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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)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AWARE Foundation, Inc.		D Employer identification number 75-2289333
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (817) 795-3297
		P. O. BOX 152091		F Group Exemption Number
		City or town, state or country, and ZIP + 4 Arlington TX 76015-9993		

• 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: ► **N/A**

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

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

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. **\$ 87,532.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	41,350.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	8,542.
	5a Gross amount from sale of assets other than inventory	5a	29,315.
	b Less: cost or other basis and sales expenses	5b	41,634.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-12,319.
	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	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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 ► Banquet tickets)	8	8,325.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,898.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) See L-10 Stmt	10	22,500.
	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	775.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,869.
	16 Other expenses (describe ► See Other Expenses Statement)	16	20,945.
17 Total expenses. Add lines 10 through 16	17	47,089.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,191.	
NET ASSETS	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	285,381.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	284,190.

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	22	284,190.
23 Land and buildings	23	0.
24 Other assets (describe ► _____)	24	0.
25 Total assets	25	284,190.
26 Total liabilities (describe ► _____)	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	284,190.

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

Form 990-EZ (2009)

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SCANNED JUL 8 2010

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **To award teacher excellence**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	<u>Ten teachers from the Arlington Independent School District received awards and recognition for innovation and excellence.</u>		
	(Grants \$ <u>22,500.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	47,089.
29			
	(Grants \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	47,089.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(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 and other allowances
Sherry Cartusciello P.O. Box 152091 Arlington TX 76015	President 3.00	0.	0.	
Faye Reeder P. O. Box 152091 Arlington TX 76015	Vice President 1.00	0.	0.	
Tina Hatchett P. O. Box 152091 Arlington TX 76015	Vice President 1.00	0.	0.	
Teresa Wilson P.O. Box 152091 Arlington TX 76015	Secretary 1.00	0.	0.	
Marquerite Hahn P. O Box 152091 Arlington TX 76015	Treasurer 1.00	0.	0.	
Bonnie Harmon P. O. Box 152091 Arlington TX 76015	Selection Chrm 3.00	0.	0.	
Quida Gardner P.O. Box 152091 Arlington TX 76015	Director 0.50	0.	0.	
Nancy Barton P.O. Box 152091 Arlington TX 76015	Director 0.50	0.	0.	
Frank Calhoon P.O. Box 152091 Arlington TX 76015	Director 0.50	0.	0.	
Denise Dillow P.O. Box 152091 Arlington TX 76015	Director 0.50	0.	0.	
Shirley Dollar P.O. Box 152091 Arlington TX 76015	Director 0.50	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs 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,' attach 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 instructions 37a 0.		
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 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 40b		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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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 40e		X
41 List the states with which a copy of this return is filed ▶ Texas		

42a The organization's books are in care of ▶ **MARGUERITE HAHN** Telephone no ▶ **(817) 795-3297**
Located at ▶ **P O BOX 13430** **ARLINGTON** **TX** ZIP + 4 ▶ **76094**

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: ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TDF 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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 ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ ☐ **43**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

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 **45**

	Yes	No
44		X
45		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
46 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	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

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.'

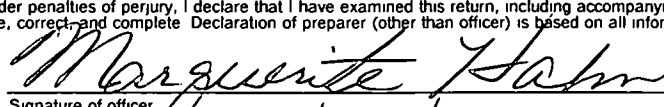
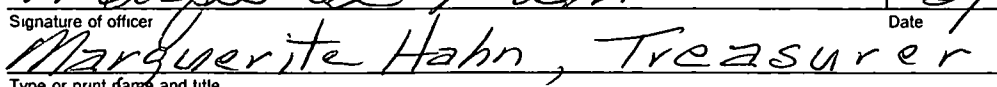

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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		Date 5/10/10	
	 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	 Firm's name (or yours if self-employed), address, and ZIP + 4 Parker & Richardson, P.C. 1000 Ballpark Way, Suite 311 Arlington TX 76011	05/10/10		
			Phone no ▶ (817) 226-6100	

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

BAA

Form **990-EZ** (2009)

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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

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 yr 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 "unusual grants.")	33,520.	46,485.	40,114.	39,538.	41,350.	201,007.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	14,696.	8,845.	9,250.	8,700.	8,325.	49,816.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.	0.	0.	0.	0.	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
6 Total. Add lines 1 through 5	48,216.	55,330.	49,364.	48,238.	49,675.	250,823.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	6,050.	14,270.	14,265.	13,825.	16,600.	65,010.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	10,000.	5,000.	5,000.	5,000.	5,000.	30,000.
c Add lines 7a and 7b	16,050.	19,270.	19,265.	18,825.	21,600.	95,010.
8 Public support. (Subtract line 7c from line 6.)						155,813.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	48,216.	55,330.	49,364.	48,238.	49,675.	250,823.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,424.	13,909.	21,493.	12,531.	8,542.	64,899.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0.	0.	0.	0.	0.
c Add lines 10a and 10b	8,424.	13,909.	21,493.	12,531.	8,542.	64,899.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						315,722.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	49.35 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	55.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	20.56 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	18.96 %

- 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 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.

[illegible]

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

PO box rental	60.
Supplies	56.
Insurance	775.
Gift certificates	400.
Framing	410.
Catering costs	14,660.
Awards	710.
Banquet Expense	2,866.
Investment fees	65.
Entertainment	943.

Total 20,945.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ron Howell P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bill Huff P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gene Farnsworth P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lisann Peters P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Alice Petersen P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Shirley Volluz P.O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director <hr/> Hours/Week 0.50			
Business <input type="checkbox"/> Person <input type="checkbox"/> Linda Church P. O. Box 152091 Arlington TX 76015 Foreign city _____ Foreign country _____	Title Director <hr/> Hours/Week 0.50			

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment **Award Teacher Excellence**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Debi R Roberts 9200 St Lucia Rd Fort Worth TX 76123	Award Recipient	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jessica A Hall 6500 Redstone Ct Arlington TX 76001	Award Recipient	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Valarie Yukunas 4000 Cypress Springs Dr Arlington TX 76001	Award Recipient	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Mary K Wells 2703 Shadow Dr West Arlington TX 76006	Award Recipient	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment

Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Susan A West 6114 Honeytree Dr Arlington TX 76016	Award Recipient	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Cynthia F Johnston 2330 Bay Lakes Ct Arlington TX 76016	Award Recipient	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dawn M Zdrojewski 1508 Carlsbad Dr Arlington TX 76018	Award Recipient	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts PaidPurpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jennifer R Hammonds 2811 Ashbury Dr Arlington TX 76015	Award Recipient	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Pam G Hodges 914 Shelley Arlington TX 76012	Award Recipient	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Award Teacher Excellence

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Award	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Barbara Lynn Applequist 2801 Oak Valley Arlington TX 76016	Award Recipient	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined