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Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>and ending</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>62-1693056</b>	
<input type="checkbox"/> Address change		<b>COLLIERVILLE EDUCATION FOUNDATION</b>		<b>E Telephone number</b>	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>901-853-2070</b>	
<input type="checkbox"/> Initial return		<b>485 HALLE PARK DR</b>		<b>F Group Exemption Number</b>	
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Amended return		<b>COLLIERVILLE TN 38017-7088</b>			
<input type="checkbox"/> Application pending					

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ **WWW.MYCEF.ORG**

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

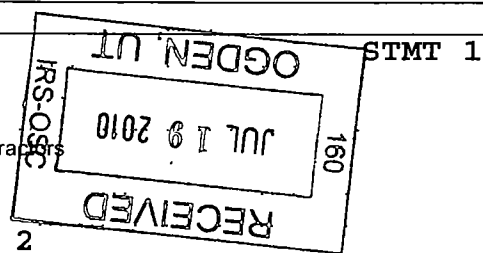
**J Tax-exempt status** (check only one) —  501(c) ( **3** ) ◀ (insert no )  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **144,520**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	1 Contributions, gifts, grants, and similar amounts received		70,537
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		2,298
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	71,685
	b Less direct expenses other than fundraising expenses	6b	27,312
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	44,373
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	117,208
Expenses	10 Grants and similar amounts paid (attach schedule)	10	68,855
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	7,750
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	512
	16 Other expenses (describe ▶ <b>SEE STATEMENT 2</b> )	16	7,191
	<b>17 Total expenses.</b> Add lines 10 through 16	17	84,308
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,900
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	71,399
	20 Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	76
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	104,375



SCANNED AUG 06 2010

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	71,399	22	104,375
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
<b>25 Total assets</b>	<b>71,399</b>	<b>25</b>	<b>104,375</b>
26 Total liabilities (describe ▶ _____)	0	26	0
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>71,399</b>	<b>27</b>	<b>104,375</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ 37a</span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <b>NONE</b>		
42a	The organization's books are in care of <span style="float:right">▶</span> <b>CINDY RIAL</b> Telephone no <span style="float:right">▶</span> <b>901-853-8502</b> <b>154 SYCAMORE</b> Located at <span style="float:right">▶</span> <b>COLLIERVILLE, TN</b> ZIP + 4 <span style="float:right">▶</span> <b>38017</b>		
b	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)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>b</b> If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Cynthia L. Rial Date: 1/20/10

Type or print name and title: Cynthia L. Rial, Treasurer

**Paid Preparer's Use Only**

Preparer's signature: SHELLEY SMITH, CPA Date: 05/25/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SMITH & SMITH, CPAS  
165 N. MAIN ST., STE. 106  
COLLIERVILLE, TN 38017-2654

Preparer's Identifying Number (See instr): P00293985

EIN: 62-1619435

Phone no: 901-850-2241

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	92,028	112,992	110,382	100,011	70,537	485,950
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	92,028	112,992	110,382	100,011	70,537	485,950
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						485,950

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	92,028	112,992	110,382	100,011	70,537	485,950
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,247	2,915	2,886	2,615	2,298	11,961
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					71,685	71,685
11 <b>Total support.</b> Add lines 7 through 10						569,596
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.31%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.80%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3 % support tests—2009.** 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 ►
- b 33 1/3 % support tests—2008.** 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 ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
BAILEY STATION ELEMENTARY SCHOOL 3435 BAILEY STATION RD COLLIERVILLE, TN 38017			EDUCATION	10,305				
COLLIERVILLE ELEMENTARY SCHOOL 590 PETERSON LAKE RD COLLIERVILLE, TN 38017			EDUCATION	11,201				
CROSSWIND ELEMENTARY SCHOOL 831 W SHELTON RD COLLIERVILLE, TN 38017			EDUCATION	11,617				
SYCAMORE ELEMENTARY SCHOOL 1155 SYCAMORE RD COLLIERVILLE, TN 38017			EDUCATION	9,413				
COLLIERVILLE MIDDLE SCHOOL 146 COLLEGE ST COLLIERVILLE, TN 38017			EDUCATION	8,177				

**Federal Statements**

**Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)**

Name and Address	Date of Gift	Description of Property	Class of Activity		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution					
SCHILLING FARMS MIDDLE SCHOOL 935 S COLBERT ST COLLIERVILLE, TN 38017			11,897					
TOTAL			62,610					

FYE: 12/31/2009

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
OFFICE EXPENSE	942
BANK SERVICE CHARGES	85
DUES AND SUBSCRIPTIONS	280
EQUIP/FACILITIES RENTAL	619
LICENSES AND PERMITS	20
MARKETING	37
SUPPLIES	539
OTHER EXPENSES	4,669
TOTAL	<u>\$ 7,191</u>

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENTS	\$ 76
TOTAL	<u>\$ 76</u>

**Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

TO PROMOTE ACADEMIC EXCELLENCE IN THE PUBLIC SCHOOLS OF COLLIERVILLE, TENNESSEE BY PROVIDING EDUCATIONAL OPPORTUNITIES OVER AND ABOVE THAT WHICH IS PROVIDED BY THE REGULAR SCHOOL BUDGET

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

AWARDED CASH GRANTS TO TEACHERS IN EIGHT COLLIERVILLE, TENNESSEE PUBLIC SCHOOLS TO FUND THE PURCHASE OF ADDITIONAL SUPPLIES, MATERIALS, AND EQUIPMENT DESIGNED TO IMPROVE THE QUALITY OF TEACHING AND LEARNING.

**Federal Statements**

**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
TERRI O'CONNOR 840 COLEHERNE RD COLLIERVILLE, TN 38017	PRESIDENT	10.00	0	0	0
LINDA STAMPS 1463 WOLF HUNT DR COLLIERVILLE, TN 38017	V. PRESIDENT	9.00	0	0	0
CINDY RIAL 154 SYCAMORE COLLIERVILLE, TN 38017	TREASURER	9.00	0	0	0
TAMAH HALFACRE 1350 PINNACLE POINT COLLIERVILLE, TN 38017	SECRETARY	10.00	0	0	0
BARB RABINOWITZ 1161 SUNRIVER CV COLLIERVILLE, TN 38017	EXEC. DIR.	12.00	6,000	0	0
JOEL BRANTLEY 255 FLETCHER RD COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
DE'ANDRA BURTON 1588 COLLINGHAM DR COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
JOAN CROWE 1085 HALLE PARK CIR COLLIERVILLE, TN 38017	DIRECTOR	0	0	0	0
DIANE DOUGLAS 927 HICKORY OAK CIR COLLIERVILLE, TN 38017	DIRECTOR	9.00	1,000	0	0

**Federal Statements**

**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JEFF ELSWORTH 143 LEGACY LAKE APT 202 COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
ANDY GOBLE 8750 ROGERS PARK AVE COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
JOHN GREEN 108 E MULBERRY COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
STEPHEN HORN 965 POPLAR LEAF RD COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
DALE JAMIESON 1115 HALLE PARK CIR COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
PETER O'CONNOR 840 COLEHERNE COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
KIRBY OLDHAM 108 E MULBERRY COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
HAL PERRY 1076 MARTINSBURG CV COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
FRAN PERSECHINI 583 WHITTENBURG DR COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0

**Federal Statements**

**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVID SALISBURY 2555 DIBRELL TRAIL DR COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
MIKE SAYRES 1572 COURTFIELD COLLIERVILLE, TN 38017	DIRECTOR	5.00	0	0	0
POLLY SAYRES 1572 COURTFIELD COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
ROBERT SCARLETT 3375 AMROTH CV COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
BRADLEY SELLECK 10743 WHISPER TRAIL COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
NIKI SHAHEEN 1965 ALMADALE FARMS PKWY COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
SCOTT SMITH 846 TALL SPRUCE CV COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
VICKIE SMITH 595 KENROSE COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
TREY THORNTON 604 W POPLAR COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0

# Federal Statements

## Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
CARLO VAN RANTWIJK 3399 FALLEN WOODS CV COLLIERVILLE, TN 38017	DIRECTOR	2.50	0	0	0
DAVID WEITZMAN 1837 N NORTHCROSS PL COLLIERVILLE, TN 38017	DIRECTOR		0	0	0

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
GOLF TOURNAMENT	
PRINTING AND PUBLICATIONS	247
MEALS	1,153
TOURNAMENT EXPENSES	5,362
SUBTOTAL	<u>6,762</u>
COLUMN B	
CLASSIC CAR SHOW	
OTHER EXPENSES	14,962
SUBTOTAL	<u>14,962</u>
COLUMN C	
BOWL-A-THON	
PRINTING AND PUBLICATIONS	1,481
EQUIPMENT RENTAL	2,200
OTHER EXPENSES	10
SUBTOTAL	<u>3,691</u>
COLUMN OTHERS	
TEACHER LUNCHEON	
SUPPLIES	174
EQUIPMENT RENTAL	1,723
SUBTOTAL	<u>1,897</u>
SUBTOTAL (OTHERS)	<u>1,897</u>
TOTAL	<u><u>27,312</u></u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES  
 REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.