

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Department of the Treasury Internal Revenue Service

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 recurrements.

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

Open to Public Inspection

Commission   Com	Α	For	the 2009 ca	alendar	year, or tax year beginning	7/01	, 2009,	and end	ing 6/	30		, 2010
Texas between control   Texas   Texa	В	Check	of applicable		C		_			D E	nployer i	dentification number
Temperature   Contractive		Addre	ss change	use IRS		SCHOOLS				2	0-09	35922
Termination   Properties   Pr	L	Name	change	label or	FOUNDATION, INC.					Ете	lephone	number
**Section 501(CX2) organizations and 4947(AY1) nonexempt chantable trusts must attack a completed Schedule A (Form 990 ar 990-E2)  **Website: **Wiff.**TXISD. NET/FORCOMUNITY/FOUNDATION. ASP   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   4947(AY1) resp.   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)   152   Tax-exempt attact (back oith resp.   X  500(0, 3) * (near th)	⊨	1		type						-   - (	(903)	794-3651
*Section 501(CK2) organizations and 4547(a/1) nonexempt chantable trusts was attach a completed Schedule A (60m 990 or 990-E2)  **Website: **WiW.**TXISD.**NET/FORCOMMUNITY/FOUNDATION.**ASP   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0)) or   327   Take extend status (deck adv one)   X3   20(0. (3.3.) = (mesting)   4907(0) or   490	⊨	₹		Specific	TEXARKANA, TX 75	503-2733						
* Section 501(C/3) organizations and 4847(a/1) nonexempt charatable trusts   Website:   WiWJ. TXI.5D. NET/FORCOMMUNITY/FOUNDATION. ASP   Check   If the organization is not a section 593(a)(3) supporting organization and its gross recepts at a first organization is not a section 593(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. Am 990 £2 for 990. FS   Section 593(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. Am 990 £2 for 990 FS   Section 593(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. Am 990 £2 for 990 FS   Section 593(a)(3) supporting organization and its gross recepts are normally not more than \$25,000. Am 990 £2 for 990 FS   Section 593(a)(3) supporting organization and its gross recepts are to file a complete return, the super to file a complete file a complete return, the super to file a complete return, the super to file a complete return, the super to file a complete return the file and super to file and super t	 	4										kemption
Website: - WWW_TXLSD_NET/FORCOMMUNITY/FORDINATION_ASP   The Check   If the organization is not a section 500(a) supporting organization and its gross receipts are normally not more than \$25,000. A form 990.EZ, or 50 ms 990 returns not required, but if the organization is not a section 500(a) supporting organization and its gross receipts are normally not more than \$25,000. A form 990.EZ, or 50 ms 990 returns not required, but if the organization chooses to life 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. S. \$154, 692. Part 1.35   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1. Contributions, gifts, grants, and similar amounts received 2. Program service reverve including government lees and contracts 3. Membership dues and assessments 4. Investment income 4. 4. 3, 438. S. Gross amount from sale of assets other than inventory 5. 5a   5a   5a   5a   5a   5a   5a   5	1					<del></del>						C V A
Website: - WWW_TXISD_NET/FORCOMMUNITY/FOUNDATION_ASP   Targetempt status (cleak only now) = \begin{align*} \b											Casii A Acciuai	
Website:   WWW.TXTSD.NET/FORCOMMUNITY/FOUNDATION.ASP   squeured to altach Schedule B (Form 990.2)											nonization is not	
Tacesement status (best kelly complete specified by a care complete return   1   1   1   1   1   1   1   1   1	1	Web	site: ► W	WW.TX	XISD.NET/FORCOMMU	NITY/FOUND	ATION.ASP	'				
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 990.6 Let of form 990.6 L	j	_						527	990-EZ	, or 990-P	F)	20.0 2 (. 0 330,
\$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  Add lines 56, 65, and 70, but file 90 determine gross receipts, if \$500,000 or more, file Form 990  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5 Gross amount from sale of assets other than inventory  5 Less control or other basis and sales expenses  6 Special events and advisely expenses  7 Contributions  8 Contributions  9 Contributions  1 Contributions  2 Contributions  3 Contributions  4 Investment and advised asset other than inventory  4 Contributions  5 Contributions  5 Contributions  6 Contribut	ĸ								oss receir	ots are no	rmally	not more than
Instead of Form 990-EZ   Part   Image   Instead of Form 990-EZ   Program service revenue including government fees and contracts   1		\$25,	000 A Form	n 990-EZ	Z or Form 990 return is not re	quired, but if the	organization choosi	es to file a	a return, be	e sure to fi	le a con	nplete return
Instead of Form 990-EZ   Part   Image   Instead of Form 990-EZ   Program service revenue including government fees and contracts   1	L	Add	lines 5b, 6	b. and	7b. to line 9 to determine a	ross receipts, if	\$500,000 or more	e. file For	m 990			<del></del>
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3   3   3   3   3   3   3   3		ınste	ead of Forn	n 990-E	<u>Z</u>			·				
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 5 b Less cost or other basis and sales expenses 6 Special events and activates (complete applicable parts of Schedule 6) if any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special page and subject of the page and special page and sp	P	art[l∶	🧗 Rev	enue,	Expenses, and Chang	es in Net As	sets or Fund E	<u> Balance</u>	<b>s</b> (See 1	the instr	uction	s for Part I.)
3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c and rof (loss) from a led of assets other than inventory b Less cost or other basis and sales expenses c Sb  6 Special events and activities (complete applicable parts of Schedule ©) If any amount is from gaming, check here of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special experts of Schedule ©) If any amount is from gaming, check here of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special experts of Schedule ©) If any amount is from gaming, check here of contributions c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special experts of Schedule ©) c Gross profit or (loss) Rom special exp		1		. •			<u></u>				1	151,254.
4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) c Gano or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) c Gano or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) c Gano or (loss) from sale of assets of the than fundraising expenses or than inventory (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses other than fundraising expenses c Net income or (loss) from special expenses of the from line 6a) 7 a Gross sales of inventory, less returns and allowance b Less cost of goods sold c Gross profit or (loss) expenses other than fundraising expenses c Net income or (loss) from special expenses of the from line 6b from line 6a) 7 total revenue (december of loss) expenses or fund balances and other payments to independent contractors 11 c Salaries, other compensation, and employee benefits 12 c Salaries, other compensation, and employee benefits 13 3 3,185. 14 Occupancy, rent, utilities, and maintenance 14 c Secretary expenses of the payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe* SEE STATEMENT 1 ) 16 6.1,264. 17 Total expenses. Add lines 10 through 16 17 from line 9) 18 Secretary expenses of the payments of		2	Program	service	revenue including government	nent fees and co	ontracts				2	
5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5 b 5 c 6 and or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule 0) If any amount is from gaming, check here of contributions of contributi		3	Members	hip due	s and assessments						-	
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundriarsing expenses c Net income or (loss) from special event and allowances b Less cost of goods sold c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) Boom superior		1 '					i				4	3,438.
C Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2}\$ of contributions c Net income or (loss) from \$\frac{1}{2}\$ for \$\frac{1}{2		1						<del></del>				
a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or Interest and allowances (lose special protections) and allowances (lose special protections) and allowances (lose special protections) and special protections and allowances (lose special protections) and allowances (lose special pro	_	1										
a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or Interest and allowances (lose special protections) and allowances (lose special protections) and allowances (lose special protections) and special protections and allowances (lose special protections) and allowances (lose special pro	E	۱ ـ ۱	· · · · · · · · · · · · · · · · · · ·	•	•		•		_		5 c	
a Gross revenue (not including \$ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Retineme or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowance to Gross sprofit or (loss) from special protections and allowances to Gross sprofit or Interest and allowances (lose special protections) and allowances (lose special protections) and allowances (lose special protections) and special protections and allowances (lose special protections) and allowances (lose special pro	Ě									12.75		
8 Other revenue (describe   10   10   10   10   11   12   12   12	N	1			J	of c	ontributions	1 . 1			3 4 -	
8 Other revenue (describe   10   10   10   10   11   12   12   12	Ø Ē	١.	•		•							
8 Other revenue (describe   10   10   10   10   11   12   12   12	<b>S</b>	'				·	l l	6b				
8 Other revenue (describe   10   10   10   10   11   12   12   12	2	_'	C Net income	or (loss)	tron special exerts and advisor	Subtract line 6b fro	m line 6a). ı	1 _ 3			6c	
8 Other revenue (describe   10   10   10   10   11   12   12   12	<u></u>	7				llowances						
8 Other revenue (describe   10   10   10   10   11   12   12   12	ij	'					] ]	7b			resid.	
9   Total revenue   Add   Ines   12   34, 56   56   76   76   76   76   76   76	<u> </u>	1	Gross pro	otit or (i	ossistem states Autius en füh	(Subtract line	/b from line /a)				-	<del> </del>
10   Grants and similar amounts be difference below   10   11   11   12   12   13   12   12   13   13	กั	1 -								)	-	15. 500
11   Benefits paid to or for members   11	っ	+					<del></del>			<u>-</u>	+ +	154,692.
12   Salaries, other compensation, and employee benefits   12   13   3,185.						redule)					-	<del></del>
14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   Other expenses (describe > SEE STATEMENT 1   17   Total expenses. Add lines 10 through 16   17   64, 449.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   90, 243.     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   292, 787.     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   383, 030.     Pair   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   239, 034   22   342, 533.     23   Land and buildings   23     24   Other assets (describe > SEE STATEMENT 2   59,859   24   67,097.     25   Total assets   298,893   25   409,630.     26   Total liabilities (describe > SEE STATEMENT 3   6,106   26   26,600.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   292,787   27   383,030.	E										$\rightarrow$	
14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   Other expenses (describe > SEE STATEMENT 1   17   Total expenses. Add lines 10 through 16   17   64, 449.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   90, 243.     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   292, 787.     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   383, 030.     Pair   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   239, 034   22   342, 533.     23   Land and buildings   23     24   Other assets (describe > SEE STATEMENT 2   59,859   24   67,097.     25   Total assets   298,893   25   409,630.     26   Total liabilities (describe > SEE STATEMENT 3   6,106   26   26,600.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   292,787   27   383,030.	e y De e	12									$\rightarrow$	
14   Octoparicy, refit, utilities, and maintenance   15   Printing, publications, postage, and shipping   16   Other expenses (describe   SEE STATEMENT 1   17   Total expenses. Add lines 10 through 16   17   64, 449.	₿ E	13			1 '/	dependent contr	actors					3,185.
16 Other expenses (describe   SEE STATEMENT 1   16   61, 264   17   17   18   18   18   19   18   18   19   19	S E	1										<del></del>
Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Pair 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  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 2)  59,859. 24 67,097.  25 Total assets  298,893. 25 409,630.  26 Total liabilities (describe SEE STATEMENT 3)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  292,787. 27 383,030.		1	•	•	, , , , , , , , , , , , , , , , , , , ,							61 264
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Pair 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  23 Jand and buildings  23 Other assets (describe SEE STATEMENT 2)  25 Total assets  26 Total liabilities (describe SEE STATEMENT 3)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 Z, 787 . 27 383, 030.		1				<u> </u>	<del></del>			—- <sup>)</sup> 、	_	
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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Pair III 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  23 23, 034. 22 342,533.  24 Other assets (describe SEE STATEMENT 2)  59,859. 24 67,097.  25 Total assets  27 28,893. 25 409,630.  26 Total liabilities (describe SEE STATEMENT 3)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  292,787. 27 383,030.	_	+	·		<del></del>	17.6	<u> </u>					
figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  Part 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)  Cash, savings, and investments  239,034. 22 342,533.  24 Other assets (describe > SEE STATEMENT 2 )  Total assets  298,893. 25 409,630.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  292,787.  19 292,787.  19 292,787.  19 292,787.  10 383,030.		۱8	Excess o	r (aetici	it) for the year (Subtract line	e 17 from line 9	)					90,243.
Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  Partition  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   239, 034.   22   342, 533.    23 Land and buildings   23    24 Other assets (describe   SEE STATEMENT 2   )   59, 859.   24   67, 097.    25 Total assets   298, 893.   25   409, 630.    26 Total liabilities (describe   SEE STATEMENT 3   )   6, 106.   26   26,600.    27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   292, 787.   27   383,030.	N	19	Net asset	ts or fur	nd balances at beginning of	year (from line	27, column (A)) (	(must agr	ee with er	nd-of-year		202 707
Pair   Net assets or fund balances at end of year Combine lines 18 through 20   21   383,030     Pair   Net assets or fund balances at end of year Combine lines 18 through 20   21   383,030     Pair   Net assets or fund balances at end of year Combine lines 18 through 20   21   383,030     Pair   Net assets if Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ     (A) Beginning of year   (B) End of year   239,034   22   342,533     23   24   25   342,533     24   Other assets (describe   SEE STATEMENT 2   298,859   24   67,097     25   Total assets   298,893   25   409,630     26   Total liabilities (describe   SEE STATEMENT 3   292,787   27   383,030     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   292,787   27   383,030	E i					(-111-						292, 181.
Partilities   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   239, 034 .   22   342,533 .   23   24   25   24   27   27   28   28   298,893 .   25   27   298,893 .   25   27   28   28   298,893 .   26   26,600 .   27   292,787 .   27   383,030 .   28   292,787 .   27   383,030 .	:	SI		_						_	<del></del>	202 020
(See the instructions for Part II )  (A) Beginning of year   (B) End of year  22 Cash, savings, and investments   239, 034.   22   342, 533.    23 Land and buildings   23    24 Other assets (describe ► SEE STATEMENT 2 )   59, 859.   24   67, 097.    25 Total assets   298, 893.   25   409, 630.    26 Total liabilities (describe ► SEE STATEMENT 3 )   6, 106.   26   26, 600.    27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   292, 787.   27   383, 030.	Б						<del></del>		() =			
22 Cash, savings, and investments       239,034. 22       342,533.         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 2 )       59,859. 24       67,097.         25 Total assets       298,893. 25       409,630.         26 Total liabilities (describe ► SEE STATEMENT 3 )       6,106. 26       26,600.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       292,787. 27       383,030.	17	antill	pala Dala	ince 2			(b) are \$1,250,000					
23       23         24 Other assets (describe ► SEE STATEMENT 2 )       59,859. 24 67,097.         25 Total assets       298,893. 25 409,630.         26 Total liabilities (describe ► SEE STATEMENT 3 )       6,106. 26 26,600.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       292,787. 27 383,030.	~	<b>9</b> 0-	och course	. ممط:		or Part II )						
24 Other assets (describe ► SEE STATEMENT 2 )       59,859. 24 67,097.         25 Total assets       298,893. 25 409,630.         26 Total liabilities (describe ► SEE STATEMENT 3 )       6,106. 26 26,600.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       292,787. 27 383,030.					nvestments			-		37,034	$\rightarrow$	342,333.
25 Total assets       298,893.25       409,630.         26 Total liabilities (describe ► SEE STATEMENT 3 )       6,106.26       26,600.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       292,787.27       383,030.				_	be ► ናድድ ናጥλጥድΜΕΝΊΊ	ר י	`	-		59 950		67 007
26 Total liabilities (describe ► SEE STATEMENT 3 )       6,106. 26       26,600.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       292,787. 27       383,030.				(uescill	ne, orr piviency		_'	-				
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) 292, 787. <b>27</b> 383, 030.				ac (dar	cribe ► SEE STATEME!	<b>ут</b> 3	,	-				
				•			with line 21)	 				
	_									101	. [ -/ ]	

	990-EZ (2009) TEXARKANA PUBLI	C_SCHOOLS			<u>-093</u>	35922 Page <b>2</b>
Päř			(See the instruction	ons.)	/Dea	Expenses
Desc desc	is the organization's primary exempt purpose? SEE cribe what was achieved in carrying out the ribe the services provided, the number of ram fille		ooses. In a clear and co relevant information for	ncise manner, each	501(corgan 4947 for o	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
<del></del>	CDD CMAMDAGNE					,
29	(Grants \$ ) If th	is amount includes foreign gi	rants, check here	<u> </u>	28 a	52,868.
30	(Grants \$ ) If th	ıs amount ıncludes foreign gi	rants, check here	<u> </u>	29 a	
	(Grants \$ ) If th		rants check here		30 a	
31	Other program services (attach schedule			▶ □	31 a	
	Total program service expenses (add lin	nes 28a through 31a)		•	32	52,868.
Par	t IV List of Officers, Directors,			ne even if not com	pens	ated (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 employee benefit plar deferred compensa	ns and	(e) Expense account and other allowances
					•	
SEE	STATEMENT 6		0.		0.	0.
~						
BAA		TEEA0812L (	D1/30/10	·		Form <b>990-EZ</b> (2009)

Page 3

Pa	Other Information (Note the statement requirements in the instrs for Part V.)  SEE STA	TEME	INT	7
	•		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		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	34		Χ
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?	35 a		Х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		<u>X</u>
	a 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?	37 b		X
		3/10		<u> </u>
38	a 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?	38 a		X
١	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A	التي التي التي التي التي التي التي التي		4
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	- 1		, '-
	b Gross receipts, included on line 9, for public use of club facilities.  39b N/A	?: <b>:</b>		
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	, is - 2	,	11.3
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			ं अं
	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  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization	40 b	, ,	X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	1.38	; , ,	
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  • 0.		,	
(	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	40 e		X
41	List the states with which a copy of this return is filed NONE			
	a The organization's books are in care of ► DEIDRA REEVES  Located at ► 4241 SUMMERHILL ROAD TEXARKANA TX  Telephone no ► (903)  ZIP + 4 ► 75503  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)?	794- 42b	- <u>36</u> 5  Yes	1 NoX
	If 'Yes,' enter the name of the foreign country.	24.5		3.5 mg
		65° 000		22
		65° 40°		<b>3</b> -
			٠.	33
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	<sup>3</sup> ,	* * *	· ·
(	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	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	•	<b>-</b>	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		1	V	Al a
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45		AE		у
	Form 990 must be completed instead of Form 990-EZ	45		X

Firm's name (or yours if self employed), address, and ZIP + 4

parer's Use

Only

BAA

THOMAS & THOMAS, LLP

2900 ST. MICHAEL DR.,

TEXARKANA, TX 75503

May the IRS discuss this return with the preparer shown above? See instructions

► 71-02<u>71741</u>

(903) 831-3477

►X Yes No

Form 990-EZ (2009)

EIN

Phone no ►

	DEZ (2009) TEXARKANA PUBLIC SO				20-093		Р	age 4
Pert VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	nexempt cha	empt chai iritable tru	ritable trusts on sts must answe	ly. All se r questio	ction ns	1
46 Did	the organization engage in direct or indire	ect nolitical campaign ag	ctivities on hebs	If of or in on	position to candidat	05	Yes	No
for	public office? If 'Yes,' complete Schedule	C, Part I	cuvilles on benz	ш от от штор	position to candida	46		Х
<b>47</b> Did	the organization engage in lobbying activi-	ties? If 'Yes,' complete	Schedule C, Pa	rt II		47		X
48 Is ti	he organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' comple	te Schedule	E	48		Х
49 a Did	the organization make any transfers to an	exempt non-charitable	related organiz	ation?		49a		Х
<b>b</b> If 'Y	Yes,' was the related organization a section	n 527 organization?				49b		
50 Cor	mplete this table for the organization's five ployees) who each received more than \$10	highest compensated e 20,000 of compensation	employees (other from the organ	r than office	rs, directors, trustee ere is none, enter 'N	es and key lone '	-,	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Co	ontributions to employee benefit plans and ferred compensation	(e) Ex	pense nt and owances	5
NONE_								
							_	····
							-	
f Tota	al number of other employees paid over \$	100.000						
51 Cor	nplete this table for the organization's five npensation from the organization. If there	highest compensated in is none, enter 'None'	ndependent cor	tractors who	each received mor	e than \$10	0,000	of
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Ty	pe of service	(c) Comp	ensatio	n
NONE								
						-		
-,-								
				<del></del>				
<b>d</b> Tota	al number of other independent contractor	s each receiving over \$	100,000	<b>&gt;</b>			_	-
Sign	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer of the correct of t	nined this return, including acco (other than officer) is based on a	mpanying schedules all information of whi	and statements, ch preparer has	and to the best of my kno any knowledge	wledge and be	lief, it is	
Here	Signature of officer	MELDE, P	RESIDE	NT	Date			
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·			<del></del>			
Paid Pre-	Preparer's GLEN HOUSER, CP	A	Date /1//	0/10	self-	parer's Identile instructions 0005132	ſ -	mber
	muova a a muova a	7 T D			1			

STE 302

#### **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)

OMB No 1545 0047

2009

Open to Public... Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC 20-0935922 Raft In Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **a** | | Type | Type III - Functionally integrated Type II Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (iv) Is the (v) Did you notify the organization in (vi) Is the (vii) Amount of Support organization in col (i) listed in your governing document? organization in col organized in the col (i) of your support? Yes No Yes No Yes No 

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

8

Schedule A (Form 990 or 990-EZ) 2009 TEXARKANA PUBLIC SCHOOLS 20-0935922

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t1)				
Sec	tion A. Public Support	<del></del>						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	154,241.	53,335.	42,298.	107,854.	151,	254.	_508,982.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
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.							0.
4	Total. Add lines 1-through 3	154,241.	53,335.	42,298.	107,854.	151,2	254.	508,982.
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)	, , , , , , ,					• •	0.
6	Public support. Subtract line 5 from line 4	,				•		508,982.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	154,241.	53,335.	42,298.	107,854.	151,2	254.	508,982.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	853.	9,824.	8,320.	7,381.	3.4	138.	29,816.
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)							0.
11	Total support. Add lines 7 through 10			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			. (	538,798.
12	Gross receipts from related activ	rities, etc. (see in:	structions)				12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section	501(c)	(3) ▶ □
	tion C. Computation of Pul							
	Public support percentage for 20			ne 11, column (f)			14	94.5%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14				15	93.5%
16 a	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.     X							
t	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							
17 a	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.							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain i rted organiz	n Part zation	IV how the ►
	Private foundation. If the organiz	zation did not che	eck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	is box and	see in	structions -
BAA					Sch	nedule A (F	orm 90	90 or 990-FZ) 2009

### Partill: Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	cked the box on ii	ne 9 of Part 1)				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003	<b>(b)</b> 2000	(0) 2007	(d) 2008	(e) 2003	(i) Total
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						
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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line	( ) ( ) ( ) ( ) ( ) ( )		FULL VI	Walls of the same	., ,	
	7c from line 6)	2 2 4	~ -	* / /	- A	11	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 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)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
	tion C. Computation of Pu					·	
				. 12! (0	<u> </u>	15	0/
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (t)	)	15	<u>%</u>
	Public support percentage from				<u> </u>	16	%
	tion D. Computation of Inv						
17	Investment income percentage t	=	• •	•	umn (f))	17	<u>%</u>
18	Investment income percentage to					18	<u>%</u>
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	box and stop here	. The organization	n qualifies as a p	ublicly supported	organization	▶ [_]
C	33-1/3 support tests – 2008. If to is not more than 33-1/3%, check	ine organization di k this box and <b>sto</b>	o not cneck a box p here. The organ	x on line 14 or 19 Nization qualifies	a, and line 16 is r as a publicly supp	nore than 33-1/39 orted organization	o, and line 18
20	Private foundation. If the organ			<u>.</u>			▶ 🗆

Schedule A	(Form 990 or	990-EZ) 200	9 TEXARKAI	NA PUBLIC	SCHOOLS		20-0935922	Page 4
PartIV	Suppleme Part II, line	ntal Inform 17a or 17	nation. Compl b; and Part II	ete this pai I, line 12. F	rt to provide Provide any	the explanations other additional	s required by Part II, lin information. See instruc	e 10; ctions.
,								
	,							
	_							
		<b></b>		. – – – – –				. ~ ~
	- <b></b> -			· - <del></del>				
				. – – – – –				
								. – – –
				. – – – – –				
				·				<b></b> -
								. – – – – –
				. – – – – –				. <del>-</del>
								· ~
				. – – – – –				
				. – – – –				·
								. – – – – –
		- <b></b>						. – – – – –
								. – – – – –
								. – – – – –
								. <b></b> -

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT 40141	TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC.		20-0935922
11/09/10		· · · · · · · · · · · · · · · · · · ·	09 47AM
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES			
BANK EXPENSE BRICK FUNDRAISING CAMPAIGN COMM. EVENTS FUNDRAISING EXP INSURANCE		\$	24. 490. 7,457. 425.
STUDENT SCHOLARSHIPS TEACHER SUPPLY GRANTS		TOTAL \$	42,894. 9,974. 61,264.
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
BENEFICIAL INTEREST PLEDGES AND GRANTS RECEIVABL	E TOT <i>i</i>	\$ 42,073. \$ 17,786. 59,859. \$	46,667. 20,430. 67,097.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
ACCOUNTS PAYABLE AND ACCRUED	EXPENSES TOTA	\$ 6,106. \$ 6,106. \$	ENDING 26,600. 26,600.

#### **STATEMENT 4** FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC. IS ORGANIZED TO PROVIDE ASSISTANCE, DEVELOPMENT AND MAINTENANCE OF CHARITABLE, EDUCATIONAL, OR SCIENTIFIC PROGRAMS OR ACTIVITIES FOR THE TEXARKANA (TEXAS) INDEPENDENT SCHOOL DISTRICT (TISD) OR ANY SUCESSOR INDEPENDENT SCHOOL DISCTRICT.

#### STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ASSISTANCE, DEVELOPMENT AND MAINTENANCE OF CHARITABLE, EDUCATIONAL, OR SCIENTIFIC PROGRAMS OR ACTIVITIES FOR THE TEXARKANA (TEXAS) INDEPENDENT SCHOOL DISTRICT OR ANY SUCESSOR ISD HEREAFTER EXISTING IN TEXARKANA, TX.

2009

### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 40141** 

## TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC.

20-0935922

11/09/10

09 47AM

STATEMENT 6 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE A AVERAGE I PER WEEK D	HOURS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
PATSY MORRISS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
VICKI MELDE 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
PAULA BURRIS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
BONNIE LAMB 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
GLENN MOSES 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
JACKIE JACKSON 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DAVID ALEXANDER 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
LAURIE BURGESS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
ROBIN COURT 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
MAXINE CRITTENDEN 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DARBY DOAN 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DR. E.T. ELLISON 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.

2009

## **FEDERAL STATEMENTS**

TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC.

PAGE 3

**CLIENT 40141** 

**20-0935922** 09 47AM

11/09/10

STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE A AVERAGE I PER WEEK D	HOURS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
KIM FOWLER 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
REV. L. B. GEORGE 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
JIM HAWKINS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DR. MICHAEL MARTIN 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DERRICK MCGARY 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
MELVA FLOWERS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
PAUL MILLER 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
RONALD MILLS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
DANA REED 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
GARY TREADWAY 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
ROBIN HILTON 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0.	0.	0.
AL MELDE 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD	MEMBER 1.00	0 .	0.	0.

#### 2009

#### **FEDERAL STATEMENTS**

PAGE 4

**CLIENT 40141** 

## TEXARKANA PUBLIC SCHOOLS FOUNDATION, INC.

20-0935922

11/09/10

09 47AM

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NATHAN SORENSON 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
JULIE TIDWELL 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD MEMBER 1.00	0.	0.	0.
DAVID WILLIAMS 4241 SUMMERHILL ROAD TEXARKANA, TX 75503	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

# STATEMENT 7 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO