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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginningJULY 1

, 2009, and ending

JUNE 30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please see IRS
label or
print or
type.
See
Specific
Instructions.**C** Name of organizationSIGMA PUBLIC EDUCATION & RESH. FOUNO.

Number and street (or P.O. box, if mail is not delivered to street address)

313 CASA DEL NORTE DR.

Room/suite

City or town, state or country, and ZIP + 4

NORTH Las Vegas, NV. 89031-2813**D** Employer identification number136-4028458**E** Telephone number**F** Group Exemption
Number ▶• 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: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) () ◀ (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 ▶ \$ 19,573.00**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	<u>398.00</u>
	2	Program service revenue including government fees and contracts	2	<u>0</u>
	3	Membership dues and assessments	3	<u>19,175.00</u>
	4	Investment income	4	<u>0</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>0</u>	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>	
8	Other revenue (describe ▶)	8	<u>0</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>19,573.00</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>0</u>
	11	Benefits paid to or for members	11	<u>0</u>
	12	Salaries, other compensation, and employee benefits	12	<u>0</u>
	13	Professional fees and other payments to independent contractors	13	<u>1,029.00</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>3,888.00</u>
	15	Printing, publications, postage, and shipping	15	<u>845.00</u>
	16	Other expenses (describe ▶ <u>MEETINGS, TRAVEL, U.S. COPYRIGHTS, DONATIONS</u>)	16	<u>2,439.00</u>
17	Total expenses. Add lines 10 through 16	17	<u>9,201.00</u>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>11,372.00</u>
	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	<u>7,197.00</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>18,569.00</u>

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	<u>0</u>	22 <u>0</u>
23 Land and buildings	<u>0</u>	23 <u>0</u>
24 Other assets (describe ▶)	<u>0</u>	24 <u>0</u>
25 Total assets	<u>7,197.00</u>	25 <u>18,569.00</u>
26 Total liabilities (describe ▶)	<u>0</u>	26 <u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>7,197.00</u>	27 <u>18,569.00</u>

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

Cat. No. 106421

Form 990-EZ (2009)

SCANNED FEB 12 2013

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE ATTACHMENT

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.

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

28	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>0</u>
29	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>0</u>
30	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	<u>0</u>
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	<u>0</u>
32	Total program service expenses (add lines 28a through 31a)	32	<u>0</u>

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

(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 & deferred compensation	(e) Expense account and other allowances
<u>CORINE J. GREEN</u> <u>No. LAS VEGAS, NV. 89031</u>	<u>PRESIDENT</u> <u>20hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>DOROTHY L. BLAKE</u> <u>No. LAS VEGAS, NV. 89031</u>	<u>SECRETARY</u> <u>10hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>ARCOLA STAFFORD</u> <u>LAS VEGAS, NV. 89031</u>	<u>TREASURER</u> <u>5hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>SHAWN Y. RICH</u> <u>SAN JOSE, CA. 95170</u>	<u>DIRECTOR</u> <u>10hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>LATONYA NELSON</u> <u>PALMDALE, CA.</u>	<u>VICE-PRESIDENT</u> <u>15hrs</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>BOARD MEMBERS</u>				
<u>NORMA BAKER</u> <u>INDEPENDENCE, CA.</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>DEBORAH C. SMITH</u> <u>FLORISSANT, MD. 63053</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>PATRICIA CLEMENTS</u> <u>LOS ANGELES, CA. 90275</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>JENNIFER GUNN</u> <u>JACKSONVILLE, FL. 32247</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>VANESSA HARRIS</u> <u>GLEN ALLEN, VA. 22059</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>GLORIA SCOTT JACKSON</u> <u>LAS VEGAS, NV. 89169</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>GWENETTE PARKER</u> <u>LOS ANGELES, CA. 90008</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>ANGELA SPEARS</u> <u>JACKSONVILLE, FL. 32244</u>		<u>0</u>	<u>0</u>	<u>0</u>
<u>EULA TATMAN</u> <u>ANNISTON, AL 36206</u>		<u>0</u>	<u>0</u>	<u>0</u>


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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
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	X
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	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?	38a	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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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 ▶ 0		
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.	40e	X
41 List the states with which a copy of this return is filed. ▶ NEVADA		
42a The organization's books are in care of ▶ CORINE J GREEN Telephone no. ▶ 702-644-6022 Located at ▶ 313 CASO DEL NORTE DR. N. LAS VEGAS, NV 89031-2893		
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)?	42b	X
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 and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	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 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	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		X
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	0	0	0	0
{	{	{	{	{
	{	{	{	{
	{	{	{	{
NONE	0	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE	0	0
{	{	{
NONE	0	0
Total number of other independent contractors each receiving over \$100,000 . . . ▶	0	0

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 			EIN 
				Phone no.  ()

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

ATTACHMENT TO PAGE 2, PART III
JULY 1, 2009 TO JUNE 26, 2010

GOALS

SPEAR'S goals emphasize the development of public education and advocacy programs that will reduce poverty, and improve the quality of life for minorities, women and children. The foundation focuses on social science research and the direct correlation between the escalation of poverty, illiteracy, moral/value and family disintegration.

PROGRAMS

Wee Savers and Investors

Soles for Little Souls

Rites of Passage

Leadership and Development Empowering Sisters

Advocacy for Homeless Families

L.A.D.E.S.

-
- **In October, the SPEAR Board convened in Las Vegas, NV. Board members, new and old, gathered to discuss the status of our nonprofit and make decisions on how to evaluate our current programming.**
 - **In the second quarter, the nationwide Soles for Little Souls initiative (co-sponsored by SPEAR and Sigma Gamma Rho Sorority) was announced. Sorors and affiliates of Sigma Gamma Rho continue to work together to collect 100,000 pairs of new shoes which will be distributed to children in need nationwide. Local chapters will distribute the shoes on August 13, 2011.**
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