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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	rthe 2	2008 cale	ndar yea	r, or tax year beginning 07-0	01-2008 and ending 06-30-2	009	D Employer	identification number
_		_	Please	C Name of organization Plano ISD Education Foundatio	n		D Employer	identification number
Address cha		ange	ıse IRS abel or	Doing Business As			75-2481 E Telephone	
☐ Nar	ne chan		orint or type. See	Doing Business As				
☐ Init	ıal retur	n S	Specific	Number and street (or P O bo	x if mail is not delivered to street ad	dress) Room/su	(469) 75	
┌ Ter	mınatıor	n t	nstruc- ions.	2700 West 15th Street			G Gross rec	eipts \$ 1,197,463
┌ Am	ended r	eturn		City or town, state or country,	and ZIP + 4			
☐ Apr	lication	pending		Plano, TX 75075				
		·	F Nan	L ne and address of Principal	Officer	W-> -		
				CA SHORTINO	Officer		this a group ret liates?	urn for
				VEST 15TH STREET ,TX 750757524				
——— т Та	x-exemi	pt status) (3) ◀ (insert no))(1) or		all affiliates incl	
					7(1) 01 327		"No," attach a l oup Exemption	list See instructions)
) W	eb site	e: F- www p	pisd edu/	about us/foundation		H(c) Gr	oup Exemption	Number P
К Тур	e of orga	anization 🔽	Corporat	ion trust association oth	er ►	L Year of	Formation 1993	M State of legal domicile TX
Da	rt I	Summ	arv					
Га				e organization's mission or	most significant activities			
e e				-	chieve their full potential by p	rovidina finani	cial support to e	educators and academic
ě		programs						
Ë								
Governance	2	Check thi	s box 🖵	ıf the organızatıon dıscontır	ued its operations or dispose	d of more thar	125% of its ass	sets
	3	Number o	f voting r	nembers of the governing bo	ody (Part VI, line 1a)		. 3	31
න් ග	4	Number o	fındepen	dent voting members of the	governing body (Part VI, line	1b)	4	31
Activities &	5	Total num	nber of en	nployees (Part V , line 2a)			5	50
χ	6	Total num	nber of vo	lunteers (estimate if neces	sary)		ϵ	150
ĕ	7a	Total gros	ss unrela	ted business revenue from l	Part VIII, line 12, column (C)		7	a 0
	b	Net unrel	ated busi	ness taxable income from F	orm 990-T, line 34		7	Ъ
						P	rior Year	Current Year
_	8	Contribu	itions and	d grants (Part VIII, line 1h)			1,010,084	1,052,309
nue	9	Program	service	revenue (Part VIII, line 2g)				0
Rayentle	10	Investm	ent incor	ne (Part VIII, column (A), l	nes 3, 4, and 7d)		27,602	-8,845
	11				5, 6d, 8c, 9c, 10c, and 11e)		-72,857	-145,344
	12	Total rev	venue—a	dd lines 8 through 11 (must	equal Part VIII, column (A),	line	964,829	898,120
	13		nd simila	ar amounts paid (Part IX, co	lumn (A), lines 1-3)		743,811	<u>'</u>
	14			or for members (Part IX, colu	, ,,		,	0
	15				efits (Part IX, column (A), line	s 5-		
Ехрепзев		10)	,	, , , ,	, , , , , , , , , , , , , , , , , , , ,		12,799	0
₹	16a	Professi	onal fund	raising fees (Part IX, colum	n (A), line 11e)			0
ਡੌ	ь	(Total fund	(Total fundraising expenses, Part IX, column (D), line 25 14,373					
_	17	Otherex	kpenses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)		133,327	96,569
	18	Total ex	penses—	add lines 13–17 (must equ	al Part IX, line 25, column (A))	889,937	872,438
	19	Revenue	less exp	penses Subtract line 18 fro	m line 12		74,892	25,682
कुँ 20 20 20 20 20 20 20 20 20 20 20 20 20						Begii	nning of Year	End of Year
969 969	20	Total as	sets (Par	t X, line 16)			903,937	929,828
Net Assets or Fund Balances	21	Total lıa	bilities (F	Part X, line 26)			151,400	150,000
žĒ	22	Netasse	ets or fun	d balances Subtract line 2:	l from line 20		752,537	779,828
Pai	t II	Signa	ture Blo	ock		•		
		Under pen	alties of pe	rjury, I declare that I have exami	ned this return, including accompany	ring schedules an	d statements, and	to the best of my knowledge
DI		l٠		correct, and complete Declaration	of preparer (other than officer) is b	ased on all inforr I	nation of which pre	eparer has any knowledge
Plea Sign		****** Signati	re of office	er en			10-04-12 ite	
Here		'				De		
			J BAGGETT r print nam					
		 			Date	Check If	Droppror/s D3	TIN (See Can Inst \
D - ! -!		Preparer's signature		as V Stephen	Date	self-	_ '	ΓΙΝ (See Gen Inst)
Prop	25051-	-	,			empolyed 🕨	<u> </u>	
Prep Use		Firm's nar		THOMAS STEPHEN & CO			EIN Þ	
USE	Only	address, a	and ZIP + 4	3102 OAK LAWN SUITE 800	LB 101		DI	(244) 024 2556
		1		DALLAS, TX 75219			Phone no	(214) 824-2556
				•			•	

Part III Statement of Program Service Accomplishments (See the instructions.)

			•	•		
1	Briefly describe the organiza Helping all students in Pland		full potential by pr	oviding financial support t	o educators and academic programs	
	Did the every weeken					
2	the prior Form 990 or	990-EZ?		ces during the year v	which were not listed on	es 🔽 No
3		se new services on Sch ease conducting or ma		hanges in how it cond		_
	services? If "Yes," describe the	se changes on Schedul	 e O			es 🔽 No
4	Section 501(c)(3) an		4947(a)(1) trus	sts are required to re	argest program services by expe port the amount of grants and all i	
4a) (Expenses \$ ARY EDUCATION - FUNDED I 6 (55,000 PISD STUDENTS AI	NNOVATIVE TEACH:		476,450) (Revenue \$) IITION PROGRAMS, AND
4b	(Code ELEMENTARY & SECONDA EMPLOYEES SERVED)) (Expenses \$ ARY EDUCATION - FUNDED I	•	ncluding grants of \$	35,467) (Revenue \$) CRISIS FUND (7,000 PISD
4c) (Expenses \$ ARY EDUCATION - FUNDED F ISTRIBUTION TO STUDENT H	PARENTAL INVOLVE		120,048) (Revenue \$ VED COMMUNICATIONS FOR SCHOOL/C D EMPLOYEES SERVED)) OMMUNITY RELATIONS,
4d	Other program servi	ces (Describe in Scher 143,905 inclu	dule O) ding grants of \$	143,9	05)(Revenue\$)
4e	Total program service	•		Must eaual Part IX. L		

art IV	Checklist o	f Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			N o
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		N o
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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		N o
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? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.	37		No

	550 (2000)			raye L
Pa	rt 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		res	NO
Id	of U.S. Information Returns. Enter -0- if not applicable			
	1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		No
9	year?	_ 		
	Did the organization make any taxable distributions under section 4966?	9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

8

Section A. Governing Body and Management

b Enter the number of voting members that are independent . .

No

Νo

Νo

Νo

Νo

Νo

Nο

Yes

31

5

6

7a

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	v, describe the circumstances	5,
	processes, or changes in Schedule O. See instructions.		
1a	Enter the number of voting members of the governing body	1a	3

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	

1b

ŀ	Did the organization make any significant changes to its organizational documents since the prior Form filed?	990	was
;	Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organization have members or stockholders?
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing hody?

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	
	Did the organization contemporaneously document the meetings held or written actions undertaken during th	е

Did the organization	ı contemporaneously	document the	: meetings hel	ld or written a	ictions undert	aken during the
year by the following	J					
the governing body?)					

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•	•	•
	Does the organization have local chapters, branches, or affiliates? .											

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ıch	cha	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•		•	

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All	orga	nızaf	tion	s
must describe in Schedule O the process, if any, the organization uses to review the Form 990		•	•	

1	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

7b		No
8a	Yes	
8b	Yes	
9a		Νο
9b		No
10	Yes	
11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
		1 -00		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MONICA SHORTINO

2700 WEST 15TH STREET PLANO,TX 750757524 (469) 752-8091

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII	Continue	a
rait vii	Continue	u

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Officer Officer Institutional Trustee Inclindual Trustee or Prector		lighest compensated miployee Key employee Office Institutional Trustee Indiwidual Trustee		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
-										
							┝	<u> </u>		<u> </u>
			•			•		1		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶0										

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section	R	Inde	nendent	Contra	ctors
36661011	υ.	THUC	penaent	Contra	CLUIS

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
	Name and business dudiess	Description of services	Соптрепзацоп
_	Total number of independent contractors (including these in 1) who received more than #	100 000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

.. . . .

01111 2 2 0	(2000)		
Part	Statement	of	Revenue
WITT			

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u> </u>	1a	Federated camp	paigns 1a					314
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
S.E	c	Fundraising eve	ents 1c	331,569				
慧	d	Related organiz	ations 1d					
<u></u>	e	Government grants	(contributions) 1e					
tior अ	f	All other contribution	ons, gifts, grants, and 1f	720,740	İ			İ
章奏	g		butions included in					
草草		lines 1a-1f \$ _	155,869					
ರ್ಷ	h	Total (Add line	s 1a-1f)	•	1,052,309			
na na				Business Code				
ЭĽ	2a							
28 €	b							
- 65 	C							
er Er	d							
င် ဇ	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
چ	g		; 2a-2f	L ⊳ \$				
	3	0 Investment inc	ome (including dividen	ds interest				
			nounts)		12,075			12,075
	4		tment of tax-exempt bond		0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	20,147					
		assets other						
	ь	than inventory Less cost or	41,067					
		other basis and sales expenses						
	c	Gain or (loss)	-20,920					
	d	Net gain or (los	s)		-20,920			-20,920
	8a	Gross income for events (not inc	luding					
Other Revenue		See Part IV, lın	reported on line 1c)					
æ		\$15,000	a	331,569				
her	Ь	,	penses b	258,276	4.5 0.1			4.55
₹	C		loss) from fundraising	events 🕨	-145,344			-145,344
	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	ь		penses b					
	C 100		loss) from gaming acti	vities	0			
	TOB	Gross sales of returns and allo	wances .					
	b	=	oods sold b		_			
	С		loss) from sales of inve		0			1
	11a	Miscellaneous	s kevenue	Business Code				
	ь							-
			_					
	C							
	d		ne					
	12		11a-11d		898,120			-154,189
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, le	5, 6d, 7d, 8c, ►	898,120			-154,189

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re	anizations mu	ust complete plete columns	all columns. (B), (C), and (D).
	not include amounts reported on lines 6b, 7b, 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	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	775,869	775,869		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	6,307		6,307	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	4,365	291	1,190	2,884
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	2,091		2,091	
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	TRAINING & DEVELOPMENT	2,751		2,631	120
ь	Printing and Publications	7,056	194	6,862	
c	Postage and Shipping	14,575		14,575	
d	OUTSIDE CONTACT SERVS	44,067	13,251	22,603	8,213
e	MISCELLANEOUS	7,255	2,500	3,217	1,538
f	All other expenses	8,102	131	6,353	1,618
25	Total functional expenses. Add lines 1 through 24f	872,438	792,236	65,829	14,373
26	Joint Costs. Check 🔽 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				

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A)		(E		
	1	Cash—non-interest-bearing			Beginning of year 118,804	1	End o	<u>1 year</u> 221,237	
	2	Savings and temporary cash investments			657,140			614,003	
	3	Pledges and grants receivable, net	•		18,692			014,000	
	4								
	5	Receivables from current and former officers, directors, trustees,	 kever	nnlovees or		4		0	
		other related parties Complete Part II of Schedule L		inprovees or		5		0	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		0	
	7	Notes and loans receivable, net				7		0	
	8	Inventories for sale or use	•			8		0	
\$	9	Prepaid expenses and deferred charges				9		0	
Assets	10a	Land hooldings and somewhat sank have							
AS		Land, buildings, and equipment cost basis	10a	6,73	6				
	ь	Less accumulated depreciation Complete Part VI of							
		Schedule D	10b	6,73	_	10c		0	
	11	Investments—publicly traded securities			105,801	11		91,588	
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	VII of	•		12		0	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	t VIII			13		0	
	14	Intangible assets				14		0	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			3,500			3,000	
		D				15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			903,937	16		929,828	
	17	Accounts payable and accrued expenses .			151,400	17		150,000	
	18	Grants payable				18			
	19	Deferred revenue		19					
10	20	Tax-exempt bond liabilities		20					
ě	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				1			
Ξ		persons Complete Part II of Schedule L		•		22			
	23	Secured mortgages and notes payable to unrelated third parties				23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			151,400	26		150,000	
ري dt		Organizations that follow SFAS 117, check here ► ✓ and comple	te line	es 27					
Balance	דכ	through 29, and lines 33 and 34. Unrestricted net assets			324,001	27		460,159	
<u>ප</u>	27 28				402,041	28		319,669	
20 20 20	28 29	Temporarily restricted net assets			26,495				
Fund	23	Organizations that do not follow SFAS 117, check here ▶ □ and	compl	et e	20,493	29			
or F		lines 30 through 34.	comp	cie					
	30	Capital stock or trust principal, or current funds				30 31			
Assets	31 Paid-in or capital surplus, or land, building or equipment fund								
	32	Retained earnings, endowment, accumulated income, or other funds							
Net	33	Total net assets or fund balances			752,537	33		779,828	
	34	Total liabilities and net assets/fund balances	903,937	34		929,828			
Pa	rt XI	Financial Statements and Reporting							
							Yes	No	
1	Acco	unting method used to prepare the Form 990	crual	┌ other					
22		the organization's financial statements compiled or reviewed by an			-n+2	22		No.	

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3Ь		Νο

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As Filed Data -

DLN: 93493102011550

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

2008

Open to Public Inspection

Internal Revenue Service	
Name of the organizat	ior
Plano ISD Education Founds	tio

Employer identification number

75-2481906

В-		Dance	for Dublic C	haritu Ctatua (to bo so		سمالم ببط			Tp. chuch		
	rt I			harity Status (to be con ation because it is (Please					Instruct	ions)	
	rigaili.								A \/:\		
1	<u>'</u>			nurches, or association of ch			Section .	170(D)(1)(A)(1).		
2	<u> </u>			tion 170(b)(1)(A)(ii). (Attac		•	.: 4 7 0//		/A ++	L C - L - 4	- 11 3
3	<u> </u>	•	·	e hospital service organizati			•		• •		•
4	ı		-	zation operated in conjuncti	on with a i	nospitai d	escribea i	n Section .	L/U(B)(I)	(A)(III). E	nter the
_	_	•	name, city, and					1			
5	ı			or the benefit of a college or	universit	y ownea o	roperated	i by a gove	rnmentai	unit desci	ribea 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).									
6	 	•	, -	<u>-</u>					•		and a subdivi
7	<u>~</u>			ally receives a substantial p		support fro	om a gove	rnmentai u	nit or fror	n the gene	rai public
•	_			o)(1)(A)(vi) (Complete Par							
8	<u> </u>		•	oed in Section 170(b)(1)(A)		•	-				
9	1	-		ally receives (1) more than					•		· -
		•		lated to its exempt functions estment income and unrelate	-		•		•		
			J	on after June 30, 1975 See			•			k) iloili bu:	Sillesses
10	_		-	and operated exclusively to			•		•	aa instrusi	tions \
11	<u>'</u>			and operated exclusively to							
	,	one or more the box tha	e publicly suppo	orted organizations describe type of supporting organiza	d ın sectio	on 509(a) omplete l	(1) or sec ines 11e t	tıon 509(a hrough 11	ı)(2) See	Section 5	· ·
e	Γ	other than t section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly supp	orted orga	nızatıons d	described	ın section	1509(a)(1) or
f		If the orgar check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	rType III	supportin	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the			'
_		following pe		,	, ,			•			
			•	r indirectly controls, either a		-	th persons	describe	d ın (ıı)		Yes No
				ng body of the the supported		tion?				11g	
			•	erson described in (i) above						11g(ii)
				ty of a person described in (11g(iii)
h		Provide the	following inform	mation about the organizatio	ns the org	ıanızatıon	supports				
	Supp	ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go		the orga	ou notify inization i) of your port?	organiz col (i) o	s the ation in organized US?	(vii) A mount of support?
					Yes	No	Yes	No	Yes	No	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you check	ked the box o	11 IIIIe 5, 7, 01	o of Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	500 403	624.040	740 722	4 040 004		4 053 300	2.044.450
	membership fees received (Do not	500,403	631,940	749,722	1,010,084		1,052,309	3,944,458
	include any "unusual grants ")						\longrightarrow	
2	Tax revenues levied for the organization's							0
	benefit and either paid to or expended on its behalf							O
_	The value of services or facilities						+	
3	furnished by a governmental unit to the							0
	organization without charge							
4	Total. Add line 1-3	500,403	631,940	749,722	1,010,084		1,052,309	3,944,458
5	The portion of total contribution by each	,	,	,	, ,		'''	, ,
3	person (other than a government unit or							
	publicly supported organization) included							1 117 010
	on line 1 that exceed 2% of the amount							1,147,818
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							2,796,640
	4							2,730,040
To	otal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	500,403	13,474	749,722	1,010,084		1,052,309	3,944,458
8	Gross income from interest, dividends,							
	payments received on securities loans,	4,824	13,474	22,034	27,602		12,075	80,009
	rents, royalties and income from similar	., 52 .	15, 1, 1	22,001	27,002		12,075	00,000
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							0
	regularly carried on						\longrightarrow	
10	Other income Do not include gain or loss	5,406	3,717					9,123
	from the sale of capital assets (Explain in Part IV)	3,400	5,717					5,125
11	Total Support (Add lines 7 through 10)							4,033,590
11 12	Gross receipts from related activities, etc	/Caa instruction				T		
						12	<u> </u>	554,576
13	First Five Years. If the Form 990 is for the o	organization's fir	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(_
	organization, check this box and stop here						'	► □
	omputation of Public Support Perce							
14	Public Support Percentage for 2008 (line 6	column (f) divid	ed by line 11 co	olumn (f))		14		69.330 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		59.990 %
16a	33 1/3% Test - 2008. If the organization did	I not check the b	oox on line 13, a	and line 14 is 33	3 1/3% or more,	check	this box	
	and stop here. The organization qualifies as				,			▶ ▽
ь	33 1/3% Test - 2007. If the organization did	not check the	box on line 13 o	r 16a, and line 1	L5 is 33 1/3% o	r more	, check thi	S
	box and stop here. The organization qualifie	s as a publicly :	supported organ	ıızatıon				▶ ┌
17a	10% Facts and Circumstances Test - 2008. I	f the organization	on did not check	a box on line 1	3, 16a, or 16b a	and lin	e 14 ıs 10'	% or
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							▶ □
Ь	10% Facts and Circumstances Test - 2007. I							
	more, and if the organization meets the "fac							
40	the organization meets the "facts and circu							▶┌
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	oa, 160, 1/a or	1 / D, cneck this	рох а	nd see	▶ □
	instructions							-

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 75-2481906

Name: Plano ISD Education Foundation

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
SUE DRY KAY , Director	1 00	Χ						0	0	0	
SHARON MCCALL , Director	1 00	Х						0	0	0	
SAMUEL M STRICKLIN , Director	1 00	Х						0	0	0	
SAMIR DESPHANDE , Director	1 00	Х						0	0	0	
ROBIN JOSEPH - WILLIAMS , Director	1 00	Х						0	0	0	
RICHARD DUNHAM , Director	1 00	Х						0	0	0	
REBECCA EGELSTON CASO , Director	1 00	Х						0	0	0	
RALPH STOW , President	1 00	Х		Χ				0	0	0	
OLGA VARGAS - LESTER , Director	1 00	Х						0	0	0	
OCTAVIO ORTIZ , Director	1 00	Х						0	0	0	
MONICA SHORTINO , Executive Direc	40 00	Х		Χ	Х			0	0	0	
MICHAEL URTSO , Secretary	1 00	Х		Χ				0	0	0	
MARY JO DEAN , Director	1 00	Χ						0	0	0	
MARSHALL JOHNSON DDS MS , Director	1 00	Х						0	0	0	
MARK THORNTON, Director	1 00	Χ						0	0	0	
MARK A BALL , Director	1 00	Х						0	0	0	
LORI HEIL , Director	1 00	Х						0	0	0	
LIZ BONET , Director	1 00	X						0	0	0	
LISA RASKIN , Secretary	1 00	Χ						0	0	0	
L MITCHELL BRAMLETT , Treasurer	1 00	Х		Х				0	0	0	
KYLE WALTERS , Director	1 00	Χ						0	0	0	
KELLY PALMER , Director	1 00	Χ						0	0	0	
KEITH D BRALEY , Director	1 00	Х						0	0	0	
JUDY DROTMAN , Director	1 00	Х						0	0	0	
JORDAN CASE , Director	1 00	Х						0	0	0	
JOA MUNS , Director	1 00	Х						0	0	0	
DANNY MODISETTE , Director	1 00	Х						0	0	0	
CATHY LARSON , Director	1 00	Х						0	0	0	
BOBBY J BAGGETT , Director	1 00	Χ						0	0	0	
BETH WEBB , President-ELECT	1 00	Х		Х				0	0	0	

Form 990, Part VII - Section Aaa

			(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
BARTON L RIDLEY , Director	1 00	Х						0	0	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Plano ISD Education Foundation 75-2481906 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located

- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

	Organizations Maintaining Co	•			•			ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of th	ne fol	lowing that are	a sıgnıfıcant us	e of its collection		
а	Public exhibition	d	Γ	Loan or excha	nge programs			
ь	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	w the	y further the org	janization's exe	empt purpose in		
5	During the year, did the organization solicit o							_
D-	assets to be sold to raise funds rather than t	· · · · · · · · · · · · · · · · · · ·				<u> </u>		No
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an				ization answe	ered "Yes" to Fo	rm 99	υ,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				other assets n	ot $\ \ \ \ \ \ \ \ \ \ \ \ \ $	'es	 Г No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A moui	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Γı	es es	Г No
ь	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete							
4-	Paramana af yana balanca	(a)Current Year (b) Prior	Year (c)Two	Years Back (d)T	hree Years Back (e)	Four Yea	ars Back
la L	Beginning of year balance							
b	Contributions							
C	Investment earnings or losses Grants or scholarships							
d	Other expenditures for facilities							
e	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the yea	r end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment							
с	Term endowment ▶							
3a	Are there endowment funds not in the posses	ssion of the organization	that	are held and adı	ministered for t	he		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		
	(ii) related organizations					3a(ii)		
b 4	If "Yes" to 3a(II), are the related organizatio					Зь		
4 Dat	Describe in Part XIV the intended uses of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of triangle of the triangle of triangle				t V line 10			
140	tvi investments—Land, bundings	s, and Equipment. 3		•	(b)Cost or other			
	Description of investment			a) Cost or other asis (investment)	basis (other)	(c) Depreciation	(d) Bo	ok value
	Land					1		
	Buildings							
	Leasehold improvements							
	Equipment				6,736	6,736		
	Other			10() ;		<u> </u>		
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B,), line	10(c).)				
						Schedule D (Fo	orm 99	0) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1			
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	898,120
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	872,438
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,682
4	Net unrealized gains (losses) on investments	4	1,609
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 - 8	9	1,609
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	27,291
Part		er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	1,019,729
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	121,609
3	Subtract line 2e from line 1	3	898,120
4	A mounts 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		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	898,120
art	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	992,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	120,000
3	Subtract line 2e from line 1	3	872,438
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	872,438

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation		
	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	unrealized LOSS ON INVESTMENTS \$ -0		

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DLN: 93493102011550

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Flovence Colvice						Inspection
Name of the organization					Employer ider	ntification number
Plano ISD Education Foundation	n				75-2481906	
Part I Fundraising Ac	tivities Complet	a if the oi	raanizat	non answered "Yes"		
	<u> </u>		_		·	, iiie 17.
1 Indicate whether the organ	nization raised funds	through ar	ny of the			
a Mail solicitations				·	non-government grants	
b Email solicitations c Phone solicitations				g Special fundrais	government grants	
d In-person solicitations	-			g Special fullular	sing events	
a i in-person soncitations	•					
2a Did the organization have or key employees listed in			,	,	,	Γ _{Yes} Γ _{No}
b If "Yes," list the ten highes to be compensated at leas						
		(iii)				
(i) Name of individual	fundraiser have			(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	custody or control of				
, ,		contribu	ıtıons?		col (i)	organization
		Yes	No			
			1			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

		more than \$15,000 on Form	(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	tal Eve	nts
				(-, - : : : : : : : : : : : : : : : : : :	(c) Other Events	(Add col	(a) the	
			SKI PLANO (event type)	(event type)	(total number)	со	(c))	
φ	1		444,501		(total namber)		444	4,501
Revenue	2	Gross receipts	331,569	,			33.	1,569
φ		contributions						
	3	Gross revenue (line 1 minus line 2)	112,932				112	2,932
	4	Cash Prizes						
9 9 9	5	Non-cash Prizes						
ğ	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	258,276				258	3,276
<u>ě</u>	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			258	3,27€
	9	Net income summary Combine li	nes 3 and 8 ın column (d))	•		-14!	5,344
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e than	
Φ		· · ·	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total	gamıng	(Add
Revenue				bingo/progressive bingo		col (a) th	rough co	(c))
~	1	Gross revenue						
မှ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor		Yes%				
			No	No	N o			
	_	Direct expense summary Add line	e 2 through 5 in column (d)	🟲			
	7	briedt expense sammary waa mie	3 2 through 5 m column (u,				
		Net gaming income summary Com						
0	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)			Yes	No
9 a	8 Ente		ibine lines 1 and 7 in colu ation operates gaming act	tivities	_	· 9a	Yes	No
9 a b	8 Ente	Net gaming income summary Comer the state(s) in which the organiza	ibine lines 1 and 7 in colu ation operates gaming act	tivities	_	· 9a	Yes	No
а	8 Ente	Net gaming income summary Comerthe state(s) in which the organization licensed to operate	ibine lines 1 and 7 in colu ation operates gaming act	tivities	_	· 9a	Yes	No
a b	8 Ente	Net gaming income summary Comer the state(s) in which the organization licensed to operate	ation operates gaming act	tivities of these states?			Yes	No
а	Ente Is the If "N	Net gaming income summary Comer the state(s) in which the organization licensed to operate No," Explain	ation operates gaming act	tivities of these states?		· 9a	Yes	No
a b	Ente Is the If "N	Net gaming income summary Comer the state(s) in which the organization licensed to operate	ation operates gaming act	tivities of these states?			Yes	No
a b	Ente Is the If "N	Net gaming income summary Comer the state(s) in which the organization licensed to operate No," Explain	nbine lines 1 and 7 in colu etion operates gaming act gaming activities in each	imn (d)	g the tax year?		Yes	No

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493102011550 OMB No 1545-0047

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

Plano ISD Education Founda	tion					75-2481906	
Part I General Info	rmation on Gra	nts and Assistance	e			L	
the selection criteria u	sed to award the gra	nts or assistance?			libility for the grants or as		√ Yes
Form 990, Par Part IV and So	t IV, line 21 for a chedule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the c if no one recipient rec	eived more than \$5,	
needed						. ▶ ▽	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,	(h) Purpose of grant or assistance
2 Enter total number of s organizations					•		
							•
For Paperwork Reduction Act N	lotice, see the Instruc	tions for Form 990.		Cat No 50055	Р	Sc	hedule I (Form 990) 2008

	,	
Part III	Grants a	d Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
		ule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		SCHOLARSHIPS ARE AWARDED FOLLOWING A REVIEW OF APPLICATIONS FROM GRADUATING PLANO ISD STUDENTS AND ARE APPROVED BY THE FOUNDATION SCHOLARSHIPS ARE PAID DIRECTLY TO THE COLLEGE OR UNIVERSITY, RATHER THAN THE SCHOLARSHIP RECIPIENT A COMMITTEE REVIEWS ALL REQUESTS FOR GRANTS FOR TEACHERS IN CRISIS SITUATIONS TO ENSURE THAT CRITERIA HAVE BEEN MET AND THAT THE FINANCIAL CRISIS IS SEVERE AND REAL

Software ID: 08000091

Software Version: 2008v2.7

EIN: 75-2481906

Name: Plano ISD Education Foundation

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance

(b)Number of (c) Amount of (d) Amount of

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TEACHER RECRUITMENT & RETENTION	7000	65,000			
STEM PARTNERS - MATH IMPROVEMENT	13050	71,605			
STEM AWARDS	6	22,000			
SCHOLARSHIP AND TRAINING AWARDS	2	1,000			
OTHERS ASSISTANCE	1	140			
NEW PRO GRAMS & SUPERINTENDENT PRIO RITIES	55000	255,800			
MEET AN AUTHOR & LIBRARY SERVICES	600	3,150			
FIFTH GRADE CAMP	700	50,300			
FAMILY LITERACY PROGRAM	400	87,622			
EDUCATOR INCENTIVE GRANTS	120	66,888			
COMMUNICATION GRANTS	55000	100,000			
ASSIST TO TEACHERS IN CRISIS	24	35,467			
ACADEMIC CALENDARS	6000	16,897			

Non-Cash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization Plano ISD Education Foundation **Employer identification number**

75-2481906

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррпсаые		<u> </u>				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory		1	2,500	FMV			
20	Drugs and medical supplies .			,				
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe <u>PRINTING</u>)		1	2,500	FMV			
	Other (describe							
A D/I	PUBLICITY)		2	40,000	FMV			
	PROD FOR		186	110.060	EM)/			
	Other (describe AUCTIO)		100	110,869	F			
20 29	Other (describe) Number of Forms 8283 received	L by the ora	nization during the tax ve	r for contributions for				
29	which the organization complete			ar for contributions for	29			
	Acknowledgement		•					
							Yes	No
30a	During the year, did the organization hold for at							
	least three years from the date of			not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme					34		NI a
31	Does the organization have a gif	·		·		31	l	No
32a	Does the organization hire or us contributions?			to solicit, process, or sell i	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report	revenues i	n Column (c) for a type of p	property for which Column (a	a) ıs			
	checked, describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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DLN: 93493102011550

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization Plano ISD Education Foundation **Employer identification number**

75-2481906

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Form 990 is prepared by our outside auditing firm and is reviewed byorganization's Executive Director and Treasurer. It is presented to the Executive Committee for final review and approval before execution and filing by the organization's Treasurer.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 ELEMENTARY & SECONDARY EDUCATION - FUNDED PROGRAMS TO CLOSE ACHIEVEMENT GAP IN MATH AND SCIENCE INCLUDING FIFTH GRADE CAMP AND MIDDLE SCHOOL AFTER-SCHOOL PROGRAM (55,000 STUDENTS SERVED)

DLN: 93493102011550

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization Plano ISD Education Foundation					tification number
Part I Identification of Disregarded Entities				75-2481906	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public chanty sta (if section 501(c)	(F) Direct controlling entity
PLANO ISD					
2700 W 15th Street PLANO, TX75075	GOVERNMENT UNIT	TX	N/A	N/A	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	5Y		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organizatio
--

Part V Transactions with Related Organizations						
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No		
f 1 During the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	7				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No		
b Gift, grant, or capital contribution to other organization(s)		1b		No		
Gift, grant, or capital contribution from other organization(s)						
d Loans or loan guarantees to or for other organization(s)	d Loans or loan guarantees to or for other organization(s)					
e Loans or loan guarantees by other organization(s)		1e		No		
f Sale of assets to other organization(s)		1f		No		
g Purchase of assets from other organization(s)		1g		No		
h Exchange of assets		1h		No		
i Lease of facilities, equipment, or other assets to other organization(s)		<u>1i</u>		No		
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No		
k Performance of services or membership or fundraising solicitations for other organization(s)						
Performance of services or membership or fundraising solicitations by other organization(s)						
m Sharing of facilities, equipment, mailing lists, or other assets		1n	Yes			
n Sharing of paid employees		1n	Yes			
• Reimbursement paid to other organization for expenses		10		No		
p Reimbursement paid by other organization for expenses		1р		No		
q Other transfer of cash or property to other organization(s)		1q	Yes			
r Other transfer of cash or property from other organization(s)				No		
2 If the answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationship	s and transaction thresholds				
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved				
(1) PLANO ISD	q		740,40	2		
(2) PLANO ISD						

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) PLANO ISD	q	740,402
(2) PLANO ISD	m	120,000
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	