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SCANNED DEC 0 6 2010

990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

		the Treasury			than \$1,250,000 at the end			eaurements.			nspection				
Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20, 10										, 20 10					
_		ومناسب والمستوال المناز									Employer identification number				
_		use IRS Foundation for Allen Schools									75-2750519				
	Name ch	label or Print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E T													
=	Initial retu	um	type.	P O Box 13											
=	Terminati		See Specific	City or town, state or cour	itry and ZIP + 4		_l								
=	Amended		Instruc- tions.		idy, wid zii + 4				oup Exe	•	on				
ш		on perioning		Allen, TX 75013-0001					ımber						
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method. Cash															
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶														
							Н	Check ► L	if the	orgar	nization is not				
ı١	Website: ► www.allenisd.org/200610610155848143/site/default.asp required to attach Schedule B (Form 990,														
<u>J 1</u>	ax-ex	empt status (c	heck o	nly one) 📝 501(c) (3) ◀ (insert no) 🔲	4947(a)(1) or 🔲	527	990-EZ, or 9	90-PF).						
K	Check I	■ If the	organi	zation is not a section 50	9(a)(3) supporting orga	nızation and its gro	oss receip	ts are normal	y not m	ore t	han \$25,000. A				
	Form 9	90-EZ or Form	990 re	tum is not required, but	if the organization cho	oses to file a retur	n, be sure	to file a com	plete re	turn.					
L A	\dd line	s 5b, 6b, and 7b	b, to line	9 to determine gross rec	eipts, if \$500,000 or mo	re, file Form 990 ins	tead of Fo	rm 990-EZ	▶ ;	<u> </u>	285329				
	art I			enses, and Chang					uction	s fo	r Part I.)				
	1			ts, grants, and similar			•		1		195936				
	2		_	evenue including gov					2						
	3	-		and assessments.					3	 					
	4	Investment	•						4	 	47066				
	I i			m sale of assets other					-	 	4,000				
	5a					5			-						
ø	-	b Less: cost or other basis and sales expenses								1					
	C														
Revenue	6						ımıng, cned	ck nere ► ∐	1						
Š	а			ot including \$			1			1					
æ		reported on	iline 1)		<u>6</u> 6	3	4232	7	1					
	b	Less: direct	t exper	nses other than fundra	ising expenses .	<u>[6t</u>)	3213	3						
	C	Net income	or (los	ss) from special event	s and activities (Sub	tract line 6b fror	n ļine 6a)		6c	<u> </u>	10194				
	7a	7a Gross sales of inventory, less returns and allowances													
	b	Less: cost of	of goo	ds sold		7t	<u> </u>								
	С	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c	7c					
	8								8		•				
	9			dd lines 1, 2, 3, 4, 5c,	6c. 7c. and 8			>	9		253196				
	10			r amounts paid (attacl		DECI	-1/ /	<u> </u>	10		53558				
	11					1 11 11 11		J	11						
S	12			mpensation, and emp			- ' -		12		44397				
xpenses	13			and other payments t				S-0SC	13	· · · · ·					
ĕ	14					101	6 2010	, <u>[%]</u> .	14						
Ä	15								15		572				
_	1	Printing, publications, postage, and shipping OGDEN, UT						16		75949					
	16														
	17			Add lines 10 through					17	-	174476				
ts	18			for the year (Subtract					18		78720				
SSE	19			d balances at beginn						ł					
Ž			_	reported on prior yea	•				19		476347				
Net Assets	20		-	net assets or fund bal		•			20	ļ					
	21			d balances at end of y					21	Ļ	555067				
P	art II	Balance	Shee	ts. If Total assets on		are \$1,250,000 c				ad of					
	(See the instructions for Part II.) (A) Beginning						(A) Beginning	of year	<u> </u>	(B) End of year					
22	22 Cash, savings, and investments							477259	22	555090					
23	23 Land and buildings							23							
24				e►						24					
25	. To	otal assets .					[477259	25	555090				
26		otal liabilities					,		912	26	23				
27				alances (line 27 of co	lumn (B) must agre	e with line 21)			476347	27	555067				

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

Cat No 10642I

Form **990-EZ** (2009)

	330 EE (E003)						raye 🕳	
Par	t III Statement of Program Service Accom	plishments	(See the instr	uctions for Part II	l.)		Expenses	
What is the organization's primary exempt purpose? EDUCATIONAL SUPPORT								
	nd concise		(3) and 501(c)(4) izations and section					
	nanner, describe the services provided, the number of persons benefited, and other relevant information for							
	program title.		•			for ot	a)(1) trusts; optional hers.)	
	The Foundation funded classroom grants that direct	ly hanafitad	students on					
20	aven Allen ICD annua							
	every Allen 15D campus.							
							50550	
				eck here	<u>. ▶⊔</u>	28a	53558	
29	The Foundation assists the Allen ISD Human Resour							
	Allen ISD teachers and administrators seeking gradu							
	(Grants \$) If this amount	includes for	reign grants, ch	eck here	<u> </u>	29a	15000	
30	The Foundation provides scholarships for Allen High	School gra	duates to attend					
	community college, trade schools or universities.							
	(Grants \$) If this amount	includes for	reign grants, ch	eck here	. ▶ 🗆	30a	41000	
31	Other program services (attach schedule)							
				eck here		31a		
32	Total program service expenses (add lines 28a t					32	109558	
	List of Officers, Directors, Trustees, and Key					instruc	tions for Part IV.)	
	·		and average	(c) Compensation	(d) Contributio	ns to	(e) Expense	
	(a) Name and address		s per week d to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances	
Posi	ina Taylor	40.00	a to position	Onto On	derented compo	11000011	Other anomalies	
	7 Providence Dr. Allen, TX 75002	Director	30	44397		0	0	
				44331				
	Toups	Vice Chair	2			^	0	
	5 Robert Sender Ct. Lucas, TX 75002			0		0		
	ty Monnat	Chair	2			_		
	3 Channel Islands Allen, TX 75013			0		0	0	
	Wilson	Secretary	1					
720	S. Greenville Allen, TX 75002	,	<u> </u>	0		0	0	
Jack	k Lamkin	Treasurer	2					
1218	Rio Grande Drive Allen, TX 75013	neasone.		0		0	0	
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Form 99	0-EZ (2009)		1	Page 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
20	Did the second second is second to the secon		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			لبا
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	364		V
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities	4		
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			لــــا
	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		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶ TEXAS			
42a		972-72		
h	Located at ► P O Box 13 Allen, TX ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	75013	5-0043	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	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		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<u> </u>		آبا
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		(2000)

Pa	ne	4

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	147(a)(1) nonexempt char	exempt charitab itable trusts mus	le trusts only. A t answer questio	ll sections 18 46–	on 49b
46 [Did the organization engage in direct or indirect	t political campaign activit	ies on behalf of or	in opposition to	Y	es No
c	candidates for public office? If "Yes," complete	Schedule C, Part I			46	✓
47 (Did the organization engage in lobbying activitie	es? If "Yes," complete Scho	edule C, Part II .		47	✓
48 I	s the organization a school as described in secti	on 170(b)(1)(A)(ii)? If "Yes," o	complete Schedule	E	48	✓
49a [Did the organization make any transfers to an e	xempt non-charitable relate	ed organization? .		49a	✓
b I	f "Yes," was the related organization a section	527 organization?			49b	✓
	Complete this table for the organization's five hemployees) who each received more than \$100					
-	(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	acco	xpense unt and llowances
NONE					Outer &	iowanees_
			<u> </u>			
			ļ			
••••						
f 7	Total number of other employees paid over \$10	00 000				
	(a) Name and address of each independent contracto	or paid more than \$100,000	(b) Typ	pe of service	(c) Comp	ensation
NONE						
d 1	Total number of other independent contractors	each receiving over \$100,0	000▶			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration					
Sign Here	Signature of officer JACK T. LAMKIN, TU Type or print name and title	Treasurer		//-//-/ Oate		
Paid Proparat	Preparer's signature But Boll a	PA Date 11-11-	Check if self- employed ▶ ✓	Preparer's identifying num	•	structions)
Preparer Use Only	I rim s name (or A Rarton Riack CPA		EII	▶ 75	-261018	4
	address, and ZIP + 4 / 103 South Bonham D	rive Allen, TX 75013-2729	Ph	one no ▶ 972	-727-28	29
May the	IRS discuss this return with the preparer show	vn above? See instructions			Yes т 990-	□ No •EZ (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number 75 2750519 **Foundation for Allen Schools** 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 ☐ 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 5 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % 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 33/4 % 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). 10 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 **d** Type III-Other 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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) (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 (Iti) 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 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes

Total

Pai	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)	
Sec	tion 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")	130274	122260	191413	202319	195936	842202	
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	130274	122260	191413	202319	195936	842202	
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)						74194	
6	Public support. Subtract line 5 from line 4						768008	
	tion B. Total Support		'	'				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	130274	122260	191413	202319	195936	842202	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		38169	-4265	-50136	47066	30834	
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 .		įi				873036	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				n 501(c)(3) ▶ □	
Sec	tion C. Computation of Public Su	<u>pport Percer</u>	ntage					
14	Public support percentage for 2009 (line	6, column (f) dı	vided by line 11	l, column (f))		14	88.0 %	
15	Public support percentage from 2008 Sch	nedule A, Part I	II, line 14 .			15	64.4 %	
	a 331/3 % support test – 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	33%% support test—2008. If the organization qua	lifies as a publi	icly supported o	organization .			▶ □	
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati	acts-and-circum inces" test. The	istances" test, c organization qua	heck this box a difies as a public	ind stop here ly supported or	Explain in Part ganization	IV how the	

Pa	'Support Schedule for Orga (Complete only if you checke				1)(2)				
Sec	tion A. Public Support								
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	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					ļ			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b				-				
8	Public support (Subtract line 7c from line 6)								
Sec	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total	
9	Amounts from line 6 .								
10a	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								
11	Add lines 10a and 10b								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12)			!					
14									
Sec	tion C. Computation of Public Sup	pport Percei	ntage						
15 16	5 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))							<u>%</u> %	
Sec	tion D. Computation of Investmer	it Income Pe	ercentage						
17	Investment income percentage for 2009	(line 10c, col	lumn (f) divide	d by line 13, c	olumn (f)) .	17		%_	
18	Investment income percentage from 2008 Schedule A, Part III, line 17								
19a	331/3 % support tests—2009. If the organization is not more than 331/3 %, check this be	ox and stop h e	ere. The organ	ization qualifies	as a publicly	suppo	orted orga	ınization 🕨 🗆	
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌								

	orm 990 or 990-EZ) 20						Page 4
	Supplemental	Information.	Complete this Part III, line 12	part to provi	de the explana	ations required nal information.	by Part II, line 10; See instructions.
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