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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treesury Internal Revenue Service A For the 2009 calendar year, or tax year beginning

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.

Open to Public Inspection . 20 10 June 30

	check if ac			C Name of organization		DEm		dentification	
	Address ci	•	Picese use IRS	Otis Spears Elementary				2-059851	
=	Name cha	-	label or orint or		Room/suite	E Tele			
=	nitial retu	_	type.		10011434100				•
י 🔲	Terminate	đ	See Specific	8500 Wade Blvd. City or town, state or country, and ZIP + 4				69-633-29	~
=	Amended		Instruc-	- • • • • •			•	emption	4000
=_	Application		tions.	Frisco, TX 75034			nber		1889
	Sect	ion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach	ı	-		: ☑ Cast	Accrual
			a cor	npleted Schedule A (Form 990 or 990-EZ).		(specify	<u> </u>		
					1			organizatio	
-	Vebsit		v.spears		· ·			ichedule B	(Form 990,
				ity one) — ✓ 501(c) (3) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527		Z, or 99			
	Check >		_	zation is not a section 509(a)(3) supporting organization and its gross n	•	•			25,000. A
				urn is not required, but if the organization chooses to file a return, be			dete re	tum.	
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead			<u> </u>	<u> </u>	
P	art I	Revenu	ю, Ехр	enses, and Changes in Net Assets or Fund Balances	s (See the	instru	ction	s for Par	
	1			s, grants, and similar amounts received			1	<u></u>	887
	2	Program s	ervice r	evenue including government fees and contracts			2		
	3	Membersh	nip dues	and assessments			3	L	264
	4	Investmen	t incom	9			4		
	5a	Gross ame	ount fro	n sale of assets other than inventory 5a					
	b	Less: cost	or othe	r basis and sales expenses					
	C	Gain or (lo	ss) fron	sale of assets other than inventory (Subtract line 5b from line			5c		
3	6	Special even	ts and act	vities (complete applicable parts of Schedule G). If any amount is from gaming	g, check here i				
ē	а	Gross reve	enue (no	t including \$ of contributions					
Revenue		reported o				87250			
_	b								
	C		•	s) from special events and activities (Subtract line 6b from lin	e 6a)		6c	Ì	3753
	7a		·-	entory, less returns and allowances	· · ·	•			
	ь	Less: cost							
	C		•	is sold			7c		
	8	Other reve	•	* * * * * * * * * * * * * * * * * * * *			8		
	9		•			<u>-</u> :	9		4904
	10			amounts paid (attach schedule)	VIED :				24267
						$: \cdot \cdot$	10		
	11	Celedas p	ald to o	for members	• • • • •	S .	11		
Expenses	12	Salanes, o	nner co	npensation, and employee benefits	· 2010 -	이 .	12		
8	13			and other payments to independent contractors		(A)	13		4
X	14	Occupanc	y, rent,	utilities, and maintenance		≌≕ ·	14		1778
	15	Printing, p	ublication	ons, postage, and shipping OGDEN	!, U∤ ·	$\cdot \cdot$	15		521
	16			escribe See Attached Schedule		<u> </u>	16		23279
	17			Add lines 10 through 16			17		49852
2	18			for the year (Subtract line 17 from line 9)			18		(803
98	19			d balances at beginning of year (from line 27, column (A)) (r			Ĺ		
¥			_	reported on prior year's return)			19		1506
Net Assets	20			net assets or fund balances (attach explanation)			20		
	21			balances at end of year. Combine lines 18 through 20		<u>. </u>	21		14259
Pa	art II	Balance	e Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or mo	ore, file For	m 990	instea	d of For	n 990-EZ.
				(See the instructions for Part II.)	(A) Beg	inning o			nd of year
22	Ca	sh, savings	, and in	vestments			15062	22	14259
23	Lai	nd and build	dings .					23	
24	Ott	ner assets (describ	•)			24	
25		tal assets					15062	25	14259
	To	tal liabilitle	s (desc	ribe ▶	,			26	
26			- (
26 27				alances (line 27 of column (B) must agree with line 21)			15062	27	1425

						, 080 -			
Part	Statement of Program Service Accom	plishments (See the insti	ructions for Part II	ll.)		Expenses			
	is the organization's primary exempt purpose?					uired for section			
	ribe what was achieved in carrying out the org					c)(3) and 501(c)(4) nizations and section			
	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for		(a)(1) trusts; optional			
each	program title.					thers.)			
28	To promote the welfare of our student population the	rough scholarships, literacy,	art, program enrici	hment and					
	providing teachers with supplies and materials they	wouldn't otherwise have.							
	(Grants \$) If this amount	. ▶ 🗆	28a	31025					
	To increase communication between parents and te								
	the school year				l				
					Ì				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	528			
30									
					İ				
	(Grants \$) If this amount	includes foreign grants, ch	ock here	▶ [7]	30a				
		includes foreign grants, ch		. ▶ □	31a				
	Total program service expenses (add lines 28a			· · ·	32				
Part		/ Employees, List each one e	ven if not compensa			tions for Part IV.)			
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-J)	employee benefit deferred comper	plans &	account and other allowances			
Ms. C	Chris Holland	GOVOLOG TO PARILLET	011101 -0-J	Galarios Caripa	Saucii	Outer anowances			
	Stone River Drive, Frisco TX 75034	President	0	[0	0			
	Ruth Manning								
	Driftwood Drive, Frisco TX 75034	VP Programs	0		0:				
	Stacy Genovese					0			
	Jordan Way, Frisco TX 75034	VP Fundraising			_				
	Sathy Reddin		0		0	0			
	Aberdeen Place, Frisco TX 75034	Secretary				_			
	Aberdeen Flace, Frisco IX 75034 leth Sampson		0	 	0	0			
		Treasurer							
0147	Stone River Drive, Frisco TX 75034		0		0	0			
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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	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			i.
а	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?	35a		1
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		\Box
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		100	
39	Section 501(c)(7) organizations. Enter:	3		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		1	
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		√
С	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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Beth Sampson Telephone no. ▶	703-40	1-553	В
	Located at ▶ 8500 Wade Blvd. Frisco, TX ZIP + 4 ▶			
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		Yes	No
	account)?	42b	** * *	√
	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	S. Carlo		
	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:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. I	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ✓
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		1
		990	LEZ	(2000)

Page	4
	_

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 at	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt char itable trusts	itable trusts only. A must answer question	VII sec ons 4	tion 6-491	b
46	Did the organization engage in direct or indirect	t political campaign activit	ies on behalf o	of or in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part i			46		1
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47		1
	Is the organization a school as described in section	•			48		1
	Did the organization make any transfers to an e		•		49a		1
	If "Yes," was the related organization a section				49b		1
50	Complete this table for the organization's five hemployees) who each received more than \$100	ighest compensated emplo					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa		(e)	Expension allows	ise and
None		-					
		-			-		
		-					
	***************************************	-					
	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	on. If there is none, enter "N	lone."	b) Type of service	(c) Cor		
<u>d</u>	Total number of other independent contractors	each receiving over \$100,0					
	Under penaities of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompar of preparer (other than officer) is t	rying schedules an	d statements, and to the bestation of which preparer has	at of my Brny kno	knowie wiedge	 edge e.
Sign H ere	Signature of officer Christing Holland Type or print name and title			7.1.10 Date			
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying num	nber (See	 instruct	ions)
Prepare	i rimis name (or L			EIN Þ			
Use Ont	y yours if self-employed), address, and ZIP + 4			Phone no. ▶			
May the	IRS discuss this return with the preparer show	n above? See instructions			Yes		ło
					m 99 (

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

		804.112.000.								- 10010100	OOT TAXABOR
		ears Elemer							02		0598515
Pa	rt I	Reason	for Public Cl	narity Status (All or	ganizati	ons mus	t comp	ete this	part.) Se	ee instru	ctions.
The	orga	ınization is n	ot a private four	ndation because it is:	(For lines	3 1 throug	gh 11, ch	neck only	one box	:.)	
1		A church, co	onvention of cha	irches, or association	of churc	hes desc	ribed in	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service orgar	nization d	lescribed	in secti o	on 170(b)	(1)(A)(III).		
4			esearch organiza	ation operated in contate:	junction	with a ho	spital de	scribed i	n sectio i	170(b)(1)(A)(iii). Enter the
5			organization operated for the benefit of a college or university owned or operated by a governmental unit described in ction 170(b)(1)(A)(iv). (Complete Part II.)								
6				remment or governme	ental unit	describe	d in sect	tion 170(b)(1)(A)(v).	
7		•	,	y receives a substanti				•	,, ,, ,,	•	the general public
				(1)(A)(vi). (Complete I				3-			and garrenan paulie
8		A communit	y trust describe	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)				
9	Z	An organizat	tion that normally	y receives: (1) more th	an 331/3 94	of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and gross
		•		ed to its exempt func		-		•	. , ,		
			_	ent income and unre				-		1 511 tax	from businesses
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509	(a)(2). (C	omplete i	Part III.)		
10				nd operated exclusive							
11	Ш			and operated exclusive							
				blicly supported orga							
				at describes the type					•		
		a 🗌 Type					•	integrate			Type III-Other
е	Ц			tify that the organiza							
		•	section 509(a)(2)	on managers and othe	i man on	e or inore	publicly	supporte	o organi	zations de	schbed in Section
_						45 . 100	A4- 1 14 1.	-			•••
f				a written determinat	ion from	the IRS	tnat it is	a type	ı, ıype ı	, or Type	III supporting
_		•	, check this box	the organization acce	· · ·	 . aiff or o		· · ·	· · ·		🗀
g		following pe		the organization acce	spieu any	giit or c	OHUDUU	JII WOM 8	ury Or trie	,	
		•		r indirectly controls, e	oither ale	na or too	othor wit	th name	e deceri	had in (ii)	Yes No
		• •	•	ning body of the sup			•	ui persoi	is descri	DOC III (II)	11g()
		• •	-	erson described in (i)		-					11g(ii)
				of a person described							11g(iii)
h			-	ation about the supp				• • •		• • •	<u> </u>
(1)	Name	of supported	(ii) EIN	(iii) Type of organization	(N) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount of
	org	anızatıon		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support
				(see instructions))	Account	COCCHIRENT		port?		S.?	
					Yes	No	Yes	No	Yes	No	
_											
											·
					<u> </u>						
			4	711/4 1. 2014	ALC: N	N.A.	() · ·	1			
Tota	1				4	1		L X L			

	Support Schedule for Org (Complete only if you chec					and 170(b)(I)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2008	(c) 2007	(d) 2008	(e) 2009	(f) Total
1'	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	Total. Add lines 1 through 3					l	
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			Telephone (1997)			
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	Fig. 1 to see the see		i maraja ing managal T	Est Over	Garage Constitution	
	tion B. Total Support	l	<u> </u>	<u> </u>	<u> </u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>		(0, 2000	
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 carned 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.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				n 501(c)(3)
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	•	•	, column (f))		14	%_
15	Public support percentage from 2008 Sci		•			15	%
16a	33% % support test—2009. If the organization qualifies	as a publicly	supported organ	nization			▶ □
þ	33% % support test - 2008. If the organization qua						
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circumstances test - 20 more, and and a more test - 20 more, and a more test - 20 more test - 20 more, and a more test - 20 mor	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, c organization qua	heck this box a Infles as a public	and stop here. By supported or	Explain in Part ganization	IV how the
				·			

Pa	Support Schedule for Orga (Complete only if you check)(2)		
Sec	tion A. Public Support						
C	elendar 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.")	8021	13331	16619	14989	11518	49006
2		73349	55112	57514	39647	32690	258312
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 through 5	81370	68443	74133	54636	44208	322790
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				 		
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						
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						322790
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81370	68443	74133	54636	44208	322790
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	0	. 0	0	0
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.)	81370	68443	74133	54636	44208	322790
14	First five years. If the Form 990 is for organization, check this box and stop	<u>here</u>	<u>.</u>				
	tion C. Computation of Public Su						400
15	Public support percentage for 2009 (lin				f)	15	100 %
16 Sec	Public support percentage from 2008 5			<u> </u>	<u> </u>	18	100 %
	tion D. Computation of Investmer					4-	
17	Investment income percentage for 200					17	<u> </u>
18	Investment income percentage from 20						
19a b	33% % support tests—2009. If the organization of the support tests—2008. If the organization of the support tests—2008. If the organization of the support tests—2008.	ox and <mark>stop he</mark> ization did not d	ere. The organize theck a box on	zation qualifies line 14 or line	as a publicly s	supported orga	nization ► 🛭 33%%, and
	line 18 is not more than 331/3 %, check this	s box and stop I	h ere. The orgar	nization qualifies	s as a publicly s	supported orga	nization 🕨 📈

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

		ge 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	0;
•		
•		
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