

# Return of Organization Exempt From Income Tax

**2002**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year or tax year beginning 7-1-2002 2002 and ending 6-30, 2003

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

\*\*\*\*\*5-DIGIT 85012  
 29 1B FU 88-0929111 200306  
**BROPHY COMMUNITY FOUNDATION**  
**BROPHY COLLEGE PREP AJ HELM**  
 4701 N CENTRAL AVE  
 PHOENIX AZ 85012-1723 P-55 P21

**D** Employer identification number  
86 0929111

**E** Telephone number  
(602) 264-5291

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

**G** Web site ▶ N/A

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

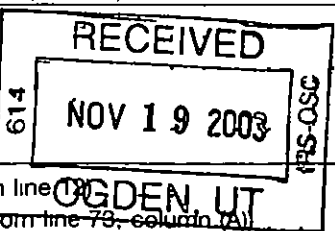
**K** Check here ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN ▶  
**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	764,200		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>764,200</u> noncash \$ _____)	1d	764,200		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	7,986		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11				
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	772,186			
Expenses	13	Program services (from line 44, column (B))	13	709,390		
	14	Management and general (from line 44, column (C))	14	17,716		
	15	Fundraising (from line 44, column (D))	15	38,055		
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17	765,161		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,025		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	55,745		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	62,770		



P 2

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>709,390</u> noncash \$ _____)	709,390	709,390		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	26,175		7852	18,323
26	Other salaries and wages	4,463		4463	
27	Pension plan contributions				
28	Other employee benefits	687		183	504
29	Payroll taxes	2340		942	1398
30	Professional fundraising fees				
31	Accounting fees	10		10	
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping	9043		2713	6330
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	12,778		1278	11,500
39	Travel				
40	Conferences, conventions, and meetings	38		38	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize) a <u>Bank Fee</u>	237		237	
b	.....				
c	.....				
d	.....				
e	.....				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	765,161	709,390	17,716	38,055

**Joint Costs** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions)

What is the organization's primary exempt purpose? <u>Assist needy students with educational costs</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <u>Foundation was created to receive donations and assist needy students in parochial schools. It does this thru various publicity measures. The previous year the foundation raised 781,506 that helped 239 students. This year 377 students</u>	709,390
b	
c	
d	
e Other program services (attach schedule)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>709,390</b>

**Part IV Balance Sheets** (See page 24 of the instructions)

<b>Note</b>		(A) Beginning of year		(B) End of year
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>				
<b>Assets</b>	45 Cash—non-interest-bearing	233,172	45	306,355
	46 Savings and temporary cash investments	620,035	46	343,021
	47a Accounts receivable	128,731		
	b Less allowance for doubtful accounts		47c	128,731
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		57c	
58 Other assets (describe _____ )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	853,207	59	778,107	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	76,700	60	
	61 Grants payable	720,762	61	715,337
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			
	64a Tax-exempt bond liabilities (attach schedule)		63	
	b Mortgages and other notes payable (attach schedule)		64a	
	65 Other liabilities (describe _____ )		64b	
66 <b>Total liabilities</b> (add lines 60 through 65)	797,462	65	715,337	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	55,745	66	62,770
	68 Temporarily restricted		67	
	69 Permanently restricted		68	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		69	
	70 Capital stock, trust principal, or current funds			
	71 Paid-in or capital surplus, or land, building, and equipment fund		70	
	72 Retained earnings, endowment, accumulated income, or other funds		71	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	55,745	72	62,770
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	853,207	73	778,107

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions)

a Total revenue, gains, and other support per audited financial statements ▶ a *N/A*

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments \$ \_\_\_\_\_

(2) Donated services and use of facilities \$ \_\_\_\_\_

(3) Recoveries of prior year grants \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ b \_\_\_\_\_

c Line a minus line b ▶ c \_\_\_\_\_

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ d \_\_\_\_\_

e Total revenue per line 12, Form 990 (line c plus line d) ▶ e \_\_\_\_\_

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a Total expenses and losses per audited financial statements ▶ a *N/A*

b Amounts included on line a but not on line 17, Form 990

(1) Donated services and use of facilities \$ \_\_\_\_\_

(2) Prior year adjustments reported on line 20, Form 990 \$ \_\_\_\_\_

(3) Losses reported on line 20, Form 990 \$ \_\_\_\_\_

(4) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) through (4) ▶ b \_\_\_\_\_

c Line a minus line b ▶ c \_\_\_\_\_

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$ \_\_\_\_\_

(2) Other (specify) \_\_\_\_\_

\$ \_\_\_\_\_

Add amounts on lines (1) and (2) ▶ d \_\_\_\_\_

e Total expenses per line 17, Form 990 (line c plus line d) ▶ e \_\_\_\_\_

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dawn Kennedy 4701 N. Central Ave, Phoenix, AZ 85012	Executive Director - 20 Hrs.	26,175	0	0
Edward A. Reese, S.J. 4701 N. Central Ave, Phoenix, AZ 85012	Director - 2 Hrs	0	0	0
Adria Renke 4701 N. Central Ave, Phoenix, AZ 85012	Director - 2 Hrs	0	0	0
A. Joseph Helm, Jr. 4701 N. Central Ave, Phoenix, AZ 85012	Director - 3 Hrs	0	0	0
JAMES R. WENTWORTH 2929 N. Central Ave, Phoenix, AZ 85012	Director - 1 Hr	0	0	0
DANIEL MOSTAL 2929 N. Central Ave, Phoenix, AZ 85012	Director - 1 Hr.	0	0	0
BARBARA MEARNEY 2 North Central, Phoenix, AZ 85004	Director - 2 Hrs	0	0	0
.....				
.....				
.....				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	
81b	Did the organization file <b>Form 1120-POL</b> for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85a	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders	87a	
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.00</u> , section 4912 <u>0.00</u> , section 4955 <u>0.00</u>		
89b	<b>501(c)(3) and 501(c)(4) orgs</b> 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," attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.00
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.00
90a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	2
91	The books are in care of <u>A. Joseph Helm Jr.</u> Telephone no <u>(602) 264-2291</u> Located at <u>4701 N. Central Ave, Phoenix, AZ</u> ZIP + 4 <u>85012</u>		
92	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					7986
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					7986
105 Total (add line 104, columns (B), (D), and (E))					7986

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	The short term interest earned on savings allowed the foundation to award additional funds to needy students. Instead of letting the contributions sit without earning interest on the short term basis, the funds are invested in savings and the earnings were added to the pool.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 the information reported thereon is true and correct. Preparer (other than officer) is based on all information of which preparer has any knowledge

11-14-03  
Date  
Director

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

**Supplementary Information—(See separate instructions)**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

*Brophy Community Foundation*

Employer identification number

*86 0929111*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(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

Total number of other employees paid over \$50,000 ▶

*None*

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services ▶

*None*

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	X	
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X

*See Part V Form 990*

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	781,506	618,031	664,591	197,638	2,261,766
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9121	15,808	14,053	2024	41,006
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	790,627	633,839	678,644	199,662	2,302,772
24 Line 23 minus line 17	790,627	633,839	678,644	199,662	2,302,772
25 Enter 1% of line 23	7906	6338	6786	1997	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year

(2001) 2900 (2000) 3010 (1999) 2950 (1998) 1000

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2001) 0 (2000) 0 (1999) 0 (1998) 0

c Add Amounts from column (e) for lines 15 2,261,766 16 _____ 17 _____ 20 _____ 21 _____	27c	2,261,766
d Add Line 27a total 9,860 and line 27b total _____	27d	9,860
e Public support (line 27c total minus line 27d total)	27e	2,251,906
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	2,302,772
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	2 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		





Part III, Question 3,  
2002 990 Form, Schedule A, Page 2

The families that request a grant from the Brophy Community Foundation, go through a application process, to be awarded a grant. The application requests both family and financial information, along with other certain information that allows the Foundation to verify the information provided. That information is then analyzed on a numerical basis, using the financial information provided, along with the other factors of the family. A need number is then derived from that analysis, which is then summarized with the other applicants to determine what percentage, or all can be met, with the funds that have been raised by the foundation.

11/10/03