		4.00	X	X				0.	0.	0.
LESLIE BAILEY		4 00	,					0		
DIRECTOR		4.00	X		_			0.	0.	0.
MARY BETH BROOKS DIRECTOR		4 00	, l					0	•	
DIRECTOR		4.00	Λ		_			0.	<u></u>	0.
LISA DEVINE		4 00	,					0	0	_
DIRECTOR		4.00	^	 		-		U • ·	<u> </u>	0.
CATHY FORAKER DIRECTOR 4.00 X 0. 0. 0. 0.		4 00	$ \mathbf{v} $					n	0	_
DIRECTOR	· · · · · · · · · · · · · · · · · · ·	4.00	^				-	0.	0.	0.
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LISA HIGGINS DIRECTOR 4.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		4.00	$ _{\mathbf{x}} $					0.	0.	0.
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MARY BETH SHERMAN SECRETARY 4.00 X X 0. 0. 0. TOMMY VAN ZANDT DIRECTOR 4.00 X 0. 0. 0.										
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TOMMY VAN ZANDT DIRECTOR 4.00 X 0. 0. 0.			_	_				_	_	_
DIRECTOR 4.00 X 0. 0. 0.		4.00	X	X				0.	0.	0.
			<u> </u>					_	_	_
932007 02-04-10 Form 990 (2009)		4.00	X					0.	0.	0 . Form 990 (2009)

FOUNDATION, INC

	(A) Name and title	(B) Average			(C Pos	C) itior	1		(D) Reportable	(E) Reportable	Ī	(F Estim	ated
		hours per week	Individual trustee or director	hechtutoral trestee	c all f		Highest compensated compensated composee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		amou oth comper from organiz and re organiz	er sation the sation lated
	B WEAVER RECTOR	4.00	х					-	0.).		0.
	EVA HAMILTON	4.00	A	-			\vdash		•		'		
EXE	ECUTIVE DIRECTOR	40.00			Х				91,350.	().	18,	000.
												· · · · · · · · · · · · · · · · · · ·	
				_							<u>.</u>		·
	T					<u>L</u>	Ļ		91,350.).	10	000.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	nose	liste	ed al	bov	e) wi	no re	· · · · · · · · · · · · · · · · · · ·		<u> </u>	10,	0
_											L.,	Ye	
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			е, ке	y em	olqr	yee,	or r	nighest compensated er	nployee on		3	x
4	For any individual listed on line 1a, is the si	•		•					•	the organization			V
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a									ices rendered to	-	4	X
	the organization? If "Yes," complete Sched	-										5	<u> </u>
1	Complete this table for your five highest countries the organization.	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	ensa	tion from	<u> </u>
	(A) Name and business	address			<u></u>				(B) Description of s	ervices	Со	(C) mpensa	tion
						-						<u> </u>	
												_	
									,				
2	Total number of independent contractors (\$100,000 in compensation from the organi	-	ot li	mite	d to		se lis O	sted	l above) who received m	nore than			
	•						_	_		-	F	orm 99 0	(2009)

Part	VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a	-				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts, e	C	Fundraising events	1c	46,415.				
<u>a</u>	d	Related organizations	1d					
S.E	е	Government grants (contribu	tions) 1e					
er s	f	All other contributions, gifts, grai	nts, and					
ē ţ		similar amounts not included abo	ove 1f	350,165.				
<u> </u>	g	Noncash contributions included in line	s 1a-1f \$					
0 6	h	Total. Add lines 1a-1f		<u> </u>	396,580.			······································
				Business Code				
Program Service Revenue	2 a				· · · · · ·			
E S	b							
E S	С							
Pag B	d	 						
ě	e	A II						
_		All other program service rev	enue	•				
		Total. Add lines 2a-2f	- dividos do João					
	3	Investment income (including other similar amounts)	j alviaenas, inter	rest, and	64,448.			64,448.
	4	Income from investment of ta	everemet bond	proceeds	01/1100			01/1101
	5	Royalties	ax exempt bond	proceeds •				
	•	Tioyamos	(ı) Real	(II) Personal				
	6 a	Gross Rents	W.1.001	(ii) i oioona.				
	b	Less: rental expenses						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	282,827					
	b	Less: cost or other basis						
		and sales expenses	311,596	•				
İ	С	Gain or (loss)	<28,769	•>				
		Net gain or (loss)		<u> </u>	<28,769.	>		<28,769.>
Other Revenue	8 a	Gross income from fundraising including \$ 46 , 4 contributions reported on line Part IV, line 18	415 • of e 1c). See	11,450.				
E	h	Less direct expenses	ŀ	0 = 0 0 6				
0		Net income or (loss) from fun		D	<15,786.	>		<15,786.>
		Gross income from gaming a	_		- •			
-	-	Part IV, line 19	· · · · · · · · · · · · · · · · · · ·	.				
	b	Less direct expenses	t					
	С	Net income or (loss) from gar	ning activities	>				
1	0 a	Gross sales of inventory, less	returns					
		and allowances	ε	a				
	b	Less: cost of goods sold	t					
L	С	Net income or (loss) from sale	es of inventory	•				
		Miscellaneous Revenu	ue	Business Code				
1	1 a							
	b							
	C			<u> </u>				
	d	All other revenue				····		
	-	Total. Add lines 11a-11d			116 172			10 002
932009	2	Total revenue See instructions		P	416,473.	0.	0.	19,893.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	196,889.	196,889.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	14,984.	14,984.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	91,350.	73,080.	9,135.	9,135.
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	34,748.	27,798.	3,475.	3,475.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,534.	7,628.	953.	953.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	5,523.	5,523.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	15,594.		15,594.	
9	Other				·•·
12	Advertising and promotion				
13	Office expenses	1,450.	1,450.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,109.	1,109.		
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	1,380.		1,380.	
23	Insurance	1,362.	1,362.		
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	FUNDRAISING EXPENSE	22,370.			22,370.
b	PRINTING AND REPRODUCTI	8,609.			8,609.
С	UTILITIES AND TELEPHONE	3,340.	3,340.		
d	POSTAGE AND DELIVERY	2,370.	•		2,370.
e	DUES AND SUBSCRIPTIONS	2,050.		2,050.	
f	All other expenses	2,441.	1,379.	1,062.	
25	Total functional expenses. Add lines 1 through 24f	415,103.	334,542.	33,649.	46,912.
26	Joint costs. Check here ▶ ☐ if following		= -,		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	and a second of the seco				C 000 (0000)

932010 02-04-10

Form **990** (2009)

Pai	τX	Balance Sheet				
•				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		3,220.	1	89,422.
	2	Savings and temporary cash investments		130,680.	2	18,745.
	3	Pledges and grants receivable, net		286,418.	3	254,570.
	4	Accounts receivable, net	_ [4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	- (
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 499	j.			
		Part II of Schedule L			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		889.	9	889.
	10a	Land, buildings, and equipment: cost or other				THE PROPERTY OF THE PARTY OF TH
		basis Complete Part VI of Schedule D	10a 9,023.			
	ь	Less accumulated depreciation	10b 8,397.	2,006.	10c	626.
	11	Investments · publicly traded securities	·	1,692,814.	11	
	12	Investments other securities See Part IV, line	· ·	12	2,005,615.	
	13	Investments - program-related See Part IV, line			13	·
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		8,245.	15	7,880.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,124,272.	16	2,377,747.
	17	Accounts payable and accrued expenses		10,009.	17	55,282.
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	· <u></u>
Ś	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	Ţ.			1111111111111111111111111111111111111
abi		highest compensated employees, and disqualifi	ed persons. Complete Part II			
=		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	- -	24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		10,009.	26	55,282.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		1,157,861.	27	1,378,561.
3ali	28	Temporarily restricted net assets	<u>l</u>	336,418.	28	323,920.
JG.	29	Permanently restricted net assets		619,984.	29	619,984.
Ē		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and	,		
ō		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	upment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances	ļ	2,114,263.	33	2,322,465.
	34	Total liabilities and net assets/fund balances		2,124,272.	34	2,377,747.

Form **990** (2009)

Form 990 (2009)

FOUNDATION, INC

58-2010071 Page **12**

•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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 independent accountant?	2b	Х	
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 selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			l
	Act and OMB Circular A-133?	3a		X
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.	3ь		l
		Form	990 (2009

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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

2009

Open to Public Inspection

FAYETTEVILLE PUBLIC EDUCATION **Employer identification number** Name of the organization 58-2010071 FOUNDATION, INC 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). 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. **b** Type II c Type III - Functionally integrated d ____ Type III - Other a ____ Type I 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). 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) and (iii) below, Yes No 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) (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col organization in col (ı) listed in your organization in col organization support (I) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION, INC 58-2010071 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 1086068. <u>517,</u>911. | 466,896. | 312,251. | 350,165. | 2733291. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1086068. 517,911. 466,896. 312,251. 350,165. 4 Total. Add lines 1 through 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) 666,539. 6 Public support. Subtract line 5 from line 4 2066752. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1086068. 517,911 466,896. 312,251. 350,165.2733291. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 285,163. 130,962. 83,379. 68,015. 64,448. 631,967. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 28,287. 177,824. 11,150. assets (Explain in Part IV) 217,261. 11 Total support. Add lines 7 through 10 3582519 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 57.69 14 % 60.57 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \triangleright X b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

Schedule A (Form 990 or 990-EZ) 2009

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 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

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.

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

Pa	art III Support Schedule for C	Organizations	Described in	Section 509(a	1)(2) (Complete onl	y if you checked the bi	ox on line 9 of Part I)
	ction A. Public Support						
Cal	endar 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.")						
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
76	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support	 					
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				 		
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-					
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first second the	rd fourth or fifth t	ax year as a secti	on 501(c)(3) organia	ration
	check this box and stop here	organization :	o mar, accoma, mi	e, rourni, or mar t	.c. you as a secti	on our (o)(o) organiz	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
15	Public support percentage for 2009 (column (fl)		15	%
16	Public support percentage from 2008		•	301011117 (177		16	
-	ction D. Computation of Inve					1	
17						17	%
18	Investment income percentage from	•	•	(,,		18	%
	a 33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than	<u> </u>	
, - •	more than 33 1/3%, check this box a	=					▶□
i	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che						▶□
20			=	· ·		-	
						hedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internat Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FAYETTEVILLE PUBLIC EDUCATION FOUNDATION, INC

Employer identification number 58-2010071

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	1
2	Aggregate contributions to (during year)	24,212.	750.
3	Aggregate grants from (during year)	18,436.	0.
4	Aggregate value at end of year	389,011.	36,659.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of	· · ·	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	X Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re		organization during the tax
	year ▶	•	•
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements do	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
þ	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X		► \$ ► \$

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

Schedule D (Form 990) 2009

	FAYETTE	VILLE	PUBLI	C E	DUCATI	ON					
Sche	dule-D (Form 990) 2009 FOUNDAT	ION, I	NC					58-	201007	<u>1 р</u>	age 2
Par	t III Organizations Maintaining C	ollection	s of Art	, His	torical Tr	easures,	or Other	Similar As	sets (conti	nued)
3,	Using the organization's acquisition, accessi										
-	(check all that apply)	· · · · · · · · · · · · · · · · · · ·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
а	Public exhibition		d	\Box	Loan or exc	hange progr	ams				
_			_			nange progr					
b	Scholarly research		е	ш	Other						
С	Preservation for future generations								_		
4	Provide a description of the organization's co								Part XIV.		
5	During the year, did the organization solicit of	r receive do	nations of	art, h	ıstorıcal trea	sures, or oth	ier similar a	ıssets		_	_
	to be sold to raise funds rather than to be ma							·	Yes		_ No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pal		. Complet	e if or	ganization a	nswered "Ye	s" to Form	990, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod		ıntermedia	arv for	contribution	s or other as	ssets not in	cluded			
	on Form 990, Part X?			,					Yes		No
h	If "Yes," explain the arrangement in Part XIV	and comple	te the follo	201100	table:						
U	in res, explain the arrangement in rait XIV	and comple	te the lon	ownig	lacie.					,	
								 	Amount	·	
	Beginning balance							1c			
	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f	·		
	Did the organization include an amount on F		ırt X, line 2	1?					Yes	L	_ No
	If "Yes," explain the arrangement in Part XIV.										
Par	TV Endowment Funds. Complete	f the organiz	zation ans	wered	"Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Curren	t year	(b) F	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Four	years	back
1a	Beginning of year balance										
b	Contributions										.,,,-,-
С	Net investment earnings, gains, and losses										**********
d	Grants or scholarships							····		., .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other expenditures for facilities							······································			
_	and programs										
4	Administrative expenses					<u> </u>		······		~~~~	·····
	End of year balance										1.4
	•					L					
2	Provide the estimated percentage of the year	ir end baland									
	Board designated or quasi-endowment			.%							
	Permanent endowment	%									
		%									
Зa	Are there endowment funds not in the posse	ession of the	organizat	ion th	at are held a	ind administe	ered for the	organization	Γ		Γ
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	if "Yes" to 3a(II), are the related organizations	s listed as re	equired on	Sche	dule R?				3b		
4	Describe in Part XIV the intended uses of the	organizatio	n's endov	vment	funds						
Par	t VI Investments - Land, Building	gs, and E	quipme	nt. s	ee Form 990	, Part X, line	10.				
	Description of investment	(a) (Cost or oth	ner	(b) Cost	or other	(c) Acc	umulated	(d) Book	c valu	е
		basis	(Investme	ent)	basis	(other)	depr	eciation			
1a	Land										
b	Buildings	-									
	Leasehold improvements								-		
	Equipment				1	9,023.		8,397.		6	26.
	- •				,	-					

Schedule D (Form 990) 2009

626.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

FOU	ע כונא	·т	ON	INC
r ou	אעוו	т т	OIN A	INC

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation: end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
POOLED INVESTMENT ACCOUNT	2,005,615.	END-OF-YEA	R MARKET VALUE
			
·			
			
		<u></u>	
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	2,005,615.		
Part VIII Investments - Program Related. S			
			Method of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(4)	Bosonption		(b) Book Value
		· · · · · · · · · · · · · · · · · · ·	
			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u> </u>
Part X Other Liabilities. See Form 990, Part X,	, line 25.	71	
1 (a) Description of liability		(b) Amount	
Federal income taxes			
			
			
· · · · · · · · · · · · · · · · · · ·		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)		
2. FIN 48 Footnote. In Part XIV, provide the text of the foo		financial statements that	reports the organization's liability for

uncertain tax positions under FIN 48 932053 02-01-10

Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Aud	ited Fina	ncial Sta	tement	S
1,	Total revenue (Form 990, Part VIII, column (A), line 12)			1		416,473.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		415,103.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,370.
4	Net unrealized gains (losses) on investments			4		206,832.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		206,832.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9		10		208,202.
Pai	t XII Reconciliation of Revenue per Audited Financial State	ments V	Vith Reve	enue per	Return	_
1	Total revenue, gains, and other support per audited financial statements				1	650,541.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	2	06,832	2 -	
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d		27,236	5.	
е					2e	234,068.
3	Subtract line 2e from line 1				3	416,473.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		-	7	
С	Add lines 4a and 4b		•		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	416,473.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ements	With Exp	enses p	er Retur	'n
1	Total expenses and losses per audited financial statements				1	442,339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					****
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С		2c			7 1	
d	Other (Describe in Part XIV.)	2d		27,236	5.	
	Add lines 2a through 2d				2e	27,236.
3	Subtract line 2e from line 1				3	415,103.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					··
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
	Other (Describe in Part XIV)	4b	1		7	
	Add lines 4a and 4b				4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	415,103.
	rt XIV Supplemental Information			• • • • • • • • • • • • • • • • • • • •		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	art III lines	1a and 4. F	Part IV lines	s 1h and 2	h Part V line 4: Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co					
/ III I	c 2, Fatt At, line of Fatt Att, lines 20 and 45, and Fatt Att, lines 25 and 45 Also of	ompiete ti	iis pair to pi	Ovide any i	additional	imorriation.
					 -	
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
						·
FUI	NRAISING DIRECT EXPENSES: 27236.					
		1 1				
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
FUI	NDRAISING DIRECT EXPENSES: 27236.					
				_		·
					 	<u> </u>

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

2009 Open To Public

Name of the organization

FAYETTEVILLE PUBLIC EDUCATION

Inspection
Employer identification number

FOUNDAT	ION, INC				58-2010	071
Part I Fundraising Activities. required to complete this part	. Complete if the organization answe	ered "\	'es" to	Form 990, Part IV,	ine 17. Form 990-E2	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover alsing of ding of lonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	<u> </u>	<u> </u>				
		-				
				TO 1		
		į				
			-			
		L		•		
Total					<u> </u>	
3 List all states in which the organizatio	n is registered or licensed to solicit t	unds	or has	been notified it is ex	empt from registration	on or licensing
						
						- -
			-			

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

Schedule G (Form 990 or 990-EZ) 2009

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		le G (Form 990 or 990 EZ) 2009 FOUNDA	TION, INC						2010071	
PE	art I	Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with				rt IV, I	ine 18, or repo	rted i	nore than \$15,0	00
		On Form 990-EZ, line oa. List events with	(a) Event #1 HALL OF HONOR		(b) Event #2	(c) Other events	s	(d) Total eve	
e			(event type)		(event type)		(total number)		col (c))	
Revenue	1	Gross receipts	57,865.					-	57,	865.
	2	Less Charitable contributions	46,415.						46,	415.
	3	Gross income (line 1 minus line 2)	11,450.						11,	450.
	4	Cash prizes								
ses	5	Noncash prizes								
Oirect Expenses	6	Rent/facility costs				-				
Direct	7	Food and beverages				-				•
	8	Entertainment								
	9	Other direct expenses	27,236.						27,	236.
	10	- · · · · · · · · · · · · · · · · · · ·						•		236
D.	art	Net income summary Combine line 3, columnary Gaming. Complete if the organization	in (d), and line 10	000	Port IV line 10 or	ropol	tod more then		<15,	786.
-	A) ()	\$15,000 on Form 990-EZ, line 6a	answered les to lonn	1 990,	raitiv, iiile 19, Oi	repoi	ted more than			
_		\$10,000 011 0111 000 E2, 1110 00		(b	Pull tabs/instant	Τ.			(d) Total gamin	a (add
une			(a) Bingo		o/progressive bingo	"	c) Other gamin	g	col. (a) through	
Revenue	1	Gross revenue								
es	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs				ļ			<u> </u>	
	5	Other direct expenses	Yes %	 	Yes %	 	Yes	%		······································
	6	Volunteer labor	No No		No 70		No No	- 70		
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)					•	()
	8	Net gaming income summary. Combine line	1, column (d), and line 7					>	Yes	Na.
9	En	ter the state(s) in which the organization opera	ates naming activities:						Tes	s No
		the organization licensed to operate gaming ac	_	states	?			_	9a	
		No," explain.								1
								_		
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended or te	ermina	ted during the tax	year ⁴	•		10a	<u> </u>
				•				_		
11 12		es the organization operate gaming activities the organization a grantor, beneficiary or truste		ofar	partnership or oth	er enti	tv formed to		- 11	
		minister charitable gaming?	or a hack of a morniber	υ, α <u>)</u>			., 10111160 10		12	

FAYETTEVILLE PUBLIC EDUCATION

Schedule's (Form 990 or 990 EZ) 2009 FOUNDATION, INC			
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? 15	ia	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided >			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17	'a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the		
organization's own exempt activities during the tax year > \$			

Schedule I (Form 990) 2009 Š Employer identification number TO ALLOW FOR PURCHASES OF RESOURCES/MATERIALS USED 58-2010071 Open to Public OMB No 1545-0047 2009 Inspection PURPOSE OF EDUCATING (h) Purpose of grant 3Y TEACHERS FOR THE or assistance X Yes 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. 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 1 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. BOOK Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of cash grant 196,889 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FAYETTEVILLE PUBLIC EDUCATION (c) IRC section if applicable SCHOOL DISTRICT Enter total number of section 501(c)(3) and government organizations 71-6021514 General Information on Grants and Assistance (D) EIN criteria used to award the grants or assistance? FOUNDATION, Enter total number of other organizations 1 (a) Name and address of organization FAYETTEVILLE SCHOOL DISTRICT #1 or government FAYETTEVILLE, AR 72702 Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** PO BOX 849 (Form 990) Parti Part

932101 02-02-10

FAYETTEVILLE PUBLIC EDUCATION

FOUNDATION, INC

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58-2010071

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule | (Form 990) 2009
Part III | Grants and Othe

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR EDUCATION	9	14,984.	.0	0.BOOK	TO PROVIDE SCHOLARSHIPS TO STUDENTS FOR FURTHER EDUCATION
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: TO MONITOR	- 1	USE OF TH	THE USE OF THE GRANT FUNDS,	NDS, THE	
MONIES AWARDED TO THE GRANTEE ARE USED		TO PURCHASE THE		ITEMS REQUESTED PER	
THE APPLICATION OF THE GRANTEE AND DELIVERED TO THE GRANTEE.) DELIVER	ED TO THE	GRANTEE.		

COLUMN (H): PART II, LINE 1,

#1 NAME OF ORGANIZATION OR GOVERNMENT: FAYETTEVILLE SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ALLOW FOR PURCHASES OF

RESOURCES/MATERIALS USED BY TEACHERS FOR THE PURPOSE OF EDUCATING

STUDENTS AND TEACHERS.

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

FAYETTEVILLE PUBLIC EDUCATION FOUNDATION, INC

Employer identification number 58-2010071

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE TAX RETURN WAS
PROVIDED TO THE PRESIDENT OF THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR
FOR APPROVAL BEFORE BEING FILED.
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON
REQUEST.