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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

☐ Initial return of a former public charity ☐ Final return

☐ Name change

Name of foundation
THE SPARROW FOUNDATION

Number and street
5601 DEMOCRACY, SUITE 300

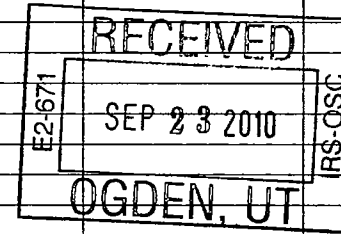
City, state, and ZIP code
PLANO, TX 75024-3674

Telephone number
(972) 387-3500

Print name of foundation officer or director
X

of year (from Part II, col (c), line 16) **2,796.** (Part I, column (d) must be on cash basis)

		(a) Revenue and	(b) Net investment	(c)	(d) Disbursements
			income	income	for charitable
					purposes
					cash basis only
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))					
Revenue	1 Contributions, gifts, grants, etc. received. Attach schedule if the foundation is not required to attach Sch. B. <input type="checkbox"/> <input type="checkbox"/>	1,270,000.			
	Interest on savings and temporary cash investments	287.	287.		ATCH 1
	4 Dividends and interest from securities				
	a Gross rents				
	b Net rental income or loss				
	a Net gain or loss from sale of assets not on line 10				
	b Gross sales price for all assets on line a				
	7 Capital gain net income from part I line 2				
	Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less cost of goods sold					
c Gross profit or loss. Attach schedule					
11 Other income. Attach schedule					
1 Total. Add lines 1 through 11	1,270,287.	287.			
Operating and Administrative Expenses	1 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	1 Pension plans, employee benefits				
	1 a Legal fees. Attach schedule. ATCH 2	660.	660.	0.	0.
	b Accounting fees. Attach schedule. ATCH 3	598.	598.	0.	0.
	c Other professional fees. Attach schedule				
	17 Interest				
	1 Taxes. Attach schedule. See page 14 of the instructions. **	1,617.			
	19 Depreciation. Attach schedule and depletion				
	0 Occupancy				
	1 Travel, conferences, and meetings				
	Printing and publications				
	Other expenses. Attach schedule				
	4 Total operating and administrative expenses. Add lines 1 through 2	2,875.	1,258.	0.	0.
	Contributions, gifts, grants paid	1,302,404.			1,302,404.
	Total expenses and disbursements. Add lines 24 and 25	1,305,279.	1,258.	0.	1,302,404.
	7 Subtract line 2 from line 12				
a Excess of revenue over expenses and disbursements	-34,992.				
b Net investment income. If negative, enter -0- if negative, enter -0-		-0-			
			-0-		



SCANNED SEP 29 2010

Revenue
Operating and Administrative Expenses

P5

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part III	Balance Sheet	Assets	Liabilities	Equity	Net Assets	Reserves	Other	Final Balances
----------	---------------	--------	-------------	--------	------------	----------	-------	----------------

Form 0 PF (2009)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			2		
3					
			3		

Part V

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
200	1,956,821.	902,545.	2.168115
2007	1,626,259.	2,564,135.	0.634233
2006	1,323,523.	895,517.	1.477943
200	521,000.	897,727.	0.580355
200	31,600.	128,321.	0.246257
2 Total of line 1, column (d)			2 5.106903
3 Average distribution ratio for the -year base period - divide the total on line 2 by , or by the number of years the foundation has been in existence if less than years			3 1.021381
Enter the net value of noncharitable-use assets for 2009 from Part , line			83,806.
Multiply line by line 3			85,598.
Enter 1 of net investment income (1 of Part I, line 27b)			
Add lines and 6			85,598.
Enter qualifying distributions from Part II, line			1,302,404.
If line is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1 tax rate see the Part VI instructions on page 1			

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a		
b	<input checked="" type="checkbox"/>	0.
c		0.
4		0.
8		0.
9		0.
10		282.
11		282.

re Pa me

a 2009 e ma e a a me a 200 o e r a me re e o 2009 a 282.

b em o reg org a a o -a e a o re b 0.

c a a a a o o re e o o me o e (Form) c 0.

d a o gerro eo e d

o a re a a me e a ro g 282.

8 e r a p e n a t o r e r a m e o e m a e a e e r e ☐ Form 2220 a a e 8

9 Tax due e o a o e a m o r e a e e e r a m o u n t o e d 9

10 v e r p a m e n t e m o r e a e o a o e a e e r e a m o u n t o v e r p a i d 10 282.

11 e r e a m o o e o e r e d i t e d t o 010 e s t i m a t e d t a x 282. e f u n d e d 11

Part VII— Statements regarding activities

1a		es	o
1a			X
1b			X
1c			X
4a			X
4b			X
8a			X
8b		X	
9			X
10			X

1a r g e a e a r e o a o a e m o e e a a o a a e o r o a e g a o o r

a r a e o r e r e e a a o a a m a g

b e m o r e a 00 r g e e a r (e e r r e o r r e) o r o a r o e (e e a g e 9

o e r o o r e o)

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

c e o a o e o r m 11 0-P o r e a r

d e r e a m o (a) o a o o a e e r e (e o 9) m o e r g e e a r

(1) e o a o () o a o m a a g e r

e e r e r e m r e m e (a) a e o a o r g e e a r o r o a e e r e a m o e

o o a o m a a g e r

a e o a o e g a g e a a e a a e o r e o e e r e o r e o e X

If "Yes," attach a detailed description of the activities

a e o a o m a e a a g e o r e o r e o r e o e g o e r g r m e a r e o

o r o r a o o r a o r o e r m a r r m e If "Yes," attach a conformed copy of the changes X

4a e o a o a e r e a e e g r o m e o 000 o r m o r e r g e e a r 4a X

b e a e a a r e r o o r m 990-T o r e a r 4b

a e r e a a o e r m a o o o o r a a o r a o r g e e a r X

If "Yes," attach the statement required by General Instruction T

r e e r e r e m e o e o 0 (e) (r e a g o e o 9 r o g 9) a e e e r

• a g a g e e g o e r g r m e o r

• a e e g a o a e e e a m e e g o e r g r m e o a o m a a o r r e o a

o e a e a r e m a e g o e r g r m e X

e o a o a e a e a 000 a e a a m e r g e e a r If "Yes," complete Part II, col (c), and Part XV X

8a e r e a e o e o a o r e o r o r r e g e r e (e e a g e 9 o e

r o) T X ,

b e a e r e o e a e o a o r e a o o F o r m 990-PF o e o r e e e r a

(o r e g a e) o e a a e a r e r e G e n e r a l I n s t r u c t i o n G ? I f " N o , " a t t a c h e x p l a n a t i o n 8b X

9 e o a o a m g a a a r a e o e r a g o a o e m e a g o e o 9 2 () () o r

9 2 () () o r a e a r e a r 2009 o r e a a e e a r e g g 2009 (e e r o o r P a r o a g e

2) I f " Y e s , " c o m p l e t e P a r t X I V 9 X

10 a e r o e o m e a a o r o r r g e a e a e a r I f e a t t a c h a s c h e d u l e l i s t i n g t h e i r

n a m e s a n d a d d r e s s e s 10 X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> LANA GRIFFIN	(972) 789-3500		
Located at <input type="checkbox"/> 5601 DEMOCRACY DR., SUITE 300 PLANO, TX		75024-3674		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<input type="checkbox"/>		
		15		0.

1a	<p>..... <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>disqualified person? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5 Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Agree to pay money or property to a government official? (Section 4947(a)(2)(B) Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If any answer is "Yes" to 1a(1)-(5), did any of the acts fail to qualify under the exceptions described in regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? <input type="checkbox"/></p> <p>Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/></p> <p>c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? <input type="checkbox"/></p> <p>2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))</p> <p>a At the end of tax year 2009, did the foundation have any undistributed income (lines d and e, Part III) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," list the years <input type="checkbox"/></p> <p>Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions) <input type="checkbox"/></p> <p>c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/></p> <p>3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," did it have excess business holdings in 2009 as a result of 1 any purchase by the foundation or disqualified persons after May 2, 1992 the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest or 3 the lapse of the 10-, 15-, or 20-year first phase holding period? (See instructions) <input type="checkbox"/></p> <p>4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/></p> <p>Did the foundation make any investment in a prior year (but after December 31, 1999) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? <input type="checkbox"/></p>	1b		X
		1c		
		2		
		3		
		4a		X
		4		X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2)

☐ Yes ☒ No☐ Yes ☒ No

(4)

☐ Yes ☒ No

(5)

☐ Yes ☒ No

any

5b

organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is yes to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

e t t c t e t t e n t e u i e d e u t i o n e c t i o n (d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums

on a personal benefit contract?

☐ Yes ☒ No

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6

X

e t o r e o

7a At any time during the tax year, was the foundation a party to a prohibited shelter transaction?

☐ Yes ☒ No

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, and Key Paid Employees

1 List all officers, directors, trustees, foundation managers, and their compensation (see page 22 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 and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 5		-0-	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 2 of the instructions)
If none enter N N

(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 and deferred compensation	(e) Expense account, other allowances
NONE				

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services NONE

NONE	
2	
3	

Describe the 10 largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
NONE	
2	
If other program-related investments (see page 2 of the instructions)	
3 NONE	

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	85,082.
c Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d Total (add lines 1a, b, and c)	1d	85,082.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
		0.
	3	85,082.
of the instructions)		1,276.
		83,806.
		4,190.

Part XI Distributable amount (see page 2 of the instructions) (Section 4942(c)(1) and (c)(2) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line	1	4,190.
a Tax on investment income for 2009 from Part X, line	a	0.
b Income tax for 2009 (this does not include the tax from Part X)	b	
c Add lines 2a and 2b	c	0.
Distributable amount before adjustments (subtract line 2c from line 1)		4,190.
Recoveries of amounts treated as qualifying distributions		
Add lines 3 and 4		4,190.
Reduction from distributable amount (see page 2 of the instructions)		
Distributable amount as adjusted (subtract line 5 from line 4. Enter here and on Part X, line 1)		4,190.

Part XII Qualifying distributions (see page 2 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. - total from Part X, column (d), line 2	1a	1,302,404.
b Program-related investments - total from Part X	1b	0.
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		0.
Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior R approval required)	a	0.
b Cash distribution test (attach the required schedule)	b	0.
Qualifying distributions. Add lines 1a through 1b. Enter here and on Part X, line 3, and Part X, line 4		1,302,404.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1 of Part X, line 2 b (see page 2 of the instructions)		
Adjusted qualifying distributions (subtract line 6 from line 4)		1,302,404.
Note: The amount on line 6 will be used in Part X, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				4,190.
a				
b 20 07 20 06 20 05				
a 25,184.				
b 476,114.				
c From 2006 1,278,747.				
d From 2007 1,499,928.				
e From 2008 1,911,912.				
	5,191,885.			
► 1,302,404.				
a Applied to 2008, but not more than line 2a . . .				
b pple to un istribute income of prior ears (lection re ure - see page 26 of the instructions)				
c reate as istributions out of corpus (lection re ure - see page 26 of the instructions)				
d pple to 2009 istributable amount				4,190.
e emaining amount istribute out of corpus	1,298,214.			
cess istributions carr o er apply to 2009				
(If an amount appears in column (d), the same amount must be shown in column (a))				
nter t e net tota o eac column as indicated be o	6,490,099.			
a Corpus lines f, c, an e ubtract line				
b Pnor ears un istribute income ubtract line b from line 2b				
c nter the amount of pnor ears un istribute income for hich a notice of efficienc has been issue , or on hich the section 9 2(a) ta has been pre iousl assesse				
d ubtract line 6c from line 6b a able amount - see page 27 of the instructions				
e n istribute income for 2008 ubtract line a from line 2a a able amount - see page 27 of the instructions				
n istribute income for 2009 ubtract lines an from line his amount must be istribute in 20 0				
mounts treat e as istributions out of corpus to satisf re urements impose b section 70(b)()(F) or 9 2(g)() (see page 27 of the instructions)				
cess istributions carr o er from 200 not apply on line or line 7 (see page 27 of the instructions)	25,184.			
9 cess distributions carr o er to 1 ubtract lines 7 an 8 from line 6a	6,464,915.			
1 nal sis of line 9				
a cess from 200 476,114.				
b cess from 2006 1,278,747.				
c cess from 2007 1,499,928.				
d cess from 2008 1,911,912.				
e cess from 2009 1,298,214.				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

	2009	2008	2007	d 200
1 or the minimum investment				
.				
of line 2a				
qualifying distributions from Part II, line for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities subtract line 2d from line 2c				
complete a, , or c for the alternative test relied upon				
a Assets alternative test - enter				
1 Value of all assets				
Value of assets qualifying under section 9 2 () () ()				
Indo ment alternative test - enter 2 of minimum investment return shown in Part line for each year listed				
Support alternative test - enter				
1 Total support other than gross investment income (interest dividends, rents, payments on securities loans (section 2(a)()), or royalties)				
Support from general public and or more exempt organizations as provided in section 9 2 () () () ()				
Largest amount of support from an exempt organization				
Gross investment income				

Part XV **Support** Enter in or ation o p e t e i s part o n i t e oundation ad 000 or ore in assets at an ti e during t e ear see page o t e instru tions**1** In or ation egarding Foundation anagers

a List an managers of the foundation ho have contri uted more than 2 of the total contri utions received the foundation before the close of an ta ear (ut onl if the have contri uted more than ,000) (ee section 07(d)(2))

JEAN ANN BROCK

List an managers of the foundation ho o n 0 or more of the stoc of a corporation (or an equall large portion of the onership of a partnership or other entit) of hich the foundation has a 0 or greater interest

N/A

In or ation egarding ontri ution rant i t oan oars ip et Progra s

hec here ▶ ☒ if the foundation onl ma es contri utions to preselected charita le organi ations and does not accept unsolicited requests for funds If the foundation ma es gifts, grants, etc (see page 2 of the instructions) to individuals or organi ations under other conditions, complete items 2a, , c, and d

a he name, address, and telephone num er of the person to hom applications should e addressed

he form in hich applications should e su mitted and information and materials the should include

An su mission deadlines

d An restrictions or limitations on a ards, such as geographical areas, charita le fields, inds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year ATTACHMENT 6				
..... ► 3a				1,302,404.
b				
..... ► 3b				

Schedule B

Schedule of Contributors

OMB No 1545-0047

2009

THE SPARROW FOUNDATION

20-0253717

☐☐

not

☐☒☐☐

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☒ o o o o 0 0- o 0- 5 000 o o o o
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S eci l ules

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☐ o o 501 7 o 10 o o o 0 o 0- o o o o o
 o o o o 1 000 o exclusively o o o
 o o o o o o

☐ o o 501 7 o 10 o o o 0 o 0- o o o o o
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 o o 1 000 o o o o o o
 o exclusively o o o o o o ener l ule
 o o o o o o 5 000 o o

C ution o o o o B o 0
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or n cy

Name of organization THE SPARROW FOUNDATION

Employer identification number
20-0253717**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEAN ANN BROCK 5601 DEMOCRACY DR., SUITE 300 PLANO, TX 75024	\$ 1,270,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
NORTHERN TRUST BANK	287.	287.
TOTAL	<u>287.</u>	<u>287.</u>

ATTACHMENT 2FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	660.	660.		
TOTALS	<u>660.</u>	<u>660.</u>	<u>0.</u>	<u>0.</u>

ATTACHMENT 3FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ACCOUNTING FEES	598.	598.		
TOTALS	<u>598.</u>	<u>598.</u>	<u>0.</u>	<u>0.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
TAXES	1,617.
TOTALS	<u>1,617.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>
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JEAN ANN BROCK
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

PRES & DIRECTOR

STEVE BROCK
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

VP & DIRECTOR

RODGER M SANDERS
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

DIRECTOR

MICHAEL W MOORE
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

SECR/TRES/CFO

L F VANLANDINGHAM
5601 DEMOCRACY, SUITE 300
PLANO, TX 75024-3674

GRAND TOTALS

FORM 990BF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 6

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
CENTER FOR BRAINHEALTH THE UNIVERSITY OF TEXAS AT DALLAS 2200 WEST MOCKINGBIRD LANE DALLAS, TX 75235	NONE 501(C)(3)	CHARITABLE FUNDING	50,000
JUNE SHELTON SCHOOL AND EVALUATION CENTER 15720 HILLCREST ROAD DALLAS, TX 75248	NONE 501(C)(3)	CHARITABLE FUNDING	820,108
UT SOUTHWESTERN 5323 HARRY HINES BLVD DALLAS, TX 75390	NONE 501(C)(3)	CHARITABLE FUNDING	432,296
TOTAL CONTRIBUTIONS PAID			<u>1,302,404</u>

Application for Extension of Time To File an
Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

.....▶ ☒

Do not complete Part II unless

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file)

electronically if (1) you want the automatic (not automatic) 3-month extension or (2) you file Forms 990-B 09 or 70 group returns or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 990. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization THE SPARROW FOUNDATION	Employer identification number 20-0253717
	Number, street, and room or suite no. If a PO box, see instructions 5601 DEMOCRACY, SUITE 300	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions PLANO, TX 75024-3674	

Check type of return to e-file (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-B	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-E	<input type="checkbox"/> Form 990-T (trust other than a above)	<input type="checkbox"/> Form 09
<input checked="" type="checkbox"/> Form 990-F	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 70

• The books are in the care of ▶ LANA GRIFFIN

Telephone No ▶ 972 789-3500

FA No ▶

• If the organization does not have an office or place of business in the United States, check this box▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is

for the whole group, check this box▶ ☐ If it is for part of the group, check this box▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (months for a corporation) require to file Form 990-T) extension of time until 08/15 2010 to file the exempt organization return for the organization name above. The extension is for the organization's return for

▶ ☒ calendar year 2009 or
▶ ☐ tax year beginning and endingIf this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-B 990-F 990-T 4720 or 09, enter the tentative tax less any nonrefundable credits. See instructions.	3a	282.
If this application is for Form 990-F or 990-T, enter any refundable credits and estimate tax payments made. Include any prior year overpayment allowance as a credit.	3	282.
c Balance due. Subtract line 3 from line 3a. Include your payment with this form or if required, deposit with FTD coupon or if required, by using EFTS (Electronic Federal Tax Payment System). See instructions.	3c	0.

Caution. If you are going to make an electronic fund transfer with this Form, see Form 453-EO and Form 79-EO for payment instructions.

For privacy Act and Paperwork Reduction Act notice, see Instructions.

Form 8868 (Rev. 4-2009)