

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





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-E7

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

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

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

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

2009 Open to Public Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning July 1 2009, and ending 20 June 30 10 Check if applicable: C Name of organization D Employer identification number Address change Oxford Endowment for Public Education 64 0729952 Name chance Number and street (or P.O. box, if mail is not delivered to street address) orint or E Telephone number Initial return type. Post Office Box 765 Terminated Specific City or town, state or country, and ZIP + 4 Amended return F Group Exemption Application pending Oxford, Mississippi 38655 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► if the organization is not Website: ▶ oxford.k12.ms.us/oepe/ required to attach Schedule B (Form 990, J Tax-exempt status (check only one) —

501(c) (3)

(insert no.)

4947(a)(1) or

527 990-EZ, or 990-PF). K Check F 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received . . . 1 22,181,99 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 14,728,43 Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses . . . 5b C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here ▶ □ Gross revenue (not including \$ reported on line 1) 6a Less: direct expenses other than fundraising expenses 6b C Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 36910.42 9 10 Grants and similar amounts paid (attach schedule) . 10 14976,42 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 Ö 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping . . 15 15 761.15 16 Other expenses (describe ▶ 16 17 Total expenses. Add lines 10 through 16 . 15737.57 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 21172.85 18 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 108445.55 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 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 108445.55 22 22 Cash, savings, and investments 129618.40 23 Land and buildings . . . 23 24 Other assets (describe ▶ 24 25 Total assets 129618.40 108445.55 25 26 Total liabilities (describe ▶ 0 26

27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

129618.40

Part III . Statement of Program Service Accomplishments (See the instructions for Part III.)								
What is the organization's primary exempt purpose? support Oxford City School District (Re								
	cribe what was achieved in carrying out the org			nd concise		(3) and 501(c)(4)		
	ner, describe the services provided, the number of				, -	izations and section a)(1) trusts; optional		
each program title.								
28		$\vdash \lnot$						
	Spring Grants2010 : LCD Projector, Dictionaries of S							

	(Grants \$ 2713.50) If this amount	includes foreign grants, che		. ▶ 🗍	28a	2713.50		
00	Fall 2009 Grants: Thesauruses, Pre-K Greenhouse, A	· • •	208	2/13.30				
20	Transitional Portfolios, Classroom Amplification Sys				l i			
	Transitional Portionos, Classroom Amplitudation Sys	urces						
	0.440.00.7.17.1				_			
		includes foreign grants, che	eck here	. ▶ ⊔	29a	8419.29		
30	Spring 2009 Grants: math manipulatives, drama tool	s, music instruments						
		includes foreign grants, che	eck here	. ▶ ⊔	30a	3843.63		
31	Other program services (attach schedule)				1			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a			
	Total program service expenses (add lines 28a t			<u></u>	32	14976.42		
Par	List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and		
	.,	devoted to position	enter -0)	deferred compet	nsation	other allowances		
Sha	ron Andrews	President, 1 hour						
13 C	ounty Road 2004, Oxford, MS 38655	resident, riloui	0		0	0		
Kare	n Forgette -	Treasurer, 1 hour						
519	Wedgewood Drive, Oxford, MS 38655	Treasurer, 1 flour	0		0	0		
Lynı	n Wilkins	Mice President 4 hour						
105	Longest Road, Oxford, MS 38655	Vice President, 1 hour	0		0	0		
Моп	ie Henderson	Secretary 4 hours						
2200	South Lama Blvd., Oxford, MS 38655	Secretary, 1 hour			0	0		
Kare	n Chain	Peard Mamber 4/2 hours						
1109	Grant Circle, Oxford, MS 38655	Board Member, 1/2 hour			0	0		
Paul	a Whitaker	Board Mambas 470 bases						
103	County Road 4078, Oxford, MS 38655	Board Member, 1/2 hour	0		0	0		
Virg	inia Welch	Boord Monton 470 hours						
815	Brentwood Cove, Oxford, MS 38655	Board Member, 1/2 hour		0	0			
Meri	dith Wulff	Board Member, 1/2 hour						
19 C	ounty Road 3029, Oxford, MS 38655)		0		
Lon	a Waller	Board Member, 1/2 hour						
4009	Pintail Cove, Oxford, MS 38655	Board Member, 1/2 nour	0	0		0		
Mon	ris Stocks	Posed Mombae 4% Laure						
704	Quiet Valley Cove, Oxford, MS 38655	Board Member, 1/2 hour	0		0	0		
Ken	Parkinson	Board Member, 1/2 hour				•		
11 C	ounty Road 4015, Oxford, MS 38655	Board Member, 1/2 nour	o		0	0		
Kell	Long-Galilard	Board Mombas 4/2 bour						
307	County Road 101, Oxford, MS 38655	Board Member, 1/2 hour	0		0	0		
Ethe	el Young-Minor	Reard Momber 4/2 hour						
Luc	ky Day Residential College, University, MS 38677	Board Member, 1/2 hour	0		0	0		
			. %.					
			L					
		1	·					

Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.	34		,
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			1
	6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		<u>√</u>
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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	40ь		√
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	-	1
41	List the states with which a copy of this return is filed. ▶	700	L	
42a		62-28	1-083	 5
	Located at ▶ 519 Wedgewood Drive, Oxford, MS 38655 ZIP + 4 ▶		355	
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 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		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			_	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	<u> </u>	✓
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	<u> </u>	∠✓
	Ena	n 990	LF7	(2000)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	exempt charitab itable trusts mus	le trusts only. A st answer question	ll sec ons 46	tion 3-491	- 			
	candidates for public office? If "Yes," complete Schedule C, Part I						V			
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an exempt non-charitable related organization?									
	If "Yes," was the related organization a section 527 organization?									
	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 & deterred compensation	(e)	Expensount a	ise ind			
Not		GOVORO ID POSICON	<u> </u>		Oute	CIOW C	1000			
					Ì					
			i							
			ļ	<u> </u>						
					1					
					 					
f	Total number of other employees paid over \$100	0.000	-1							
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			pe of service	(c) Cor	npens	ation			
Nc	one.									
										
	······································									

d	Total number of other independent contractors of	each receiving over \$100,0	000▶							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bear of which preparer has	st of my any kno	knowl	edge e.			
Sign Here	Kar F. Forette Signature of officer			9/1/201	0					
	Type or print name and title	treasurer								
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (Se	e instru	tions)			
Prepare Use On	Firm's name (or			N >						
	address, and ZIP + 4		PI	none no. 🕨						
May th	e IRS discuss this return with the preparer show	n above? See instructions		▶ [Yes		No (2009)			

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.

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

OMB No. 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

Oxford Endowment for Public Education 0729952 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 pox.) 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). (Artach Schedule E.) A hospital or a 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 name, city, and state: 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). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % 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.) 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 to 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 I **b** ☐ Type II c Type III-Functionally integrated e 🛮 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 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? |11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your organization in col. the organization in support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No Yes No Yes No **Oxford Public School** school district 64-6009582 14976.42 **System**

Total

14976.42

_			Managina di In	6-4: 47	00.1414416.1	1.4700.14	· · · · · · · · · · · · · · · · · · ·	
		I and the box	"cooribed in on line 5-7	or 8 of Part I	'U(b)(1)(A)(iv) '	and 170(b)(1)(A)(vi)	
Section A. Public Support								
	lendar 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.")							
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							
5 6	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). Public support. Subtract line 5 from line 4.	-		-				
	tion B. Total Support	L <u></u>	L	L	L	<u> </u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
_	Amounts from line 4	(4) 2000	(6) 2000	(0) 2007	(d) 2000	(6) 2009	(i) iotai	
7				 		·		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .			İ	-		L	
12	Gross receipts from related activities, etc					12		
15	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>					
	tion C. Computation of Public Su					I I' · · · · ·		
14	Public support percentage for 2009 (line		=	1, column (f))		14	<u>%</u>	
15	Public support percentage from 2008 Sci	•	•			15	<u> </u>	
	33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33½ % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						V how the	
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, e organization qu	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the	
-				-, ,		w.3 000 lik		

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

	(Complete only if you checke	ed the box of	illine 9 of Fa	ut 1.j	 			
	Section A. Public Support							
Ca	lendar 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.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:			
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 , , ,							
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							
С	Add lines 7a and 7b		<u> </u>					
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		_			<u> </u>	,	
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							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
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 (Exolain in Part IV)			2				
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>				
14	First five years. If the Form 990 is for organization, check this box and stop	_		nd, third, fourt	-			
Sec	tion C. Computation of Public Su	pport Perce	ntage					
15	Public support percentage for 2009 (lin					15	%_	
16	Public support percentage from 2008 \$			<u></u>	·	16		
Sec	tion D. Computation of Investmen	nt Income P	ercentage					
17	Investment income percentage for 200					17	<u>%</u>	
18	Investment income percentage from 20					18	%	
19a	331/3 % support tests — 2009. If the organization is not more than 331/3 %, check this b	anization did r ox and <mark>stop h</mark>	ot check the been considered to the consideration of the consideration o	oox on line 14, i ization qualifie	and line 15 is r s as a publicly	nore than 33% supported org	%, and line anization ► □	
b	33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see ins	tructions >	

chedule A (F	orm 990 or 990-EZ) 200	09						Page 4
Part IV	Supplemental	Information.	Complete this	s part to pro 2. Provide ar	ovide the ex ny other add	planations requir ditional informatio	ed by Part II, on. See instruc	line 10:
	•••••••••						************	
							~	

·								

			••••••					

List of Spring 2010 grants paid during 2009-2010 Fiscal Year

Ms. Laurie Beth Ellis, Teacher Ms. Lauren Hill, Teacher Ms. Lynn Speegle, Teacher	LCD Projector Dictionaries of Synonyms Learner Response Systems	\$ 744.00 \$ 644.50 \$1325.00						
Spring 2010 Total		\$2713.50						
List of Fall 2009 grants paid during 2009-2010 Fiscal Year								
Ms. Chasity Arbuckle, Teacher	Thesauruses	\$ 342.30						
Ms. Nancy Bass, Teacher	Pre-K Greenhouse	\$ 750.00						
Ms. Carraway, Teacher	Audio and Printed Books	\$1465.17						
Ms. Holly Clay, Teacher	Touchphonics	\$ 715.00						
Ms. Barbara Lowe, Teacher	Debate Resources	\$ 493.63						
Ms. Minnie Gates Powell, Teacher	Transitional Portfolios	\$ 200.00						
Ms. Cindy Ross, Teacher	Classroom Amplification	\$ 911.26						
Ms. Tamsie West, Teacher	Reading Success	<u>\$3541.93</u>						
Fall 2009 Total	\$8419.29							
List of Spring 2009 grants paid during 2009-2010 Fiscal Year								
Ms. Leslie, Teacher	Drama Set-Building Tools	\$ 614.77						
Ms. Mulkey, Teacher	Math Manipulatives	\$ 386.40						
Ms. Trott, Teacher	Musical Instruments	<u>\$2842.46</u>						
Spring 2009 Total	\$3843.63							
Total Grants Paid during 2009-2010 Fisc	\$14,976.42							